Speaker's Task Force on Education and Poverty
Final Report

Representative Bob Cupp, Chair

December 4, 2018

Table of Contents

Members and Staff

Members

Representative Bob Cupp, District 4, Chair
Representative Janine Boyd, District 9
Representative Margaret Conditt, District 52 (former)
Representative Darrell Kick, District 70
Karen Boch, Superintendent, Wellston School District
Anthony Knickerbocker, CTE Director, Lancaster City Schools
Dr. Thomas Maridada, CEO and President, BRIGHT New Leaders for Ohio Schools (now Senior Advisor for BRIGHT)
Dr. Bob Mengerink, Superintendent, Cuyahoga County ESC
Hannah Powell, Executive Director, KIPP Columbus
John Stack, President and CEO of Cambridge Education (now President and CEO of Oakmont Education)

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Will Hinman, Legislative Aide, Representative Bob Cupp
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Message from the Chair

Speaker Smith and Members of the Ohio General Assembly:

I am pleased to present the official report from the Speaker's Task Force on Education and Poverty, which met from July 2017 through November 2017.

The purpose of the Task Force was to examine the issue of poverty and education and, in particular, the achievement gap related to that circumstance. The end goals were to both collect and compile information useful to members of the General Assembly as they deliberate education policy and to derive some practicable and proven-effective strategies from this effort that legislative action and state policy should support and enhance.

The task of chairing this effort to take a deeper look at the hurdles that make it especially difficult for economically disadvantaged students to keep up with their peers proved to be an awareness-raising and enlightening experience. I hope that, like me, you will find this information both useful and beneficial going forward, as we work to shape efforts and policies to lift the academic achievement of all students and provide a pathway out of poverty toward economic and personal success. This is one of the most significant issues in primary and secondary education today.

The many hours spent by Task Force members, legislative staff, interested parties and volunteer presenters was an essential part of this effort. Their input, dedication, and sharing of their expertise and thoughts were of utmost importance and contributed enormously to a better understanding of the effects of poverty on student achievement and to learning about avenues that can have positive effect.

Therefore, I am pleased to present this summary of the proceedings of the Ohio House of Representative's Speaker's Task Force on Education and Poverty.

Sincerely,

Representative Robert R. Cupp, Chair
Speaker's Task Force on Education and Poverty

Areas of Focus

- Community and Health Education Prevention and Awareness in High-Poverty Areas

- National Perspectives on Education and Poverty (What policies and strategies are other states doing to tackle the issue?)

- State Policies and Data Collection Currently in Place (What do statewide agencies and organizations say about education and poverty through their data?)

- Dropout Prevention and Recovery Programs

- Career Technical Education

- Early Childhood Education

<u>Meeting Summaries</u>

7/27/17 Meeting

JEOC presentation

The Task Force heard from Lauren Monowar-Jones, Executive Director of the General Assembly's Joint Education Oversight Committee (JEOC). Ms. Monowar-Jones presented an overview of Ohio data on achievement and economic status. The data highlighted differences in achievement between economically disadvantaged students and non-economically disadvantaged students, even when accounting for racial differences. Additionally, the data showed higher frequencies in developmental delays, higher rates of dropouts, and lower graduation rates among the poorest students in comparison to wealthier populations. Ms. Monowar-Jones also reported on her review of relevant literature to generate a better understanding of poverty's impact on achievement.

Terrence Moore, researcher for JEOC, accompanied Ms. Monowar-Jones. Mr. Moore supplemented Ms. Monowar-Jones's testimony by explaining how the Ohio Department of Education (ODE) classifies students as economically disadvantaged, and how changes in the method of classification can have an effect on data trends. He also defined general characteristics of good educational treatments.

8/17/17 Meeting

HPIO Presentation

The Task Force heard from Becky Sustersic Carroll and Amy Bush Stevens on behalf of the Health Policy Institute of Ohio (HPIO). Ms. Sustersic Carroll and Ms. Bush Stevens provided background information on their organization before presenting statistics to outline Ohio's status in education, poverty and health. Referencing HPIO's State Health Improvement Plan and Policy Briefs, the two discussed some possible strategies to address education and poverty. Drawing upon statistical relationships between education, poverty and health, they laid out the following "key takeaways for policy makers:

1. Health and education are linked
2. Higher educational attainment leads to better health outcomes
3. Health barriers can hinder educational success and academic achievement
4. Aspects of a child's life before entering kindergarten can significantly influence his or her future health and educational success
5. Closing the achievement gap is likely to drastically reduce health disparities"

Along with the following recommendations:

"Given the many connections between education and health, policymakers should:

- Prioritize evidence-informed policies with both education and health benefits
- Consider the impacts of education policies on health outcomes, and the impacts of health policies on education"

Phil DeVol Presentation

The Task Force heard from Phil DeVol, author and researcher. Mr. DeVol presented on his mental models of wealth, of middle class and of poverty, illustrating the expansive effects of income upon a multitude of aspects pertaining to connections, achievements and relationships. Additionally, he presented statistics demonstrating a decline in households in the middle-income range, and cited resource disparities between poor and the wealthy. With this foundation, Mr. DeVol presented his "Bridges Out of Poverty" model, a multifaceted approach to develop sustainable, bottom-up, community-based solutions to systemic poverty that focus on relationship building.

9/14/17 Meeting

National Conference of State Legislatures (NCSL) Presentation

The Task Force heard from Dr. Matt Weyer, Education Program Senior Policy Specialist for the National Conference of State Legislatures. Dr. Weyer gave described various gap closing programs in states across the U.S. As a former educator, he drew upon classroom experience, NCSL's research base and state legislative actions to provide a multidisciplinary perspective for Task Force members. His data highlighted the problematic effects of poverty on attainment through generations, and Dr. Weyer found recent state education solutions to poverty trending towards early learning programs, reforms in school discipline policies, and English Learner Education. Ultimately, he reminded Task Force members that while no fix-all solution to the achievement gap exists, they should think long-term and comprehensively while focusing on two to three changes at a time.

Council of State Governments (CSG) Presentation

The Task Force received written testimony from Matt Shafer, Education and Workforce Development Policy Analyst for the Council of State Governments. Mr. Shafer provided insights into other states' approaches for minimizing the achievement gap. He used examples from Connecticut, Massachusetts, Washington and Wisconsin, where similar Task Forces and Committees were formed around the issue. Additionally, he cited legislative actions that resulted from the recommendations of these Task Forces in their respective states. Ultimately, Mr. Shafer formulated the following overarching themes from these states' policies:

- "Professional development for teachers in low-performing schools and districts.
- Recruit and retain teachers and administrators of color.
- Assisting English language learners (ELLs) and ELL teachers through special programs and extra training.
- Housing and food insecurities.
- Expanding early childhood education programs.

- Alternative disciplinary actions to suspensions or expulsions, as they disproportionately affect students of color."

9/28/17 Meeting

ODE presentation

The Task Force heard from Paolo DeMaria, Superintendent of Public Instruction for the state of Ohio. The Superintendent began his presentation by explaining poverty's important role in understanding education policy, and the effects of income instabilities and insecurities upon students in our state. He then acknowledged and identified achievement gaps across Ohio's student population by looking at metrics including kindergarten readiness, third grade achievement in English Language Arts, four year graduation rate and degree attainment. From there, the Superintendent highlighted successes in gap closing. He provided examples of Ohio schools that have changed the achievement gap narrative in economically disadvantaged populations. Lastly, Supt. DeMaria gave insight into improvement strategies including offering student supports, emphasizing leadership training, minimizing chronic absenteeism, implementing proven instructional methods and changing school culture through the Ohio Improvement Process (OIP)[1]. To conclude, he left the Task Force with the following "Areas of Focus:

- Leadership quality

- State support tools and technical assistance

- Evidence-based clearinghouse

- Professional development and coaching

- Continued adherence to OIP

- Peer-to-peer networks."

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[1] http://education.ohio.gov/Topics/District-and-School-Continuous-Improvement/Ohio-Improvement-Process

Ohio Education Policy Institute Presentation

The Task Force heard from Dr. Howard Fleeter of the Ohio Education Policy Institute (OEPI). Dr. Fleeter presented a wealth of data analysis on Ohio school district report cards. He began by explaining the Performance Index component of the report card. Then, the researcher pointed out significant differences between Performance Index ratings of schools with high populations of economically disadvantaged students versus those without such populations. His data also indicated poor performance generally by economically disadvantaged students on achievement tests relative to their non-economically disadvantaged counterparts. Additionally, though the data suggests income based achievement gaps across races, Dr. Fleeter asserted that minority students have a particularly large achievement gap as evidenced in the data. To help close these gaps, he recommended policy options including early childhood investments, support systems through wraparound services, and investments in summer programs in low-income districts. Furthering his analysis, the researcher looked at school funding to help explain the widening achievement gap. Dr. Fleeter found that despite an increase in school funding for schools with economically disadvantaged populations since 1999, the number of students classified as economically disadvantaged has increased at a much higher rate over that period.

10/12/17 Meeting

Agriculture Education Presentation

The Task Force heard from Jim Buchy, former member of the Ohio House of Representatives and Senior Advisor at the Batchelder Company. Mr. Buchy provided an overview of vocational agriculture programs and their gap closing potential. Collaborating with Future Farmers of America (FFA) and 4-H, Buchy helped establish a vocational agriculture program at East Tech High School in Cleveland, Ohio. According to the former Representative, the program teaches students about much more than corn and beans. Evidence shows that exposure to "nature, animals and other environmental factors" has proven benefits, particularly in students regularly facing adverse and traumatic stressors on a daily basis.

Additionally, the East Tech program has reported an increase in student engagement including higher enrollment in 4-H clubs and local summer camps. According to Mr. Buchy, vocational agriculture also teaches students professional skills, life skills and personal responsibility.

Jeremy Grove, Career Technical Education Program Manager for Cleveland Metropolitan School District provided the Task Force with written testimony to supplement Mr. Buchy's testament. Mr. Grove offered support for the former Representative's statements, adding that the program has taught students in a neighborhood with limited access to nutrient rich food to grow their own produce and raise animals. The two also testified that the program has led many students to enroll in Central State University's Agriculture Education program with the intention of pursuing careers in agriculture.

Foxfire Schools Presentation

The Task Force heard from Todd Whiteman, Superintendent of Foxfire Schools. Mr. Whiteman gave an overview of Foxfire as a unique and innovative dropout-prevention recovery school (DOPR) before detailing the school's programming. Mr. Whiteman discussed the difficult issues students bring with them to the school daily, Foxfire's recognition as the "Model Alternative School" designated by the U.S. Department of Education, and the accolade of receiving Clemson University's "Crystal Star of Excellence Award" for the first time in 2011.

To become and continue as one of the best DOPRs in the state, the school has worked vigorously to develop and sustain positive relationships and connections for students and staff through their Connect the Dots program. This involves a series of tests, interventions, and consistent follow-up with students to make sure they are on the right path to graduation and a career. Through project-based education, College Credit Plus, wrap-around services, and a one-of-a-kind strategic-based compensation model (for faculty), Foxfire is innovating and demonstrating how schools can turn around students and show extraordinary results.

Learn4Life Presentation

The Task Force heard from Cris Gulacy-Worrel, Vice President of National Expansion for Learn4Life. Ms. Gulacy-Worrel presented information on Flex High, a "blended" high school in Columbus, Ohio, that focuses on dropout recovery and prevention. She began her presentation by highlighting the societal impacts of dropout recovery and prevention programs. Then, Ms. Gulacy-Worrel provided an overview of student demographics at Flex and how their students perform compared to Ohio's population at large. She gave real-life examples of how the school has positively affected its pupils. Finally, Ms. Gulacy-Worrel discussed challenges that the school faces including misconceptions and lack of funding for Career-Technical Education in the state's school funding formula.

10/26/17 Meeting

Ohio Community Connectors Presentation

The Task Force heard from Dr. Susan Tave Zelman, Executive Director of the Office of the Superintendent at the Ohio Department of Education. Kimberlee Clark, Program Administrator for Community Connectors, accompanied Dr. Zelman. The Executive Director provided a background for the program. With funds provided by state legislation in 2014, Community Connectors provides grants that supplement local dollars in order to support mentorship programs for at risk youth across the state. According to Dr. Zelman's data, students who meet regularly with their mentors are 52 percent less likely to skip a day of school and 37 percent less likely to skip a class when compared with their peers. Additionally, Dr. Zelman indicated that young adults who face an opportunity gap are 55 percent more likely to enroll in college if they have a mentor. She stressed that Community Connectors allows for local organizations to design their own programming, because what works in some areas of the state might not work in others.

John Neville and Susan Manchester from Big Brothers Big Sisters of West Central Ohio also spoke to the Community Connectors program. As

Mr. Neville and Ms. Manchester testified, Big Brothers Big Sisters of West Central Ohio is one of the organizations receiving funds from the Community Connectors grants. The two offered real life examples of successes of mentorship programs in the western portion of Ohio.

Groundwork Ohio Presentation

The Task Force heard from Shannon Jones, former member of the Ohio Senate and current Executive Director of Groundwork Ohio. Ms. Jones provided information about her organization and their focus in early childhood education (ECE). She stressed the importance of funding early childhood programs, pointing to data that suggests high returns on investment and remedial cost recovery as a result of high quality early education programs. Though Ms. Jones acknowledged that an increased emphasis on ECE has led to some progress for Ohio's children, disparities remain between children and their access to high quality programs. As policy makers consider changes to our state's education system, Ms. Jones recommends increases in ECE funding especially in communities where parents cannot afford private childcare.

11/9/17 Meeting

The Ohio Council of Behavioral Health and Family Services Providers Presentation

The Task Force heard from Teresa Lampl, Associate Director of the Ohio Council of Behavioral Health and Family Services Providers. Ms. Lampl defined her organization and briefly explained their mission. Then she presented data that highlights the importance of mental wellness for learning. Ms. Lampl discussed adverse childhood experiences and toxic stress that can further contribute to achievement gaps if proper remediation does not occur. These factors are not limited to students in poverty, but they particularly affect lower income households because their environments tend to present children with more stressors. Then, Ms. Lampl described a variety of school based behavioral health models, partnerships and services that schools and communities should consider. Additionally, she submitted the following recommendations for policy makers:

13

1. "Create a unified state policy on prevention across all state agencies.
2. Recognize and reimburse prevention of substance use and mental illness as a healthcare service, like other chronic disease prevention.
3. Assist and encourage school district/building and community behavioral health provider partnerships.
4. Support school, family, and community engagement in implementation of Positive Behavioral Support Interventions and adoption of evidence based practices to address school community culture.
5. Support continuing education for teachers and principals in social emotional development, ACEs and toxic stress, and trauma informed classroom management.
6. Develop strategies to address the shortage of addiction and mental health treatment professionals."

Alta Care Group Presentation

The Task Force heard from Joe Shorokey, Chief Executive Officer of Alta Care Group. Based in Youngstown, Ohio, Alta Care Group provides a variety of wraparound services to Youngstown area and Mahoning County schools, primarily focused on behavioral health. Mr. Shorokey outlined the services provided and described how they are implemented in the schools. He pointed to surveys from teachers, parents and administrators as a testament to Alta Care's effectiveness. The results showed an overwhelming consensus that children's behavior improved after treatment, and classroom engagement, control and focus all increased as well.

Cincinnati Model Presentation

The Task Force heard from Mary Ronan, former Superintendent of Cincinnati Public Schools. Ms. Ronan described what has been termed the "Cincinnati Model." As Superintendent of Cincinnati Public Schools, Ms. Ronan implemented a comprehensive plan to integrate wraparound services in school facilities, in order to help close poverty related achievement gaps in a low-income area. Partnering with local organizations, the school succeeded in bringing services to the school that impoverished students

14

would typically lack access to. Ms. Ronan indicated high effectiveness, and saw vast improvements in school attendance, classroom engagement and educational attainment as students and their families benefitted from the services provided. She recommends that other schools look to community partnerships to foster similar results and recommends that the legislature encourage these collaborations.

11/16/17 Meeting

Cambridge Education Presentation

The Task Force heard from fellow member John Stack, Chief Executive Office at Cambridge Education Group. Mr. Stack outlined the work of his organization as a dropout recovery school, highlighting their focus on wraparound services, career technical education and remedial cost recovery. The group serves some of our state's most at-risk youth. Mr. Stack said the group focuses on this population because by increasing the graduation rate of our most vulnerable, Ohio can save taxpayer dollars by fracturing the poverty cycle and decreasing our citizens' dependence on government assistance. He also provided the following recommendations:

1. "Remove unnecessary barriers for career tech programs and attempt to fracture the cycle of poverty.
2. Fund schools in a way so that we can attract and retain high quality teachers. I believe that great people are the only thing that can improve the current situation."

Wellston City Schools Presentation

The Task Force heard from fellow member Karen Boch, Superintendent of Wellston City Schools in Jackson County, Ohio. A rural Appalachian school with high levels of poverty, Wellston has sought to minimize gaps in achievement for students across household income levels, racial categories and disabilities. By implementing programs such as a weekly summer reading program that partner with local organizations, a summer food program, summer school, behavioral health support initiatives, collaborations with local social services, the Community

Connectors program, the Power Packs/CEP program and other arrangements, the school has demonstrated results in promoting success after graduation. At an early age, according to Boch, children at Wellston are given intensive literacy development coursework. Boch provided data and testimony that demonstrated a high level of effectiveness for these initiatives, and recommended similar programs to produce results in other schools.

KIPP Columbus Presentation

The Task Force heard from Hannah Powell from KIPP Columbus (Knowledge is Power Program). The KIPP School is an alternative to Columbus City Schools. Families apply for KIPP through a randomized lottery system, with preference for pupils with siblings currently enrolled. It is a free, open enrollment college preparatory school with over 1,100 kids at their northeast Columbus campus. Powell emphasized the gap reducing potential of KIPP, pointing to their top five ranking for student growth on Ohio assessments, while 100 percent of the students are eligible for free and reduced meals. KIPP takes a comprehensive approach to student achievement, offering a longer school day, a safe and structured environment, a focus on character and academics, field lessons, extracurricular activities, high quality teachers and a college focus. With these foundations, KIPP has achieved a 90 percent rate of college enrollment. According to Powell, by 2020, KIPP has promised to serve 2,000 underprivileged kids in the Columbus area.

BRIGHT New Leaders for Ohio Schools Presentation

The Task Force heard from fellow member Dr. Tom Maridada, President and CEO of BRIGHT New Leaders for Ohio Schools (BRIGHT). As a leadership training program for aspiring school business officials, BRIGHT originated from breakthrough research sponsored by the Ohio Business Roundtable partnered with The Ohio State University (OSU) and the Ohio Department of Education. After analyzing nine high performing schools in high poverty areas, the coalition published the report "Failure is not an Option," with the takeaway that exceptional, passionate and highly skilled leadership is crucial to the success of gap closing schools. BRIGHT's

Aspiring Principals Program brings individuals through OSU's MBA program while they serve as Principal Intern to an accomplished principal and meet periodically with a business executive mentor. At the end of the program, the graduates earn their MBA, K-12 principal licensure and begin a three-year commitment to serve as a building leader. Dr. Maridada supplemented his support for the program by describing his background as a poor immigrant from Brazil who achieved success with the encouragement of his parents. He concluded by highlighting the successes of the Aspiring Principals Program and emphasizing continued support by BRIGHT after graduation.

Cuyahoga County Educational Service Center Presentation

The Task Force heard from fellow member Dr. Bob Mengerink, Superintendent of the Educational Service Center (ESC) of Cuyahoga County. Dr. Mengerink outlined the work and purpose of the ESC before describing its ability to help area schools bridge achievement gaps between impoverished students and their counterparts. The Center facilitates the First Ring Superintendents Collaborative, a partnership of Cleveland area schools that brings resources together to increase access to early childhood education, improve student wellness and increase college and career readiness. Additionally, the ESC provides technical assistance to schools for equity audits, runs poverty simulations to study and implement policies that disrupt the poverty cycle, provides training on mental health for educators and school leaders, helps integrate social services into schools, fosters cooperation between local government and nongovernment agencies, and conducts research to assist the schools in meeting students' needs. In describing his takeaways from serving on the Task Force, Dr. Mengerink spoke about negative factors that particularly affect impoverished families and numerous programs to help families overcome these obstacles.

Lancaster High School Career Technical Education Presentation

The Task Force heard from fellow member Anthony Knickerbocker, Career and Technical Education (CTE) Director at Lancaster City Schools. Mr. Knickerbocker highlighted some of his work at Lancaster High School, and provided comments about the importance of CTE as a mechanism for

closing the achievement gap. He encouraged members to look at poverty beyond the numbers, to consider the people, lifestyle, language, culture, relationships and survival skills that drive people in poverty. He advocated for more focus on early intervention projects, community partnerships and more emphasis on career certificates on the graduation pathway. Mr. Knickerbocker encouraged teachers and administrators to be innovative in the way they address the achievement gap by coordinating resources and stakeholders. He proposed to state lawmakers that they should promote partnerships in education and consider that the best way to benefit students in poverty is to develop their practical skills.

Speaker's Task Force on Education and Poverty *Final Report*
Ohio House of Representatives, 132nd General Assembly
Representative Bob Cupp, Chair

18

Members' Final Thoughts

1) What do you think was the most important issue or issues that were considered during the Task Force's proceedings?

Anthony Knickerbocker

Poverty
- What is a family of 4 in poverty, it is not 24,600.
- Poverty is a lifestyle, language, culture, relationships and survival.
- Poverty is a way of life. No different than middle class or the wealthy class/but then again totally different.
- Who is teaching children that come from families of poverty and how are we teaching them?

Commonalities
- Help families early, help families often, help families continuously.
- Community involvement (social services, medical services, church services, business services, etc.)
- Transient families
- Coordinating resources and stakeholders.

Solutions
- Training of teachers
- Tracking Students
- Helping students late (High School years)
- Partnerships
- High School Diploma/Redefining public education
- Career and Technical Education (band aide vs. skills)

Karen Boch

As stated in several of the presentations, poverty matters and it needs to be addressed. However, the impact of poverty is complex and is not isolated to limited financial resources. It effects both families and communities, which in turn makes it necessary for us to look at the impact of poverty through multiple lenses: adverse health and mental health issues, housing instability, financial instability, along with other challenges such as transportation, safety, support structures, food insecurities, etc.

When thinking about all the information presented, there are definitely mechanisms that have a bigger impact than others. However, it became even more apparent that addressing poverty isn't a one size fits all and it has to be tackled from different angles to support families and communities living in impoverished areas. What works for one community may not work in another. There are also significant differences between rural and urban poverty as it relates to resource availability.

With that being said, it is my opinion that the most important issues considered during the proceedings include the importance education plays in addressing the achievement gap. However, a student's basic needs and social emotional welfare have to also be addressed in order to create an optimal learning environment. Important issues discussed include the following:

- Quality early education;
- Student supports (health/mental health; social services; basic needs – wrap-around services);
- High quality instruction designed for all students which includes processes & frameworks to study our practices;
- Clear evidence that achievement is directly correlated to wealth. However, we continue to be compared to districts populations with significantly lower poverty levels. (Note: Being held accountable is expected as long as the system has vehicles to level the playing field.)
- Positive Climate & Culture which includes caring adults; trauma informed practices and community outreach; and

- Consideration of the relationship between educational policy and health related policies.

John Stack

- We obviously covered a good number of topics during our task force meetings, which makes sense because there are a number of different ways to tackle the effects that poverty has on education. As someone who has spent my entire career in urban schools serving a high (nearly 100%) percentage of students living in poverty, I can say that I've seen nearly everything we've talked about in action at one point or another.
- This is not to say these programs or ideas are not worthwhile. I've seen wraparound services change kids' lives for the better, and perhaps even save lives; but we'll never be able to measure that. And that is the dilemma I, and everyone one of my colleagues face every day; how do we balance improving the student as a whole person, psychologically, emotionally, socially, with getting them to perform on a high stakes state assessment that requires more time that we have with the students?
- In a movie released last year, titled "Hell or High Water", one of the characters is quoted as saying, "I've been poor my whole life, like a disease passing from generation to generation." Generational poverty is too great for the majority of our schools and teachers to overcome as they're currently constructed. We need to focus schools on breaking the cycle of poverty, not focusing them on high stakes tests by educating around the real problem. Though there is one way, in my opinion, to best educate around the problem and I'll get to that below.

Hannah Powell

Throughout all of our meetings, the need for wraparound services, trauma support, and early childhood education were consistent themes.

Representative Janine Boyd

The pervasive but addressable effects of issues of poverty on the capacity of a child to learn, across communities (rural, urban and suburban), all over the state, and that those effects can be seen in the health, social-emotional and physical development of children and youth. Lastly, if those effects go unaddressed, education becomes less accessible or likely, and the issues of poverty increase and become generational.

2) What do you think are the most important "takeaways" from the Task Force's proceedings?

Anthony Knickerbocker

I would say the number one "takeaway" is that we need a system in place that allows for school districts to allow partnerships.

Karen Boch

A) As with any policy, it is important to have that 30,000-foot view to even begin to understand how policy suggestions will impact Ohio. However, it is imperative that mechanisms to provide high quality early education along with wrap-around services to high poverty areas are identified. As stated above, the consideration of a coordinated effort between educational policy and health related policy needs to be explored. We currently have too many silos when we may get a bigger bang for our buck through the integration of the different departments. When thinking about quality early education opportunities for our students, there have been numerous changes that have taken place that have an impact on our ECE/PSE programs. Based on conversations with our Director of Student Services and the Elementary Principal over the last couple of years, the changes have been consistent. Below are examples provided by our staff regarding the changes.

I've included my feedback and gathered feedback from ECS/PSE staff concerning on-going changes implemented by state legislators. Examples are written in a narrative format:

"At the start of the 2016-17 school year, the late change in the definition of an eligible ECE child (4 years old by district's entry date for kindergarten, not age eligible for kindergarten, family earns not more than 200% of the federal poverty guidelines) negatively impacted my district's programming as we had accepted all eligible 3-year-old children prior to the conclusion of the 2015-16 school year. Examples of this negative impact include: staff to student ratio non-compliance, difficulty meeting funded number requirement due to lack applications for 4-year-old children, increase to teacher workload as to adjustment to class rosters and impact as to students who may benefit greatly from preschool as both a 3-year-old and again as a 4-year-old."

"The example that you (Leah) provided was my exact thought when reading your email. Moreover, the late change provided a sense of uncertainty of our program status for our families and community. Many people in our community are not able to see or understand that the changes in the state level are guidelines that we must follow. They see them as a local decision to exclude their children. This means that they will take their children elsewhere and continue with the program that they entered at three until their child enters kindergarten. In recent years, I have had many parents say to me that they "didn't realize that Bundy still had preschool."

"I would echo what my colleague relayed about the impact on our community. I have also have had many people ask me if Bundy Elementary still has preschool. Also, due to the changes in funding, and the adjustment to class ratios, I have more students to serve. While this is an increase in workload for the educator, the greatest impact is on student learning. With over 20 students in a preschool setting, it is difficult to involve all students in small groups and meet all student needs on a daily basis. On a practical level, it is difficult for over 20 preschool students to have the proper room and space to play, learn and interact in a small classroom. Also, our 3-year-old students developed

an overall higher level of confidence, academic skills and sense of community, by being involved in the program for 2 years."

"Local providers (in rural settings) are often trying to reach the same group of children when enrollment is limited to 4-year-old children. This may create a competitive environment rather than a collaborative one."

"Frequent changes to ratios in PSE classrooms create confusion and inconsistency when planning for program implementation and student enrollment." (Original ratio 1:8 then last August changed to 1:6 and now it's 1:8.)

Notes from the last supervisors meeting (Sept. 2017) as most recent changes are outlined.

HOUSE BILL 49:
- *ECE Grant Program can accept 3 year olds on October 1, 2017; application process and must provide evidence that you have provided 4 year olds the opportunity to enrolled (preschool pupil count)*
- *Bill also eliminates waiver options for districts with no exception expect for itinerant preschool services. More information forthcoming.*
- *PSE classroom ratio changed to 1:8*

I agree with the information presented in Dr. Bob Megerink's communication dated August 15th, that high quality early childhood education can close the early achievement gap, but it will take more than just early education opportunities. How do we support the needs of our students already in the system when resources aren't available for drop out recovery services or alternatives such as Flex High or Foxfire?

There is a need to also address the social emotional needs of our students & families living in poverty. As a district, we have created partnerships with local behavioral health agencies to help support our students. However, there are often many barriers (financial, people,

24

etc.) that interfere with consistent and even quality services. Additionally, some of the grant funding that has been available through the judicial or behavioral health focused on older students. While this is essential and we have to address the needs of all students, early intervention services may decrease the need for services when they are older.

B) During the presentations, we were provided with a taste of what other states such as Connecticut, Massachusetts and Washington were doing to close the achievement gap for the economically disadvantaged population. It may be advantageous to study their practices and see what can be replicated.

   For example, Positive Behavior Interventions and Supports are outlined in law and have been mentioned in not only a presentation by State Superintendent DeMaria but also in the mental/behavioral health presentations. It is my understanding that Ohio has worked with Missouri to support implementation across the state but it's mainly through the State Support Teams. Has Ohio really put together a team to learn from Missouri's implementation and have we studied Ohio's implementation to see if it is having a positive impact? As a district, we see a need to put the PBIS framework in place and have contracted directly with the University of Missouri because of the minimal support (no one's fault other than resources). This initiative requires a change in culture, which takes time, professional development, coaching, etc.

C) A third consideration involves the extensive analysis completed by Dr. Howard Fleeter, which shows a direct correlation between achievement and wealth. When considering future policy as it relates to accountability, it is important that measures are put in place that are fair and there is a system that levels the playing field.

Accountability doesn't need to feel or seem punitive. It should be information that districts can use to inform their practices and measure the effectiveness of the PK-12 system for the purpose of improvement. Changing the culture of an organization is complicated as a PK-12 district is complex and takes time.

We need to continually ask ourselves if the accountability systems being put in place are improving instruction and opportunities for our students and staff. An example of a system that may seem to be for the purpose of improving instruction is OTES. However, the reality is that because of the student growth measure guidelines, in many cases, it's not used as an avenue to improve instruction.

John Stack

My greatest takeaway after absorbing all of the sessions was arriving at the conclusion that while all of the things we spoke about will have a positive, intangible, effect on a large number of students, none of them will move the needle in a statistically significant way when it comes to closing the achievement gap. The barriers facing the children on a daily basis after they walk out the school doors are simply too great to completely overcome.

Representative Janine Boyd

Generational poverty is more expensive, long-term (and longer term) than addressing the issues from a pro-active perspective, and investing in (effective/proven) preventative initiatives/programs, e.g. wrap-around services; mental health and addiction services; universal pre-k/quality early care and education; and assuring access to affordable healthcare, etc.

Issues of poverty and the prevalence of crime are inextricably linked-crimes of desperation, crimes driven by addiction or mental health diseases, or by a suffocating level of frustration. Too often, we spend more money reacting to these events (building more prisons and legislating mass

incarceration), rather than preventing them. We can and must change this paradigm and legislate pro-actively.

3) What actions with regard to education and poverty – and as to effective ways to close the achievement gap -- do you think the state should be taking going forward? What suggestions do you have for future policy that the legislature should consider on this issue?

Anthony Knickerbocker

I firmly believe the most dramatic way to impact students in poverty is to provide them "skills" and not always academics. Again, imagine the impact on student's lives if their High School diploma included a Career and Technical License and/or Certification.

Karen Boch

- I think that one key stakeholder that was missing from the conversation was representation from higher education as they directly impact the learning and opportunities provided to our pre-service educators.
- Other stakeholders would include Job & Family Services as they are connected through ESSA foster care requirements, as well as, supporting LEA's to gather preschoolers with needs for enrollment in public preschool programming and possibly Head Start too as they have an income requirement.

John Stack

Three things:

1. We should focus more attention on the schools attempting to break the cycle of poverty through career technical education. One of our sessions was spent hearing from dropout prevention and recovery

schools. These schools focus on graduating students who have dropped out or who are at risk of dropping out. These are the students who will be a part of passing down that "generational poverty" like a disease as the movie I referenced earlier spoke to. We should be looking for model programs who not only graduate students, but graduate them with an industry credential and place them in jobs that will break the cycle of poverty. Once we find these programs, we should replicate them and the state should invest in that effort of replication because these are schools are very expensive to open.

2. I referenced educating around the real issue (poverty) earlier. In my opinion and from my experience, the only thing that truly moves the needle in this regard are GREAT teachers. I can show you example after example of great teachers getting amazing results; results like having high poverty students grow by more than two years in the course of one school year. That's closing the gap. The issue is there simply aren't enough of them. In the business world we all know that great people and a mediocre strategy will beat a great strategy and mediocre people all day long. Yet in education we are constantly trying to fix one of the most important challenges of our time by trying to implement new strategies with "C" students. We need to draw more high caliber people to the world of education. It starts in the universities in Ohio where students all over the state enroll in education classes so they boost their grade point averages. And it ends in how we treat, pay, and market to potential educators. Teaching in Ohio is not as bad a financial decision as people perceive it to be but we do a terrible job explaining what a great benefit STRS is, or the value of time off in the summers. That's the marketing part but the treatment and pay issue is a creation of a behemoth bureaucracy that is too clunky to make common sense changes needed with regard to performance based pay and treating our educators like true professionals.

3. Charters are able to make swift changes and operate in a way to solve some of these issues but they've become too politicized. Yes, there are bad charter schools and bad actors within the charter world and we

need to rid the movement of those people. In the meantime, let's also stop comparing charters that are only permitted to operate in failing districts, which un-coincidentally also means high poverty districts, to traditional public schools across the state. Let's compare them to the traditional districts operating right around the corner. And let's keep that comparison in perspective by admitting the fact that charters are operating with fractions of the funding these traditional districts are receiving. Let's examine charters who are getting far and away better results than their traditional public school counterparts, and now let's imagine what type of results these schools could achieve with something even close to equal funding. What if successful charters who are focusing on people and innovation to get results could actually afford to keep their best people rather than losing them to cushy, high paying, suburban jobs who don't need great teachers? We need to de-politicize this issue and start evaluating it in an honest fashion because the answers are there. We just need politicians brave enough to stand up and fight for what's right instead of shying away from politically prickly issues because of massive influences like teacher unions.

Hannah Powell

- Maintaining high level curricular and standards expectations for all students (this is more about holding ground on high standards, graduation requirements, etc. and resisting the urge to lower expectations for certain subsets of students based on circumstances)

- Incentivizing, piloting, etc. or creating a cost fund (like the Straight A grant - which was removed) that enables high-poverty districts to provide targeted interventions to students (e.g. curbing absenteeism)

- Providing funding equity for charters/community schools. Most students in charters are disadvantaged so this is a huge equity issue to expect them to do more with less.

- Any policies that could drive the best educators to the highest need schools -- high-needs schools need the flexibility to recruit and retain top-notch people, as this has a significant impact on student learning and outcomes.

- Anything policies/approaches that would strengthen leadership and teaching pipelines, especially alternative ones.

Representative Janine Boyd

As I said in Task Force meetings many times, we as legislators must not legislate in a vacuum. We must understand that our legislative priorities and non-priorities are also linked and can counter each other in people's lives.

Cutting Medicaid, or making it less accessible, for instance, can restrict mental health and addiction services, as well as wrap-around services, and these services directly support family stability, education and access to/completion of workforce development/job placement opportunities.

Dr. Thomas Maridada

1. Convene key stakeholders from state agencies to study which evidence-based programs (some of which were presented during our Taskforce meetings) are having a positive impact on closing the achievement gap for students in Ohio.

2. Conduct focus groups, which include principals and superintendents throughout the state who are closing achievement gaps with the most vulnerable populations. These focus groups will be an effort to learn from their practice while also developing a greater understanding of their most pressing challenges and needs.

3. Conduct an impact study to measure the *Return on Investment* (ROI) of programs and interventions, which are supported by state dollars, which show evidence in successfully helping to close achievement gaps in schools in the state of Ohio.

4) Is there anything the Task Force did not address that you wish we had discussed or that should be addressed in some manner and, if so, why?

Anthony Knickerbocker

How can we create a "go to place" where school districts can find all the success stories that exist?

Karen Boch

During one of the sessions, there was a conversation regarding original intent of the Family Children First Council's being to help facilitate service coordination, which would allow for one layer of wrap-around services for students and families. As a state, has this practice been studied to determine the strengths and challenges of this practice? From our conversations, it seems as if we have different levels of implementation across the state, which is driven by availability of resources. Obviously, there are additional wrap around services similar to the Cincinnati Model that would be helpful.

John Stack

I wish we would've looked at what other countries have done to address this problem. Why? Because by most measures we've fallen behind countries like Finland who have taken an innovative approach to education while our schools haven't changed much over the last 100 years.

Lastly, I'd like to sincerely thank Representative Cupp and the rest of the task force for allowing me the opportunity to participate and providing a forum in which I'm able to present my opinions.

Representative Janine Boyd

I regret that I was unable to attend the final two meetings, as I was privileged to be a part of the House delegation that traveled to Israel. I was very grateful to participate on the Task Force. I believe we covered a lot of ground in a short time. I further believe that under Rep. Cupp's leadership, with the incredible and comprehensive presentations we received from different programs and the wealth of experience across Task Force membership- we covered a lot of ground authentically. I am really looking forward to being a part of the results, for all children and families in Ohio.

Dr. Thomas Maridada

1. Facilitate "instructional rounds" and site visits for members of the Taskforce and key legislative stakeholders to examine the practice of schools and districts, which are beating the odds (e.g. Steubenville). (While we know that context matters, a strong argument can be made that highly effective and rigorous instruction cuts across context; therefore, the strategies and conceptual framework used in places where there is high-poverty/high-achievement can inform the practice of all teachers and administrators throughout the state.)

2. Collaborate with the Ohio Department of Education to convene teachers, educators and ancillary support staff who serve in high priority schools statewide to empower them with evidence-based tools and strategies, which significantly improve the academic and social-emotional needs of learners in vulnerable communities.

3. Re-examine the performance measurements of schools, which serve vulnerable populations and the supports, needed to significantly improve their practice.

4. Use the evidence and findings from what we learn from the Taskforce, focus groups, site visits and other convening opportunities to bring state budget directors to the table to develop criteria for the most

effective investment of state dollars to scale-up and replicate successful programming throughout the state of Ohio.

Speaker's Task Force on Education and Poverty *Final Report*
Ohio House of Representatives, 132nd General Assembly
Representative Bob Cupp, Chair

33

Recommendations

From the information gathered by the Speaker's Task Force on Education and Poverty, including the knowledge and expertise of the practitioner members, the following recommendations for action or further analysis can be distilled:

1. Examine methods for school districts and schools to provide or expand the offering of wraparound health and social services to students where poverty has a substantial presence. (See "Final Thoughts from Task Force Members" and materials from ALTA Care Group, Cincinnati Model [Mary Ronan], HPIO, Phil DeVol, The Ohio Council of Behavioral Health and Family Services Providers. See also materials from CSG, Foxfire Academy and ODE).

2. Continue to expand the availability of quality early childhood education to families in all areas of the state. (See "Final Thoughts from Task Force Members" and materials from Cincinnati Model [Mary Ronan], Groundwork Ohio, HPIO, JEOC, and Phil DeVol. See also materials from ALTA Care Group, CSG, Howard Fleeter and ODE).

3. Work closely with healthcare stakeholders to create public policies that will create and maintain positive school climates, culture, and needed supports for students. (See "Final Thoughts from Task Force Members" and materials from ALTA Care Group, Cincinnati Model [Mary Ronan], CSG, Foxfire Academy, HPIO, ODE, and The Ohio Council of Behavioral Health and Family Services Providers).

4. Encourage school districts and schools to create or maintain partnerships with community-based organizations and use creative tools for behavior management (e.g. Ohio's Positive Behavioral Interventions and Supports framework). (See "Final Thoughts from Task Force Members" and materials from ALTA Care Group,

Groundwork Ohio, HPIO, ODE, Ohio Community Connectors Program and The Ohio Council of Behavioral Health and Family Services Providers. See also materials from NCSL).

5. Ensure equitable access to career-technical education for all students across the state, including for students who attend a dropout prevention and recovery school. (See "Final Thoughts from Task Force Members" and materials from Cambridge Education Group, Foxfire Academy, Lancaster High School Career Technical Education and Learn4Life).

6. Continue efforts to train, and to hold districts accountable for recruiting and professionally developing great teachers who have an understanding of the barriers poverty erects, and who are equipped with the knowledge and support to be effective in helping students overcome those limitations and, thus, reduce the achievement gap. (See "Final Thoughts from Task Force Members" and materials from BRIGHT New Leaders for Ohio, Cincinnati Model [Mary Ronan], CSG, Foxfire, HPIO, Howard Fleeter, JEOC and ODE).

7. Maintain high-level curricular and standards expectations for all students. (See "Final Thoughts from Task Force Members" and materials from ODE).

8. Convene key stakeholders from state agencies to study which evidence-based programs are effective in helping to close the achievement gap for Ohio's students. (See "Final Thoughts from Task Force Members" and materials from HPIO. See also materials from JEOC).

9. Conduct an impact study to measure the return on investment (ROI) of programs and interventions, supported by state dollars, which show evidence of success in measurably helping to close achievement gaps in schools in the state of Ohio. (See "Final Thoughts from Task Force Members." See also materials from Groundwork Ohio and JEOC).

Ohio House of Representatives

THE SPEAKER'S TASK FORCE ON POVERTY AND EDUCATION
Rep. Bob Cupp, Chair

July 27, 2017 Meeting
10:30 AM – 31ST Floor Riffe Center, Room East B

Agenda

1. Call to Order

2. Self-introduction of members of task force

3. Chairman's welcome

4. Defining the Issue: *Overview of Ohio data on achievement and economic status by Lauren Monowar-Jones, Exec. Director of the General Assembly's Joint Committee on Education Oversight.*

5. Discussion by task force members:
   a. Insights of members from their experiences;
   b. Ideas and suggestions to explore at future task force meetings.

6. Adjournment (12 noon)

Ohio House Speaker's Task Force on Education and Poverty

Achievement Differences

Ohio's 3rd Grade Reading Test Data

Legend: Race Difference (W-B) — ED Difference — ED - Race

X-axis: 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

Y-axis: 35.00% 30.00% 25.00% 20.00% 15.00% 10.00% 5.00% 0.00%

Percent of Dropouts by Race and ED
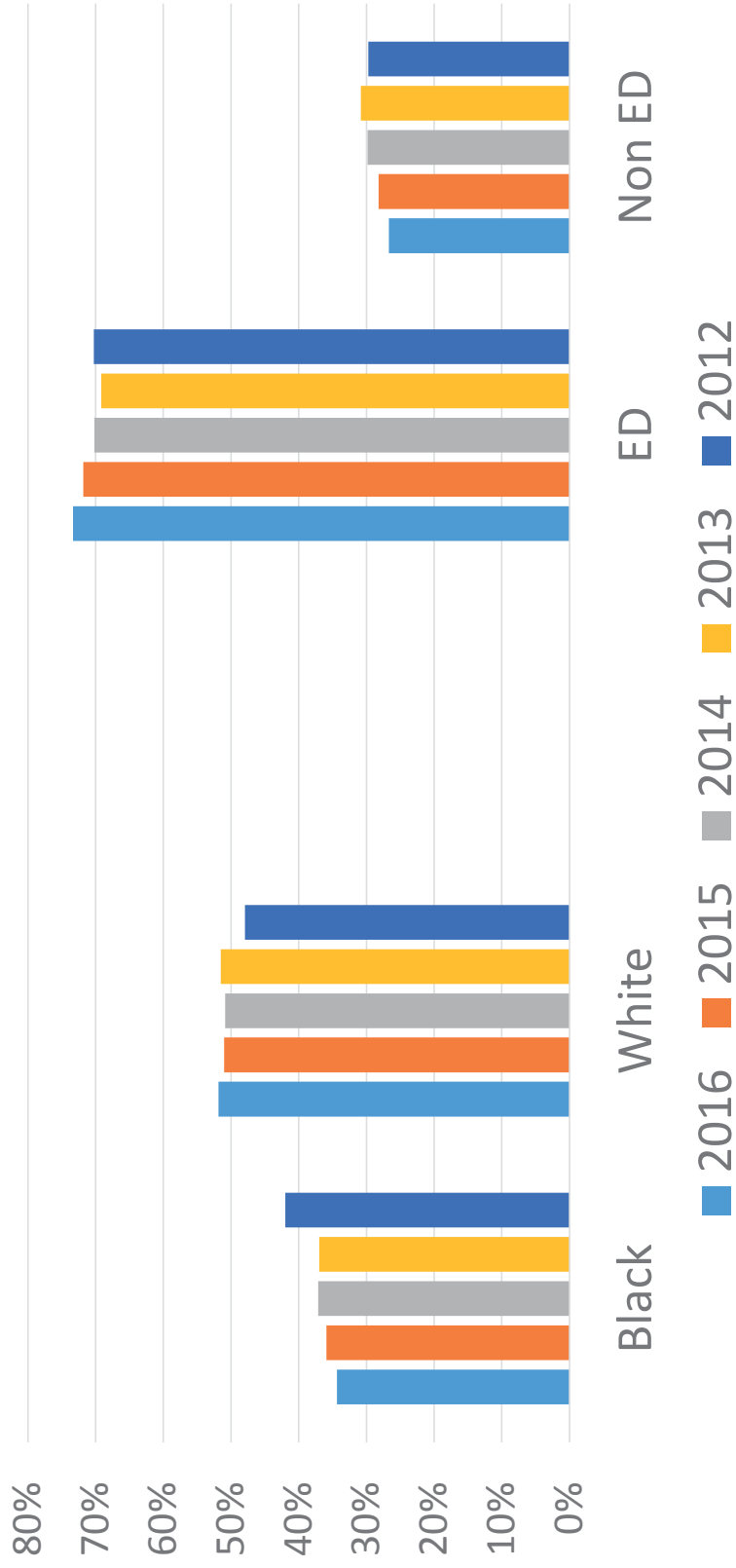
From ODE Interactive Report Card

Graduation Differences

70%
60%
50%
40%
30%
20%
10%
0%

2014-2015   2013-2014   2012-2013   2011-2012   2010-2011

—W-B —NED-ED —Race - ED
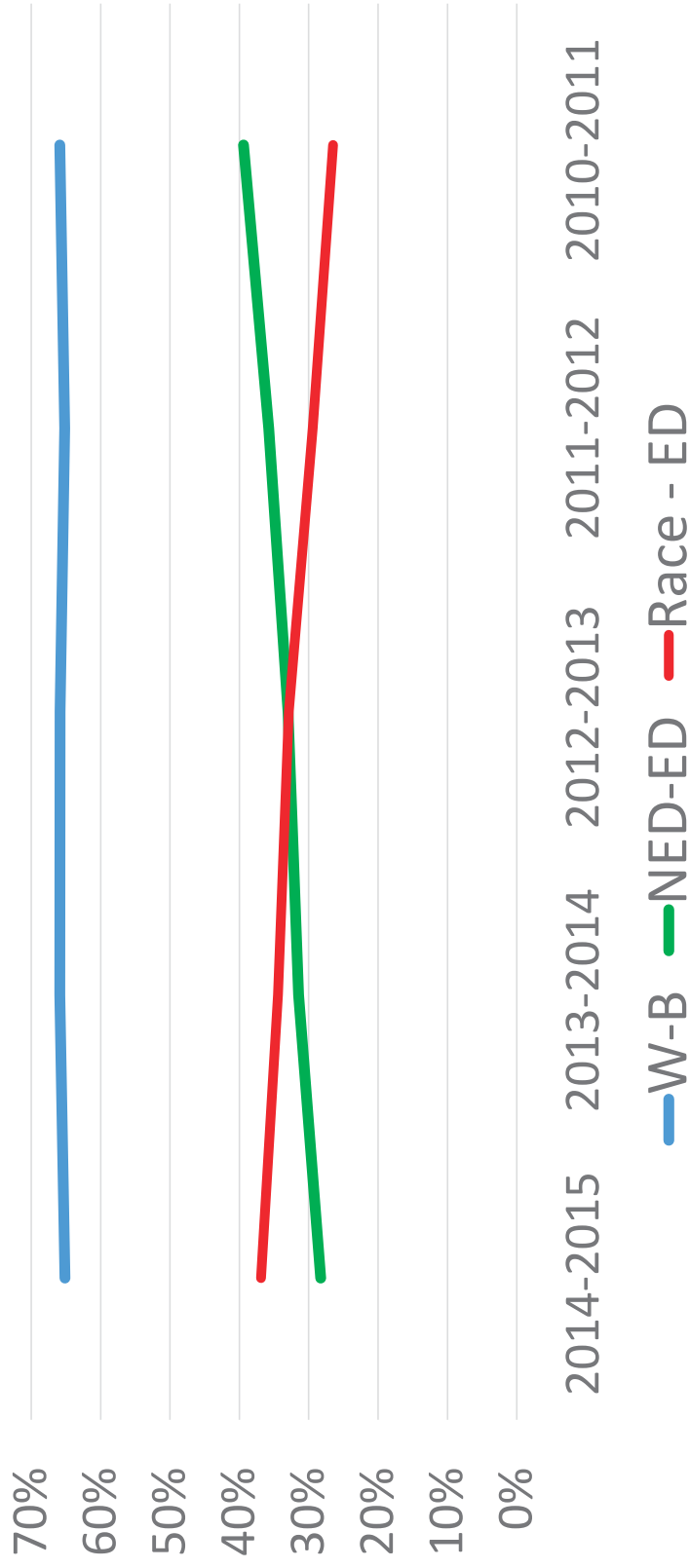
From ODE Interactive Report Card

Risk of Developmental Delay in Children 4mo –5yr by Income Level
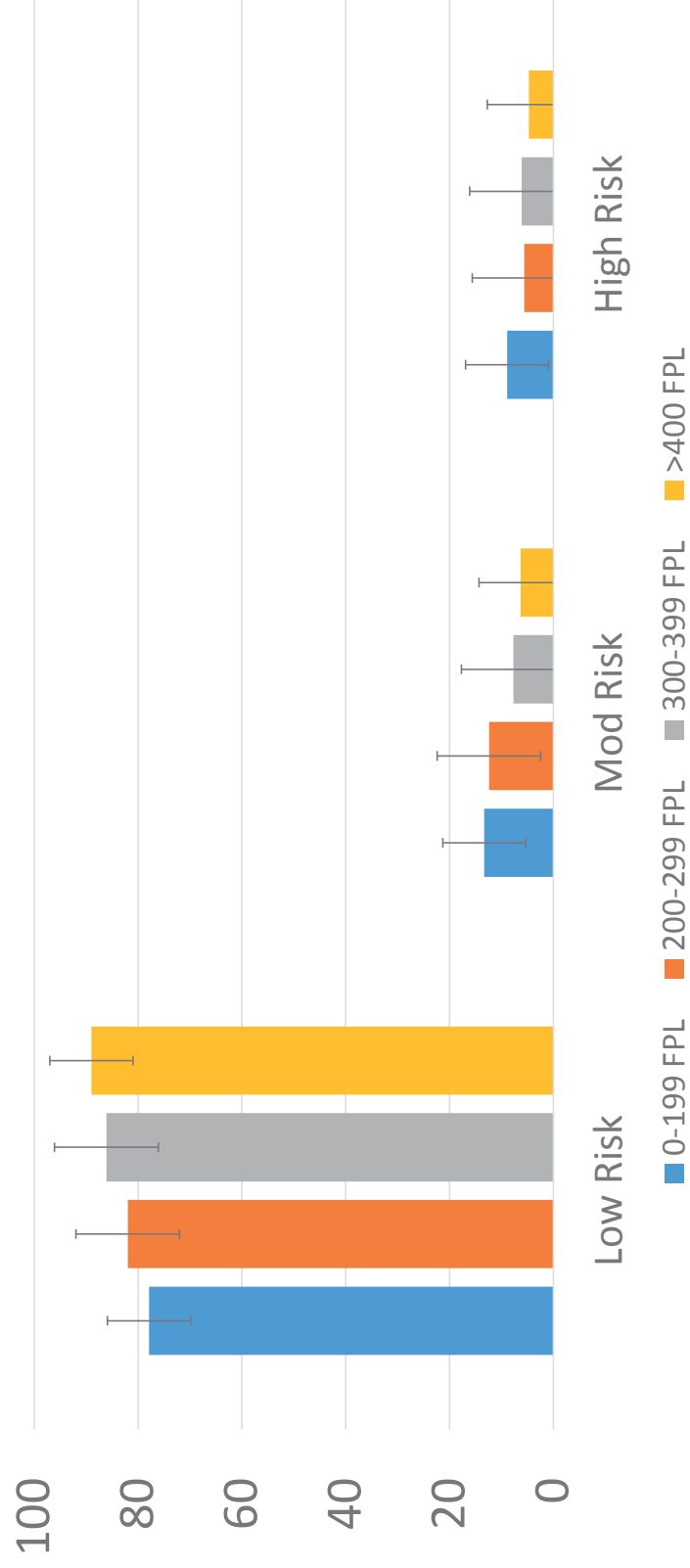
From the US Census Bureau's National Survey of Children's Health in 2010/11

Conditions of Poverty in Ohio

1. Athens
2. Scioto
3. Meigs
4. Gallia
5. Pike

…

84. Putnam
85. Medina
86. Geauga
87. Warren
88. Delaware

2014 All Ages in Poverty
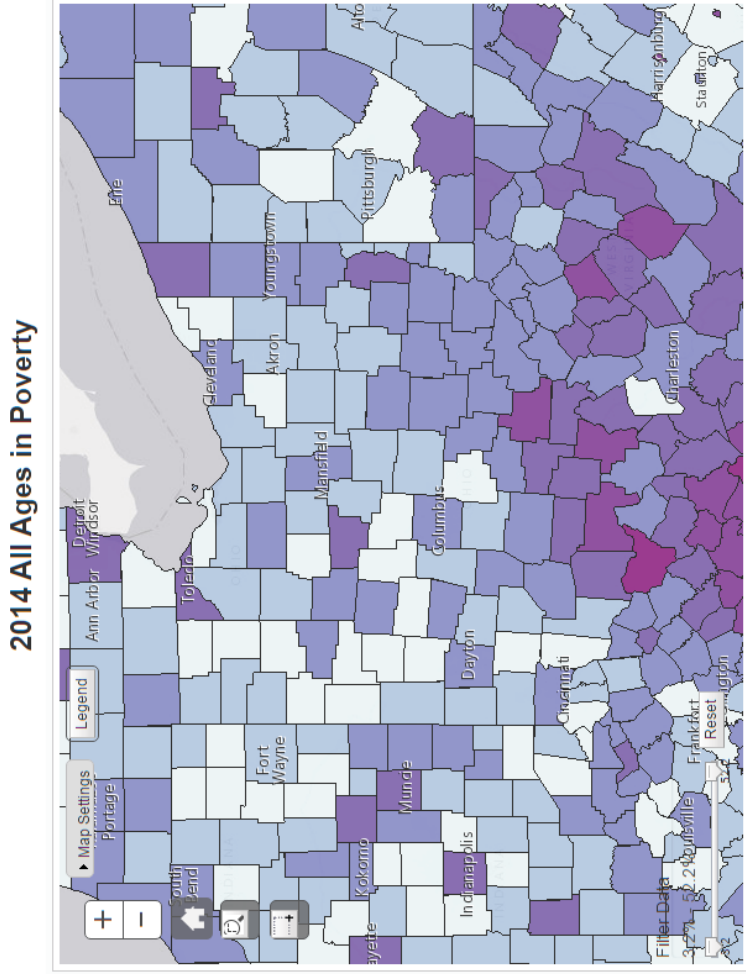
From US Census Bureau

More than money

- Situational and Generational Poverty

- Payne's "hidden rules" of economic class

- Vance's "hillbilly culture"

Different Kinds of Poverty

- **Situational poverty** is generally caused by a sudden crisis or loss and is often temporary. Events causing situational poverty include environmental disasters, divorce, or severe health problems.

- **Generational poverty** occurs in families where at lest two generations have been born into poverty. Families living in this type of poverty are not equipped with the tools to move out of their situations.

Teaching with Poverty in Mind, p.6

Hidden Rules

"In wealth, to be introduced or accepted, one must have an individual already approved by that group make the introductions. Yet to stand back and not introduce yourself in a middle-class setting is not the accepted norm. And in poverty it is not unusual to have a comment made about the individual before he/she is ever introduced."

A Framework for Understanding Poverty, p.44

Hillbilly Culture

"While I recognized that things weren't perfect, I also recognized that our family shared a lot with most of the families I saw around me. Yes, my parents fought intensely, but so did everyone else's. Yes, my grandparents played as big a role in my life as Mom and Bob did, but that was the norm in hillbilly families. We didn't live a peaceful life in a small nuclear family. We lived a chaotic life in big groups of aunts, uncles, grandparents and cousins. This was the life I'd been given, and I was a pretty happy kid."

The Hillbilly Elegy, p. 69

Impact on Education

- Environmentally Suppressed Cognitive Function

- Social-Emotional Developmental Delays

- Increased Dropout and Decreased Graduation Rates

Dropout Prevention and Recovery

Alternative Schools study by American Youth Policy Forum reviewed program evaluations of 100 alternative school programs around the country. Findings indicate that the alternative schools evaluated showed that in comparison to a control or selected comparison group, students in these environments had increased attendance rates and higher completion rates. In some cases, achievement scores were higher, but those data were not considered in all cases.

Promising Evidence

American Youth Policy Forum, *Some Things Do Make a Difference* (1998)

Social-Emotional Developmental Delays

Looping is the practice of keeping a classroom of students with the same teacher for more than one year of instruction. So, when the children go from first to second grade, for example, they stay in a group together with the same teacher. Several studies have shown increases in student achievement and higher attendance (Hampton, Mumford and Bond, 1997), as compared with a group of students chosen for comparison purposes.

Promising to Moderate Evidence

Environmentally Suppressed Cognitive Function

Early childhood education has been cited as the most proven educational treatment for this issue. Children coming from poverty to school need more time and support to learn the basic skills for school. Two seminal research projects that address this are: the Perry Preschool Project in Michigan and the Abecedarian Project in North Carolina. Both studies began in the mid-20th century and have monitored the progress of participants through school and into adult life.

Effect Sizes

Project	At End of Treatment	At an Intermediate Point	At the End Point
Perry Preschool Project	0.87 SD	0.33 SD	0.33 SD
Abecedarian Project	1.1 SD	0.33 SD	0.50 SD

Strong Evidence

Barnett (2011)

Relationships between
Economic Disadvantage Classification
and
Ohio Test Performance

Terrence, 27 July 2017

Economic Disadvantage Classification

(From ODE website)

Meet any of the following (there are 4 ways):

1. A student with an approved application on file for free or reduced-price meals

Economic Disadvantage Classification

Meet any of the following:

1. A student with an **approved** application on file **for a free or reduced-price lunch**

2. Students who … reside in a household in which a member (e.g., sibling) is known to be eligible for free or reduced-price lunch via an approved application or through direct certification.

Economic Disadvantage Classification

Meet any of the following:

1. A student with an **approved** application on file **for a free or reduced-price lunch**

2. Students who ... reside in a household in which a member (e.g., sibling) is known to be eligible for free or reduced-price lunch via an approved application or through direct certification.

3. Students who are known to be recipients of or whose guardians are known to be recipients of public assistance. E.g.: Education Monetary Assistance Distribution (EMAD) system.

Economic Disadvantage Classification

Meet any of the following:

1. A student with an **approved** application on file **for a free or reduced-price lunch**

2. Students who … reside in a household in which a member (e.g., sibling) is known to be eligible for free or reduced-price lunch via an approved application or through direct certification.

3. Students who are known to be recipients of or whose guardians are known to be recipients of public assistance. E.g.: Education Monetary Assistance Distribution (EMAD) system.

4. Students [with] a Title I student income form and meet the income guidelines
   - at or below 130% of the federal poverty level = free lunch
   - at or below 185% of the federal poverty level = reduced price lunch
   - Federal poverty level updated annually by U.S.D.A. and the ODE

Data source for performance data

- ODE EMIS records via a public web site

- Aggregate data at the state level

- Data limited to counts of students at performance levels
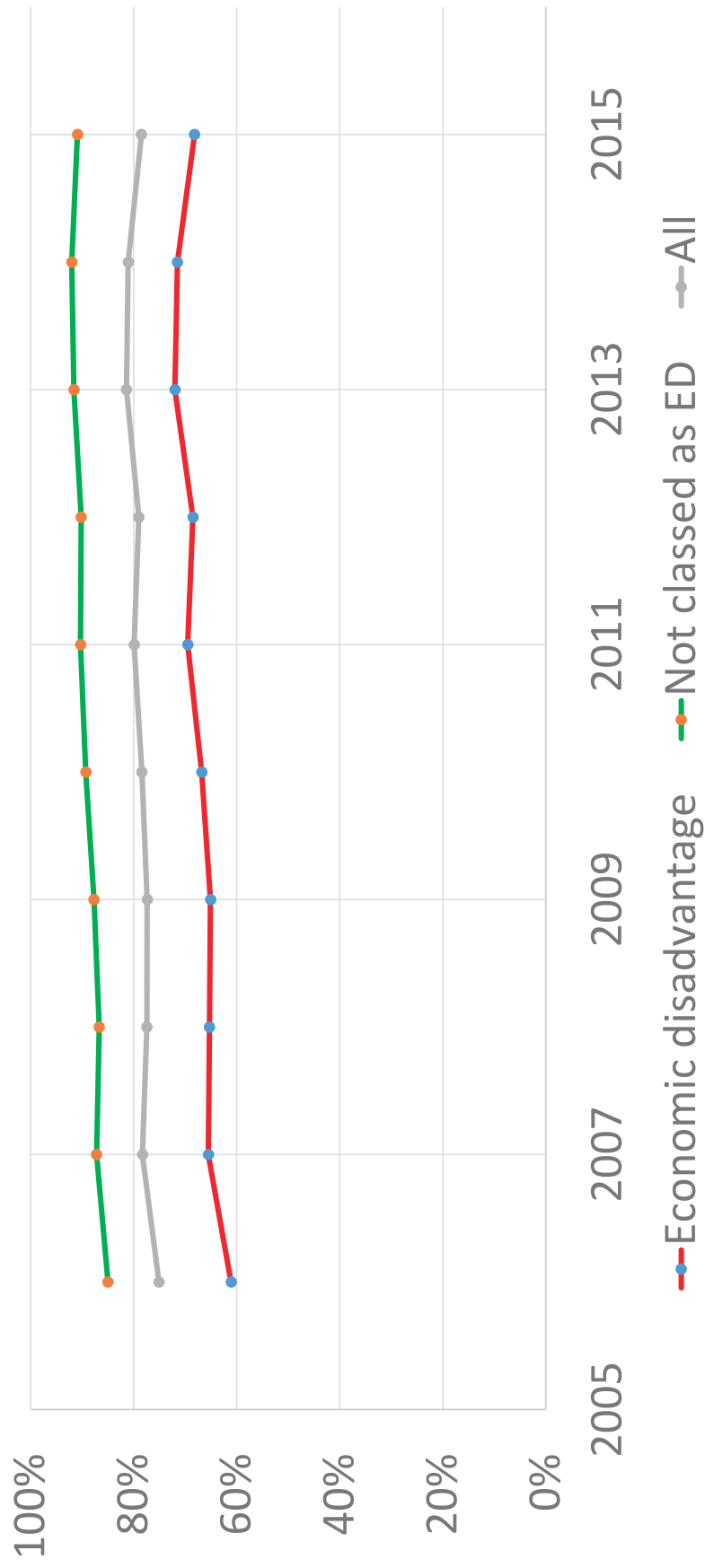 - Only 5 performance levels – Not as good as scale scores

Plan of presentation

- Look at 3rd grade data...
  - Learn about 3rd grade students
  - Learn about principles that may be applicable to other grades and/or cohorts

- Look at data for other years and cohorts

- Criteria for treatments

- Criteria for project outcomes

Choosing measures

- Index counts at all performance measures into a single metric ... abandoned

- Chose to focus on counts and percents of students classed as proficient and above
  - Have the data
  - Sufficient to capture many students (somewhat immune to outliers)
  - Easy to interpret
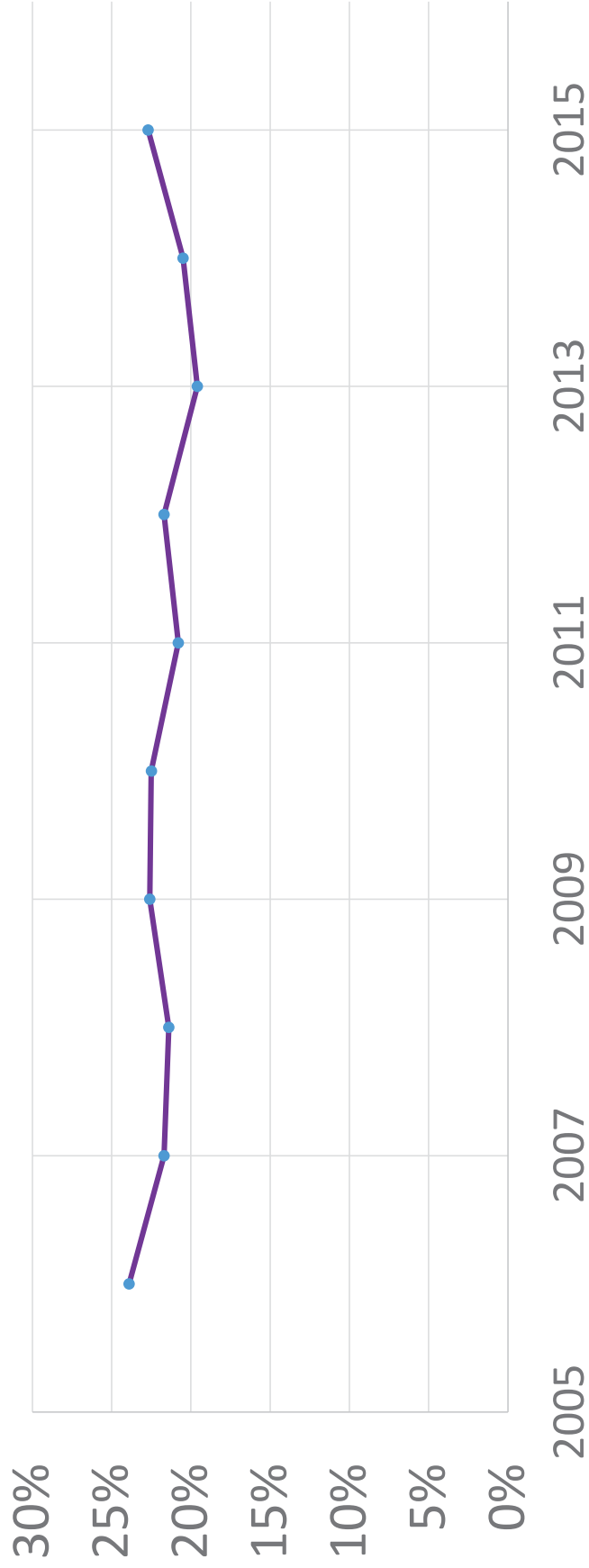
Grade 3 Reading percent Proficient or Above

Legend: Economic disadvantage · Not classed as ED · All

X-axis: 2005, 2007, 2009, 2011, 2013, 2015
Y-axis: 0%, 20%, 40%, 60%, 80%, 100%

Grade 3 Reading percent Proficient or Above

Legend:
- Economic disadvantage (red)
- Not classed as ED (green)
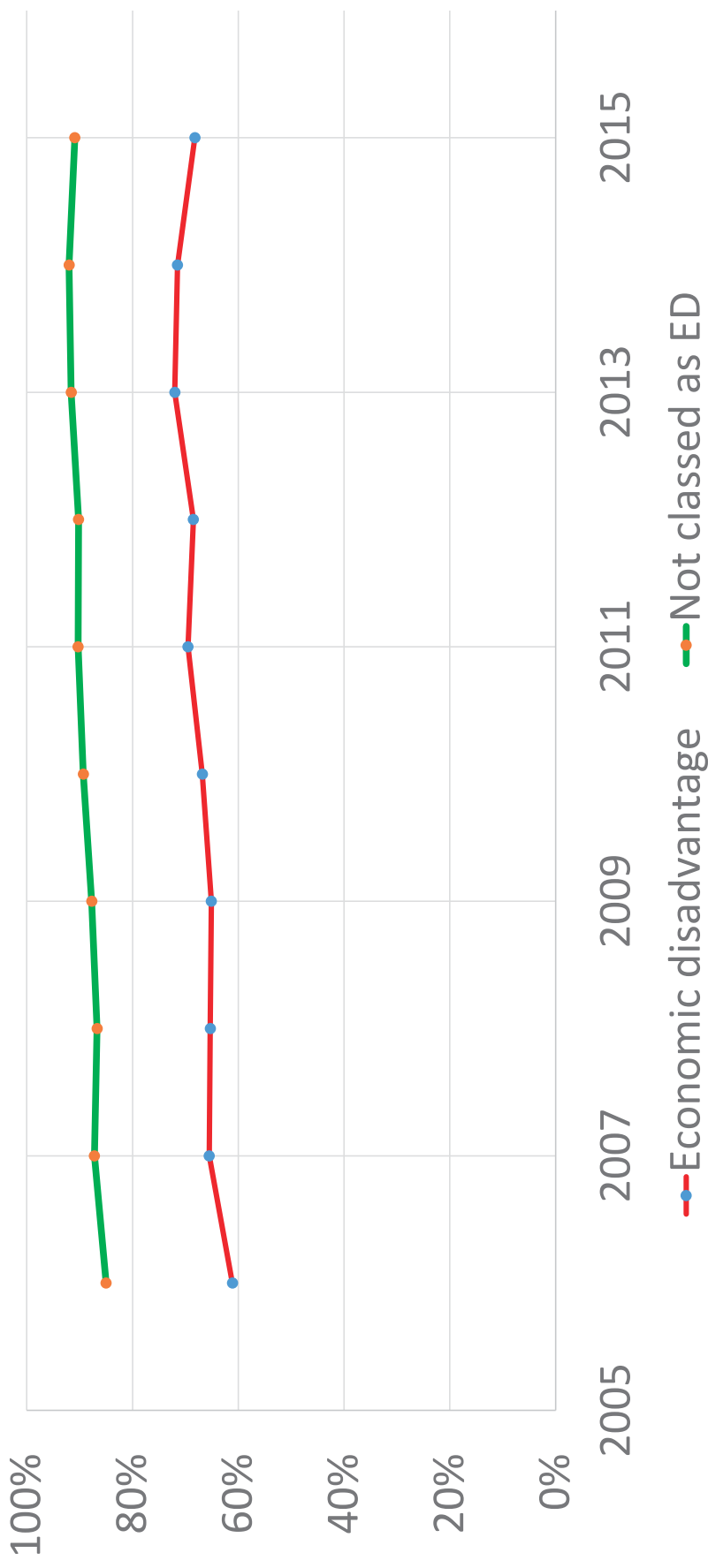
Difference in Percent Proficient or Above
Not-ED minus ED

Estimate of the size of gap in G3 Reading

Classification of third graders by year

Economically disadvataged   Not-ED

90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0

2005   2007   2009   2011   2013   2015   2017

Increase in the probability that
a third grader is classified as ED
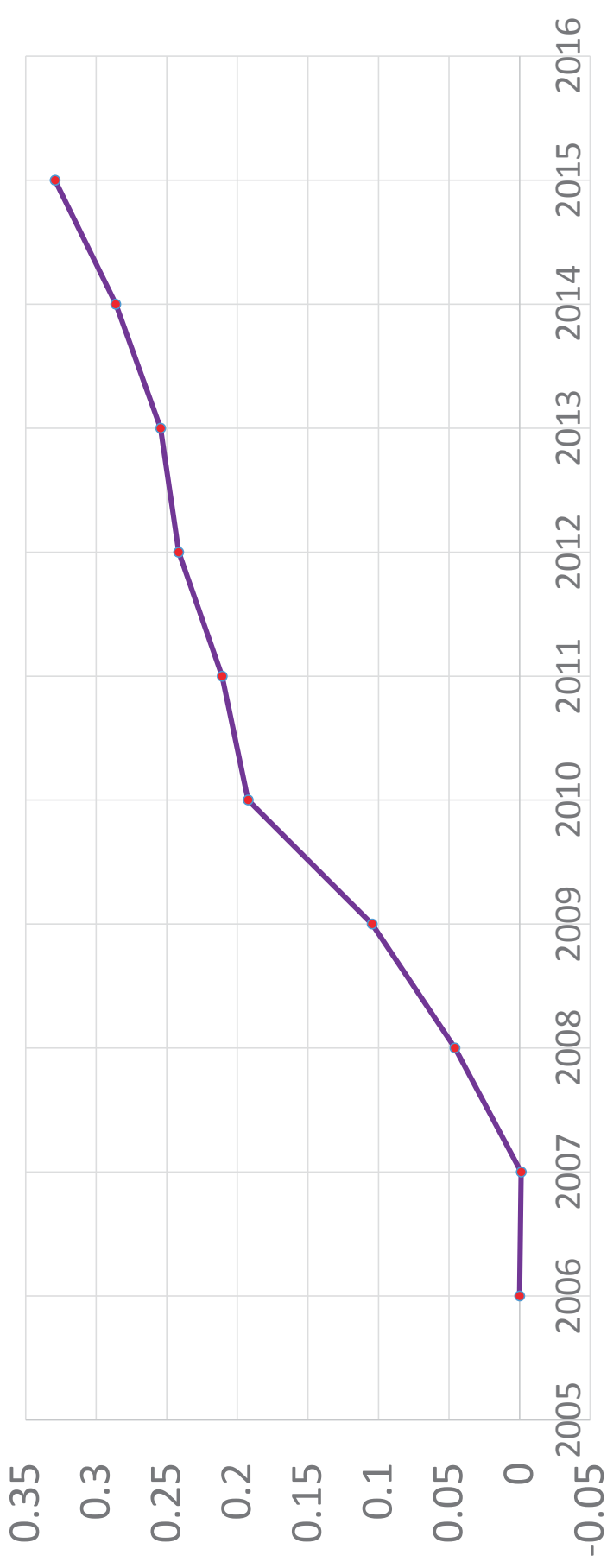
Classification of the 2006 cohort of third graders

Grade

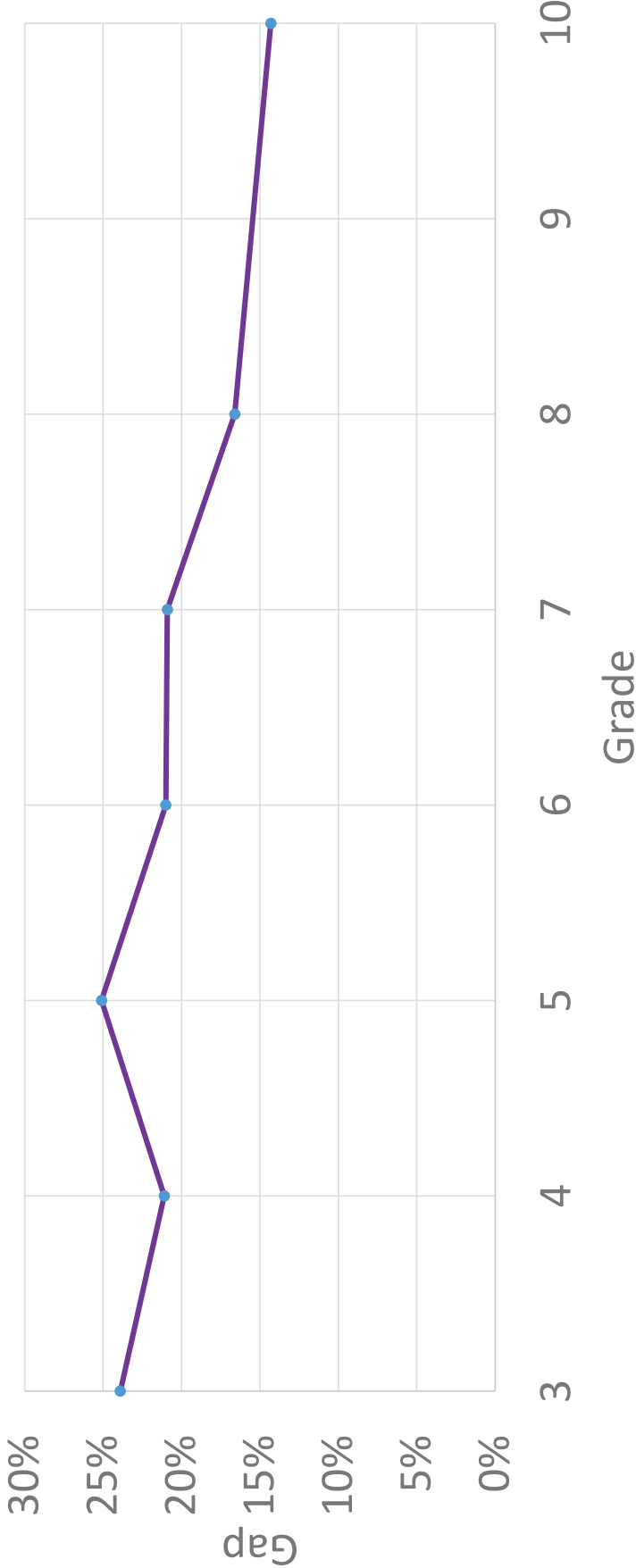Economically disadvantage — Not ED
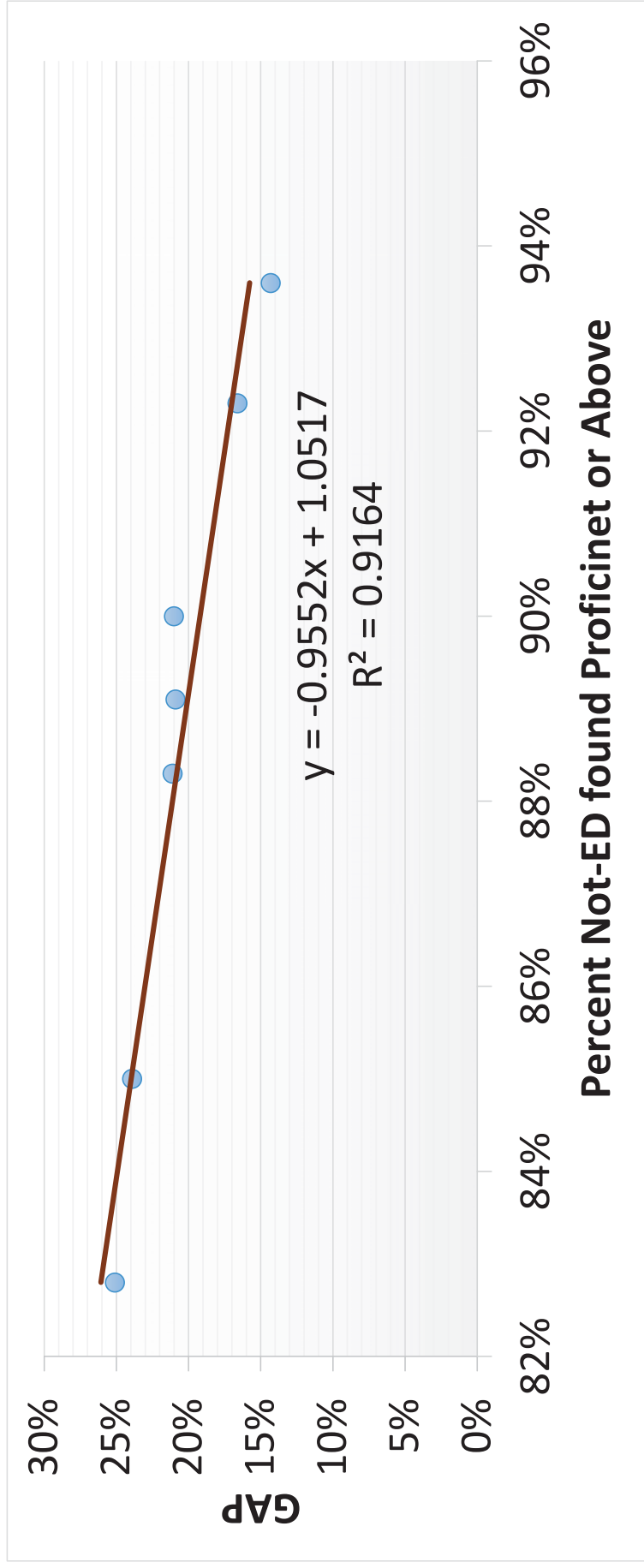
Classification of third graders by year

Economically disadvataged Not-ED
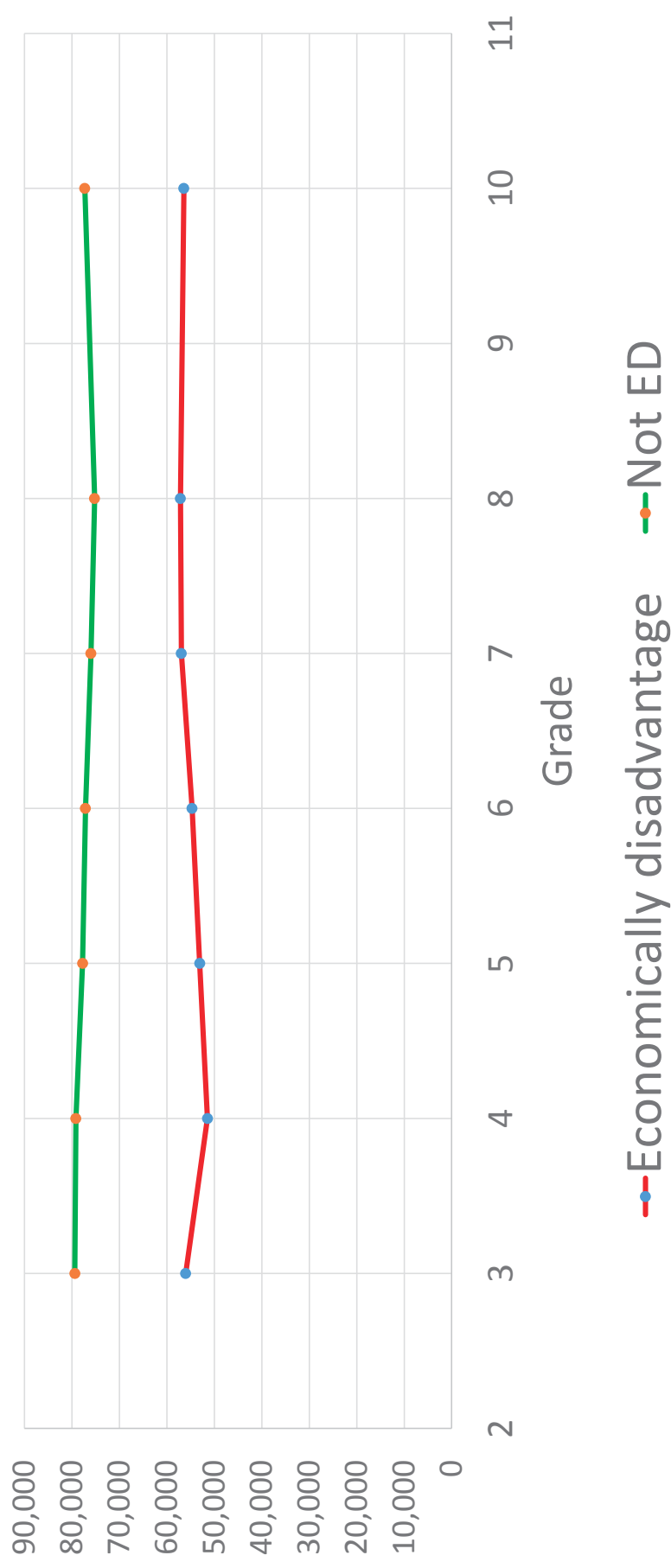
Cohort of 2006 third graders, Percent proficient or above

Grade

Economically Disadvantaged — Not ED
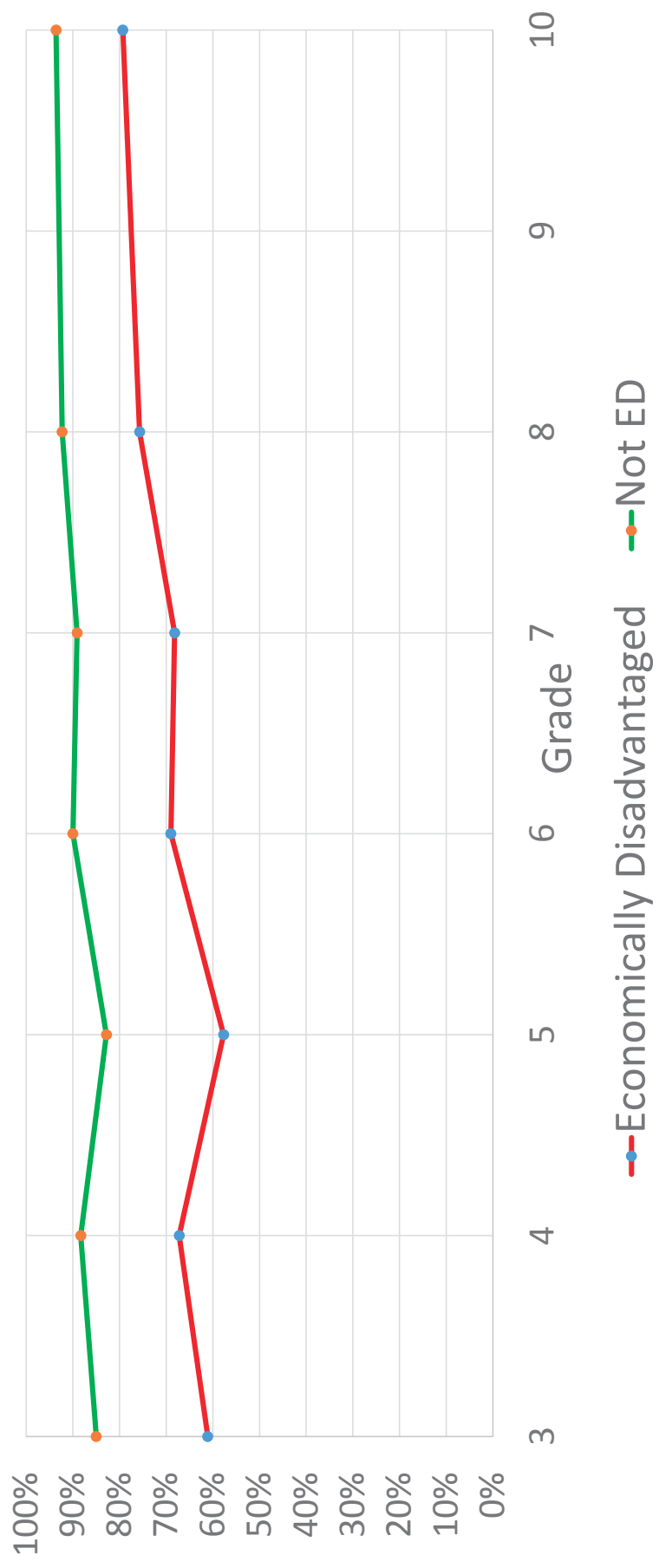
Looks like the gap goes down at higher grades

...but Gap goes down with difficulty

$y = -0.9552x + 1.0517$

$R^2 = 0.9164$

GAP

Percent Not-ED found Proficinet or Above

Other grades in Reading and Math?

Look much like Grade 3 Reading including the characterization for FRPM

Meal subsidy eligibility, CPI, and wage data
(raw data)

Year	FRPM criterion (Family of 4)	CPI (urban, midwest)	Average Ohio annual wage	Ohio annual payroll
2006	$ 37,000	192.4	$ 38,568	$ 205 B
2007	38,203	196.629	39,917	212 B
2008	39,220	204.763	40,784	214 B
2009	40,793	202.527	40,900	202 B
2010	40,793	207.356	41,788	205 B
2011	41,348	213.47	42,972	214 B
2012	42,653	218.294	44,244	223 B
2013	43,568	221.96	44,671	228 B
2014	44,123	225.265	46,000	238 B
2015	44,863	223.645	47,146	248 B
2016		225.173	47,586	253 B

Meal subsidy eligibility, CPI, and wage data

(indexed to the base year of 2007 for clarity)

Year	FRPM criterion (Family of 4)	CPI (urban, midwest)	Average Ohio annual wage	Ohio annual payroll
2006		0.98	0.97	0.97
2007	1.00	1.00	1.00	1.00
2008	1.03	1.04	1.02	1.01
2009	1.06	1.03	1.02	0.95
2010	1.10	1.05	1.05	0.97
2011	1.10	1.09	1.08	1.01
2012	1.12	1.11	1.11	1.05
2013	1.15	1.13	1.12	1.08
2014	1.18	1.15	1.15	1.13
2015	1.19	1.14	1.18	1.17
2016	1.21	1.15	1.19	1.20

What the data show…

For the third grade reading data, it seems that…

1. There are far more students being qualified for FRPM than ten years ago.

   Based on the high and increasing subscription rate to FRPMs, it is difficult to think that FRPM status is useful in determining to whom a "special" educational treatment is to be conferred on the basis of economic disadvantage.

2. Students under the FRPM plan do not perform on the third grade reading test (and other tests) as well as those not qualified under the FRPM plan.

   - It is better to think of this as an association than as a cause; e.g. there may be some other factor or factors that are "causing" both FRPM participation and a performance differential.

Educational treatments

What makes a "good" treatment?

1. Evidence-based (per ESEA, amended PL 114-95; SEC 8601 20 U.S.C. 7801 (21)(A), page 393)

   ... demonstrates a **statistically significant effect** on improving student outcomes or other relevant outcomes based on—

   (I)   strong evidence — experimental study;
   (II) moderate evidence – quasi-experimental study;
   (III) promising evidence – correlational study with statistical controls for selection bias;

Concept illustrated by extracts from ESSA in the folders

Educational treatments

What makes a "good" treatment?

1. Evidence based
2. Reproducibility at scale & Generalizable

    A. Evidence that teachers can be taught to administer the treatment to consistently get the desired result?

    B. Evidence that the desired results can be obtained from most of the population or evidence that defines the sub-population where this treatment works?

Educational treatments

What makes a "good" treatment?

1. Evidence based
2. Reproducibility at scale & Generalizable
3. Affordable and efficient

- What does the treatment cost to train? To administer?

- **Are the effect sizes sufficient to justify the cost?**

- Is there another treatment that produces "more bang" for our bucks? Is there another treatment that takes fewer hours or days to produce results?

Educational diversion threat

Doing something that does not work very well but does interfere with applying something that might work much better

Commonly espoused opportunities for treatments

- Class size reduction
- Improving teacher quality & Quality of instruction & Technology
- Early Childhood Education
- Food, clothing, shelter
- Discipline/student management/school climate
- Health services: physical, mental/reducing psycho-stressors
- Expanded instructional time/year-round schooling
- Stimulating striving & self-control/self-determination
- ...and others

Interactions

When considering the treatments on the previous slide...

Choosing the Good, Better, or Best treatment may vary depending on:

- The student situation & "deficiency"
- The student population
- The personnel available
- Financial resources

end

THE SPEAKER'S TASK FORCE ON

EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

August 17, 2017 Meeting

10:30 AM – Rhodes State Office Tower, Room 2925
Columbus, Ohio 43215

Agenda

1. Call to Order

2. Presentation by Phil DeVol.

   Mr. DeVol co-wrote *Bridges Out of Poverty* with Ruby Payne and Terie Dreussi-Smith, and authored the paper "Using the Hidden Rules of Class to Create Sustainable Communities." He will share his insights from his research and work on overcoming poverty.

3. Presentation by Becky (Sustersic) Carroll, Health Policy Analyst, Health Policy Institute of Ohio

   Ms. Carroll will report and discuss the research reports of the Health Policy Institute of Ohio on the relationship between education and health and the provision of health services in schools

4. Discussion

5.   Adjournment

Education, poverty and health

health policy institute
of ohio

hpio

™

The Speaker's Task Force on Education and Poverty

Amy Bush Stevens, MSW, MPH

Becky Sustersic Carroll, MPA

August 17, 2017

Vision

To influence the improvement of health and well-being for all Ohioans.

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
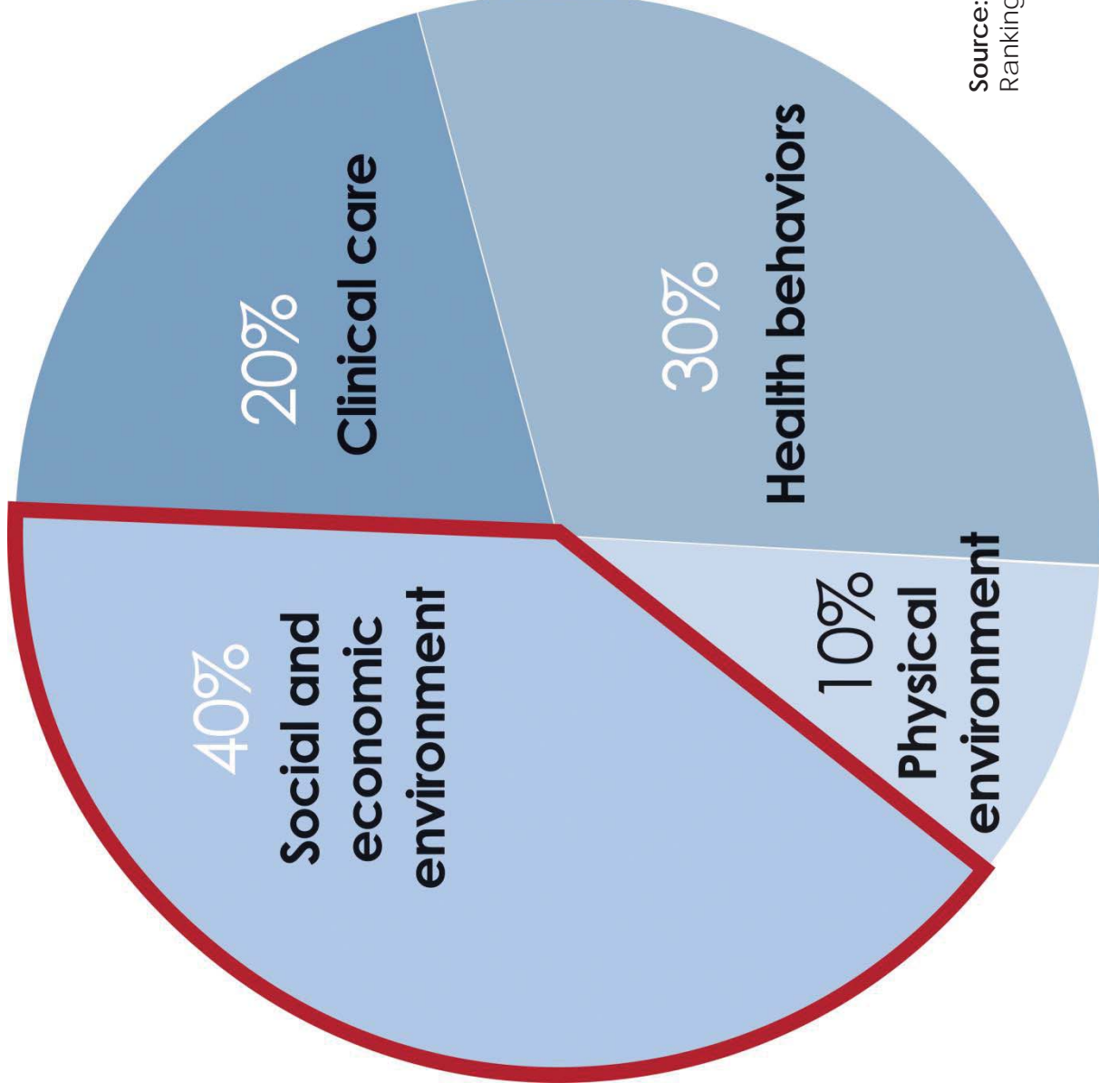
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HPIO core funders

- Interact for Health
- Mt. Sinai Health Care Foundation
- The George Gund Foundation
- Saint Luke's Foundation of Cleveland
- The Cleveland Foundation
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- Sisters of Charity Foundation of Cleveland
- Cardinal Health Foundation
- United Way of Greater Cincinnati
- Mercy Health
- CareSource Foundation
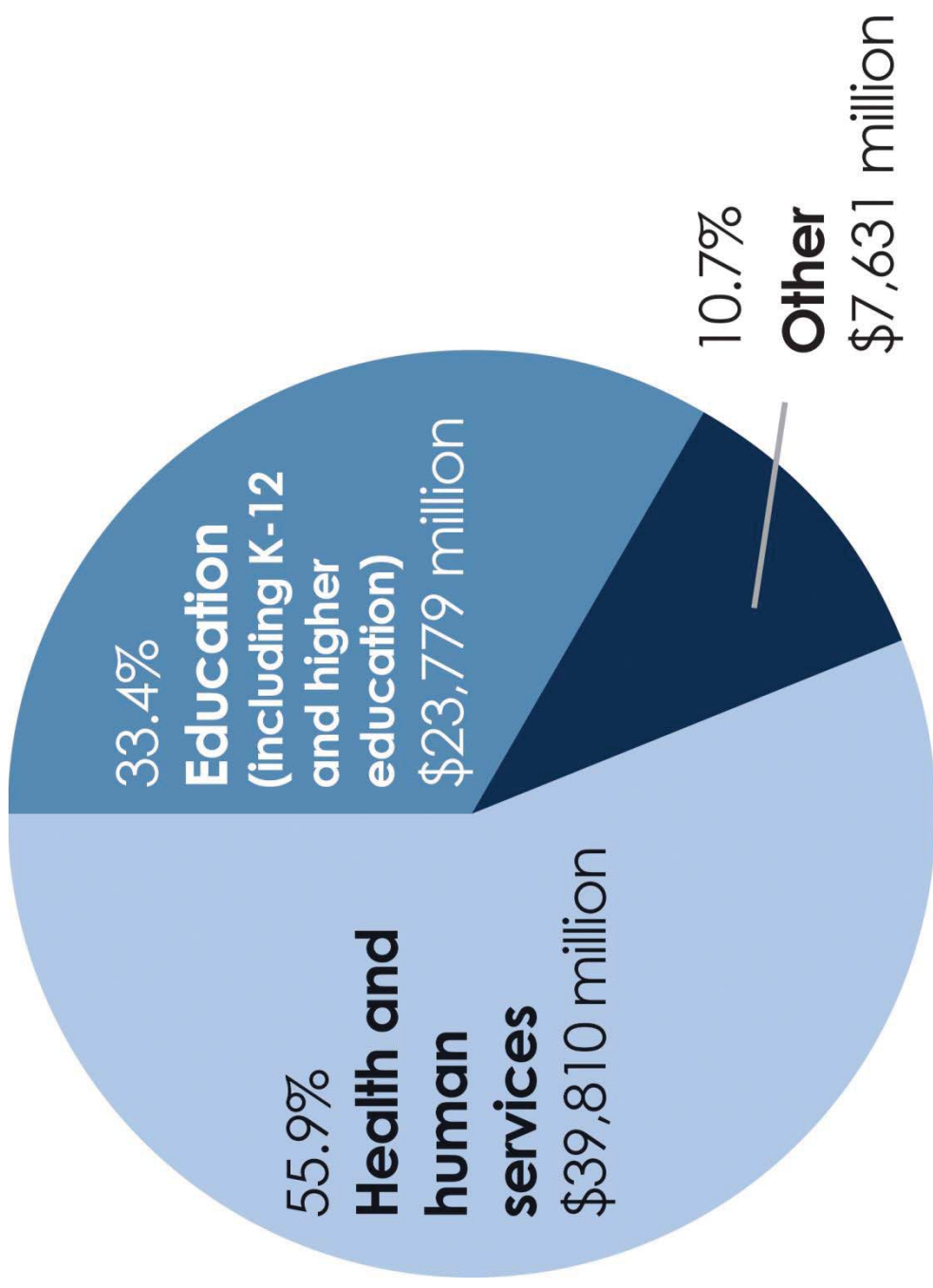- SC Ministry Foundation
- United Way of Central Ohio

Factors that influence health

40%
Social and economic environment

20%
Clinical care

30%
Health behaviors

10%
Physical environment

4

Ohio biennial budget appropriations
(SFY 2016-2017)

33.4%
Education
(including K-12
and higher
education)
$23,779 million

55.9%
Health and
human
services
$39,810 million

10.7%
Other
$7,631 million

Note: Includes total state and federal general revenue fund appropriations

Source: Ohio Legislative Service Commission Budget in Brief (House Bill 64 – As Enacted)

42%

Of legislative bills in the 131st General Assembly were related to health and/or education
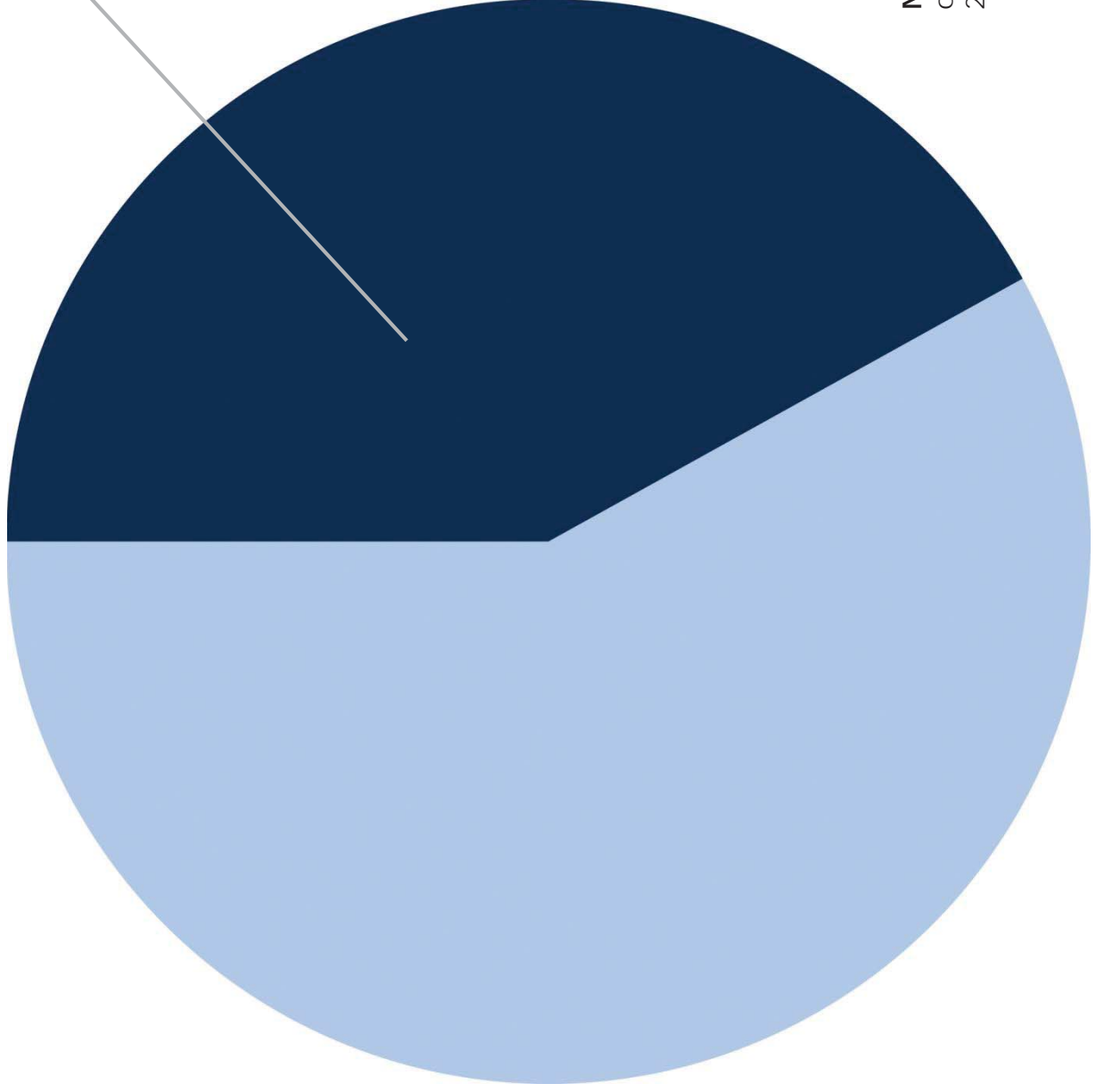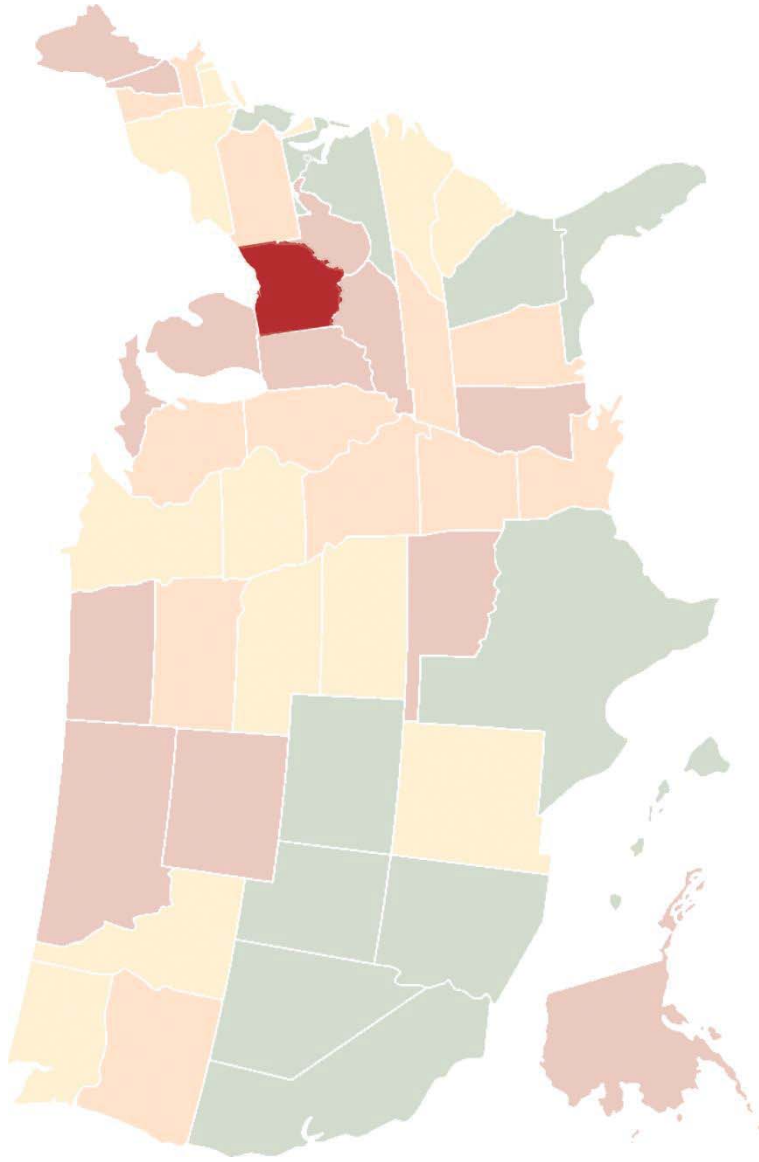
Health

Education

Poverty

Overview

- Health Value Dashboard
- State Health Improvement Plan
- HPIO policy briefs:
  - Connections between education and health
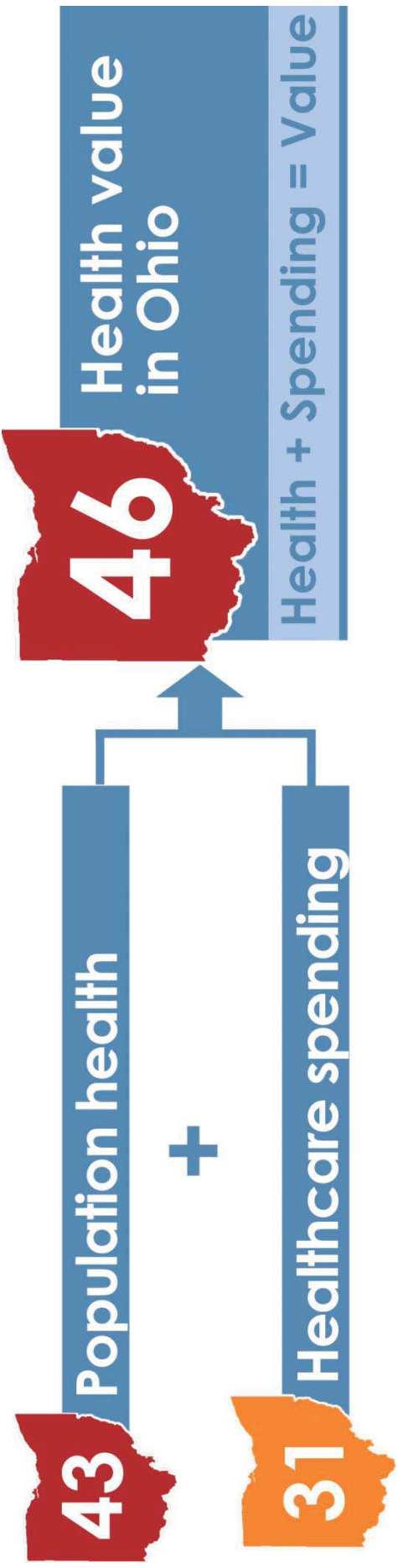 - Health services in schools
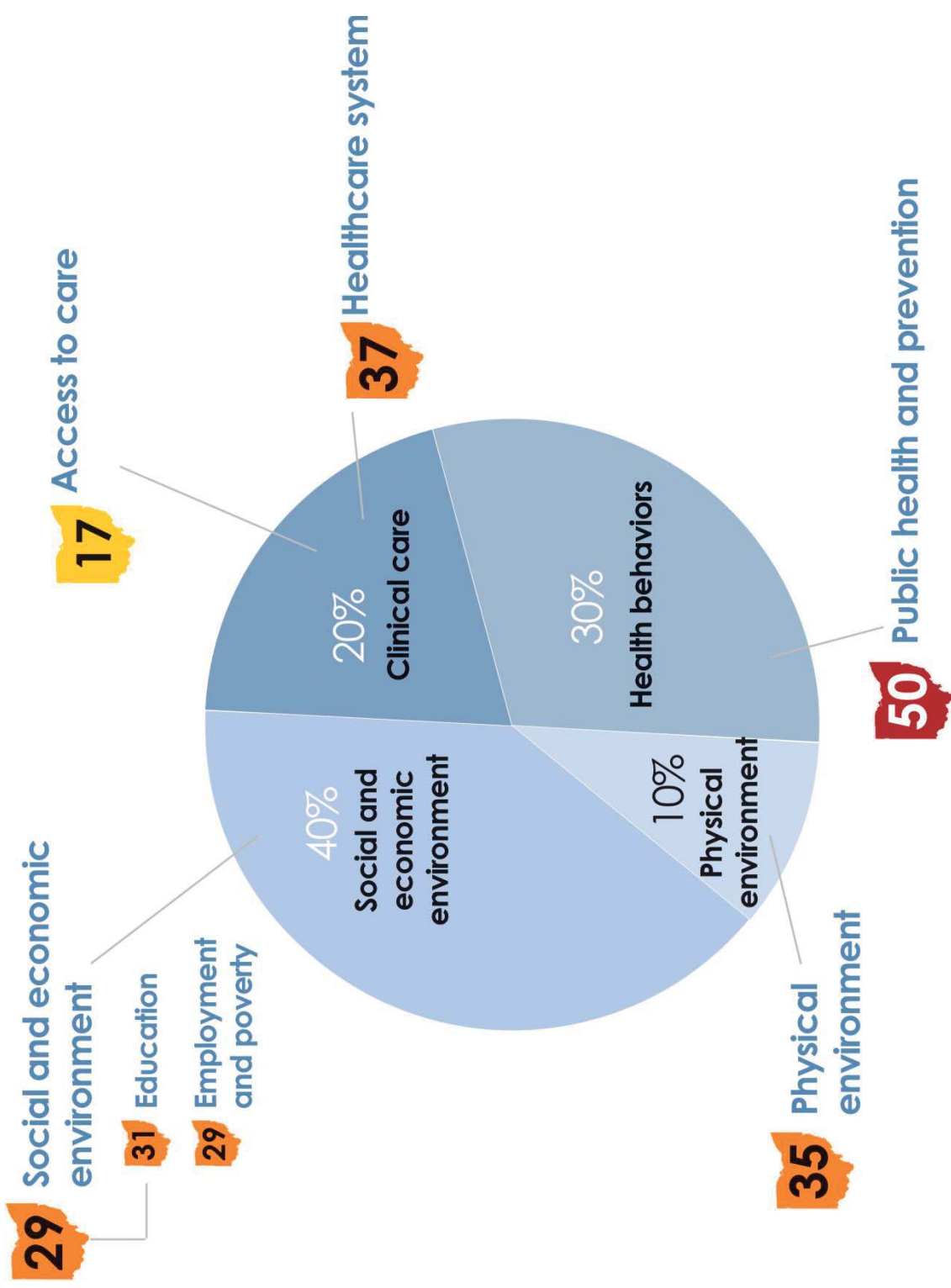
2017

Health Value
Dashboard™

How does Ohio do?

Greetings from OHIO

COPYRIGHT 1937 BY CURT TEICH & CO., INC., CHICAGO, U.S.A.

7A-H1817

Where does Ohio rank?

Population health **43**

+

Healthcare spending **31**

→ **46** Health value in Ohio

Health + Spending = Value

Why does Ohio rank so poorly?

Ohio performs poorly on many of the factors that impact health value

Access to care 17

Healthcare system 37

Clinical care 20%

Health behaviors 30%

Social and economic environment 40%

Physical environment 10%

Social and economic environment 29

Education 31

Employment and poverty 29

Physical environment 35

Public health and prevention 50

Education

Metric	Ohio's rank	Trend
Fourth-grade reading (2015)	18	Moderately improved
Preschool enrollment (2012-2014)	24	No change
Some college (2014)	32	No change
High school graduation (2014-2015)	34	No change

Fourth grade reading, by income (2015)

Percent of fourth graders proficient in reading

Ohio: 38%
HP2020: 36.3%
U.S.: 35%

52%

23%

Not eligible for free/reduced lunch*

Eligible for free/reduced lunch*
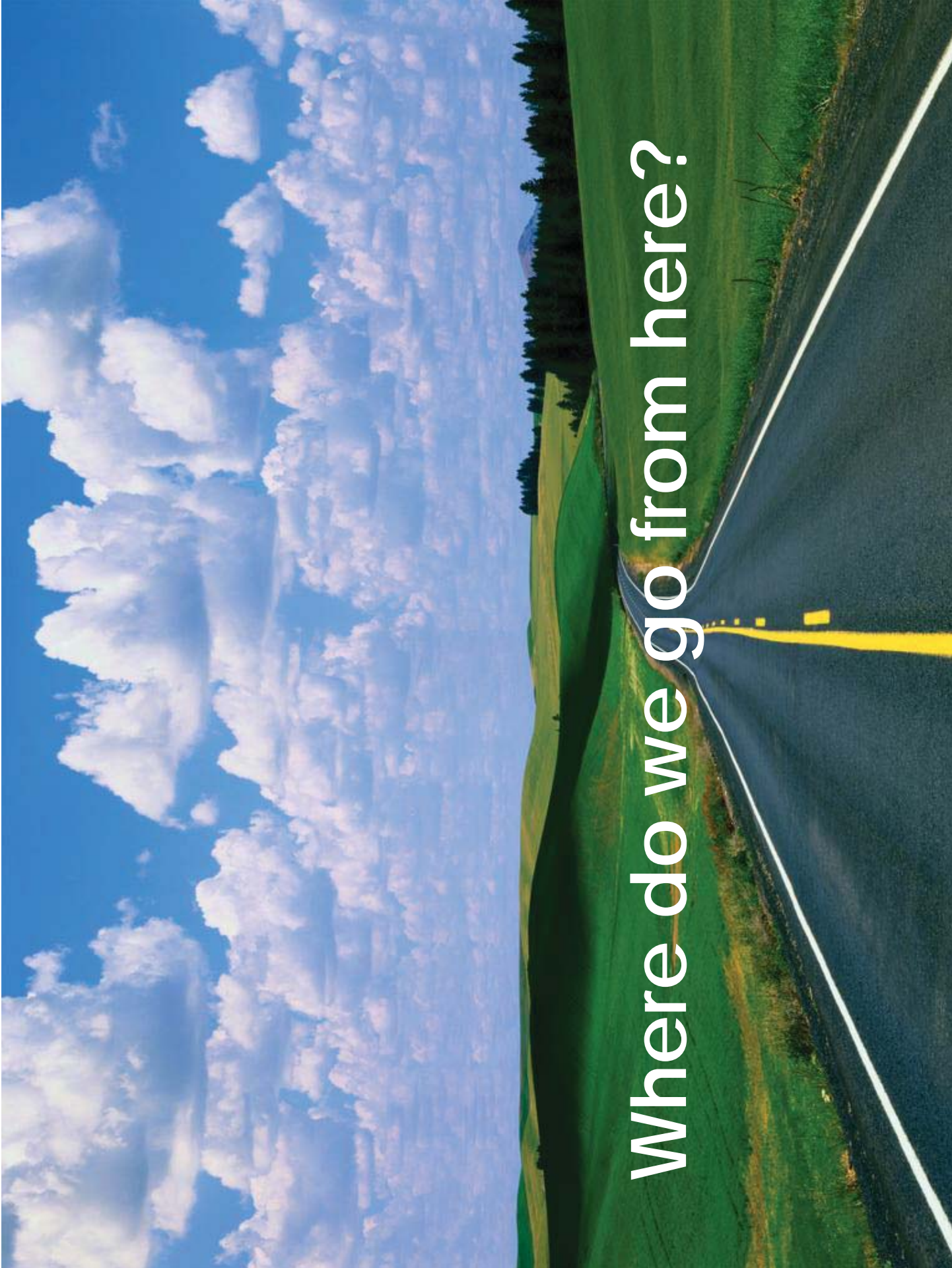
Where do we go from here?

Approaches most likely to yield positive outcomes
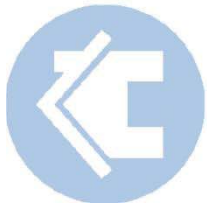
Improve Ohio's social and economic environment

Strengthen Ohio's commitment to public health and prevention

Start early with children and families

Ohio 2017-2019
STATE HEALTH
IMPROVEMENT PLAN

Figure 3.1. **Strategies¹ to address all SHIP priority topics²**

Likely to reduce disparities²

Social determinants of health strategies

School-based health

School-based health centers

Early childhood supports

Early childhood education (includes center-based early childhood education, preschool education programs) and universal pre-kindergarten

Child care subsidies

Early childhood home visiting programs (includes: Early childhood home visitation to prevent child maltreatment and specific evidence-based home visiting models supported by the Ohio Department of Health [ODH, please provide link])

Affordable, quality housing

State housing subsidy/voucher (operating or rental)

Low-income housing tax credits

Home improvement loans and grants (see also: housing rehabilitation loan and grant programs)

Service-enriched housing

Employment and income

Earned income tax credits including outreach to increase uptake, remove cap and/or make credit refundable

Employment programs, such as vocational training for adults and transitional jobs

...cal/regional built environment changes to support active living and social connectedness

Community-scale urban design land use policies/Streetscape design (Complete Streets)

Bike and pedestrian master plans

Green spaces and parks

Public building siting considerations [ODH, please provide link]

...ke-free environments

...moke-free policies (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, ...hool and other settings) (See also: smoke-free policies for indoor areas, smoke-free policies for outdoor areas and smoke-free ...licies for multi-unit housing)

...t health, prevention and health behaviors strategies

...l-based prevention and health behaviors programs

...ersal prevention programs linked to School-based health centers; See Figures 4.3, 4.4, 5.3, 5.4 and 6.3 for topic-specific ...ention programs

...unity-based active living and healthy eating support

...unity healthy food access: Community gardens; Healthy food initiatives in food banks; Farmers' markets/stands; Healthy food ...enience stores; Competitive pricing—fruit and vegetable incentive programs; WIC and senior farmers' markets' Healthy food ...ms, SNAP infrastructure at farmers' markets/EBT payment at farmers' markets

...ns: Individually-adapted health behavior change programs; Activity programs for older adults; Community fitness ...ysical activity campaigns; Social support interventions in community settings; Community-

...prevention and cessation

...g the price of tobacco products (cigarette and/or other tobacco products tax) [see also: Tobacco pricing]

...o decrease availability of tobacco products [see also: Tobacco access restrictions for minors and Minimum tobacco age

...h communications

...sation support [see Healthcare system and access]

Examples of SHIP strategies related to education and poverty:

- School-based:
  - Health centers
  - Social and emotional instruction and Positive Behavioral Interventions and Supports (PBIS)
  - Violence and drug prevention programs
  - Physical activity and nutrition policies and programs
- Early childhood education and home visiting
- Earned income tax credit
- Vocational training

HPIO policy briefs

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health policy institute of ohio

Lead. Inform. Improve.

Home | About | Briefs | Tools | Events | Groups | Consulting

Health Policy Institute of Ohio > Intersections between education and health

Intersections between education and health

Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017. Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.

With support from the United Way of Central Ohio, HPIO has started to explore the intersections of education and health. In 2016, we convened an **Education and Health Policy Advisory Committee**, which has helped to guide this important work.

The first publication, **Connections between education and health**, was released in January, and we plan to release three additional publications later in 2017. We will also be updating this resource page on a continuous basis throughout the year.

Education basics for health stakeholders

❯ Read more

Health basics for education stakeholders

❯ Read more

How education and health are connected

❯ Read more

Specific areas of consideration for policymakers

❯ Read more

Promising models to integrate education and health

Connections between education and health

Ohioans reporting fair or poor health (2015)

Percent of Ohio adults ages 25 and older reporting fair or poor health, by educational attainment

Category	Percent
Less than high school	35.5%
High school graduate	21.8%
Some college or technical school	15.4%
College grad	6.5%

The relationship between education and health

Health

Education

1. Education can create opportunities for better health

- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Other factors

- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health
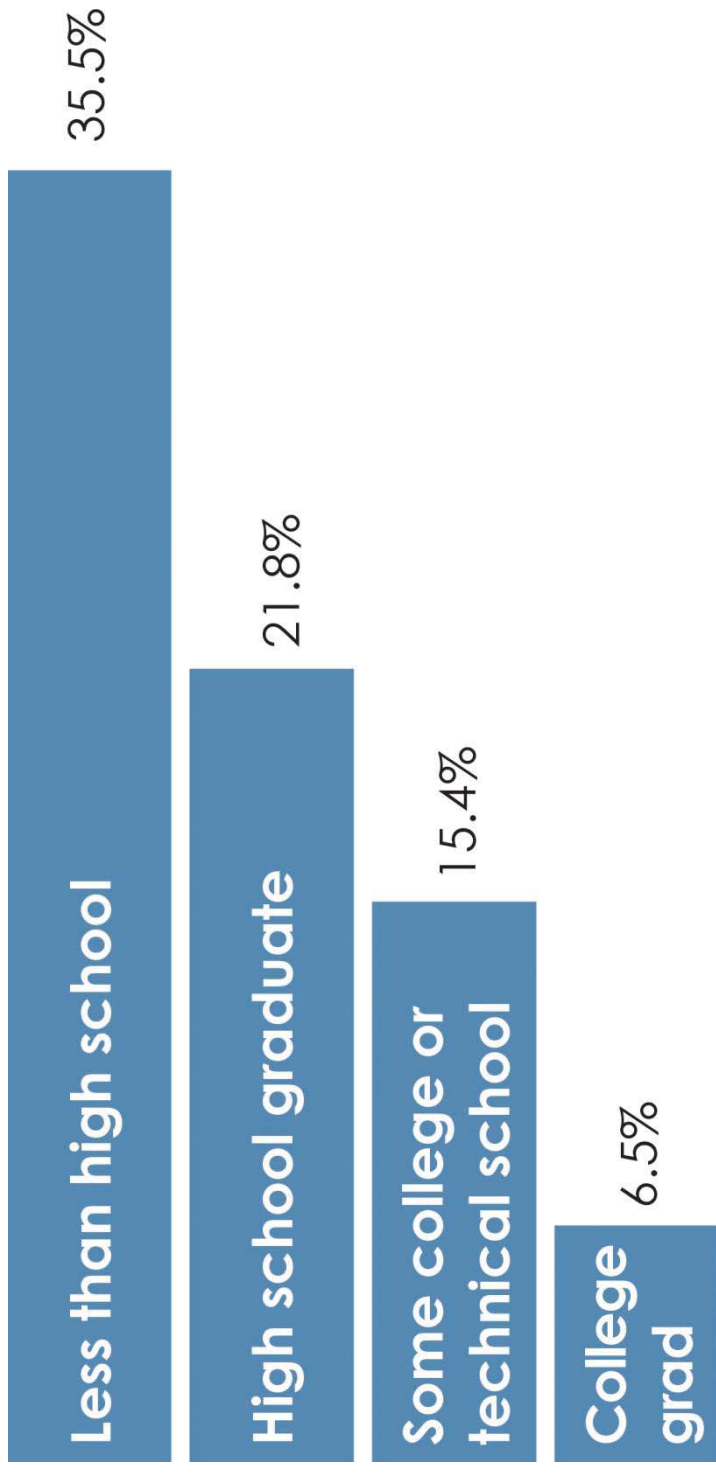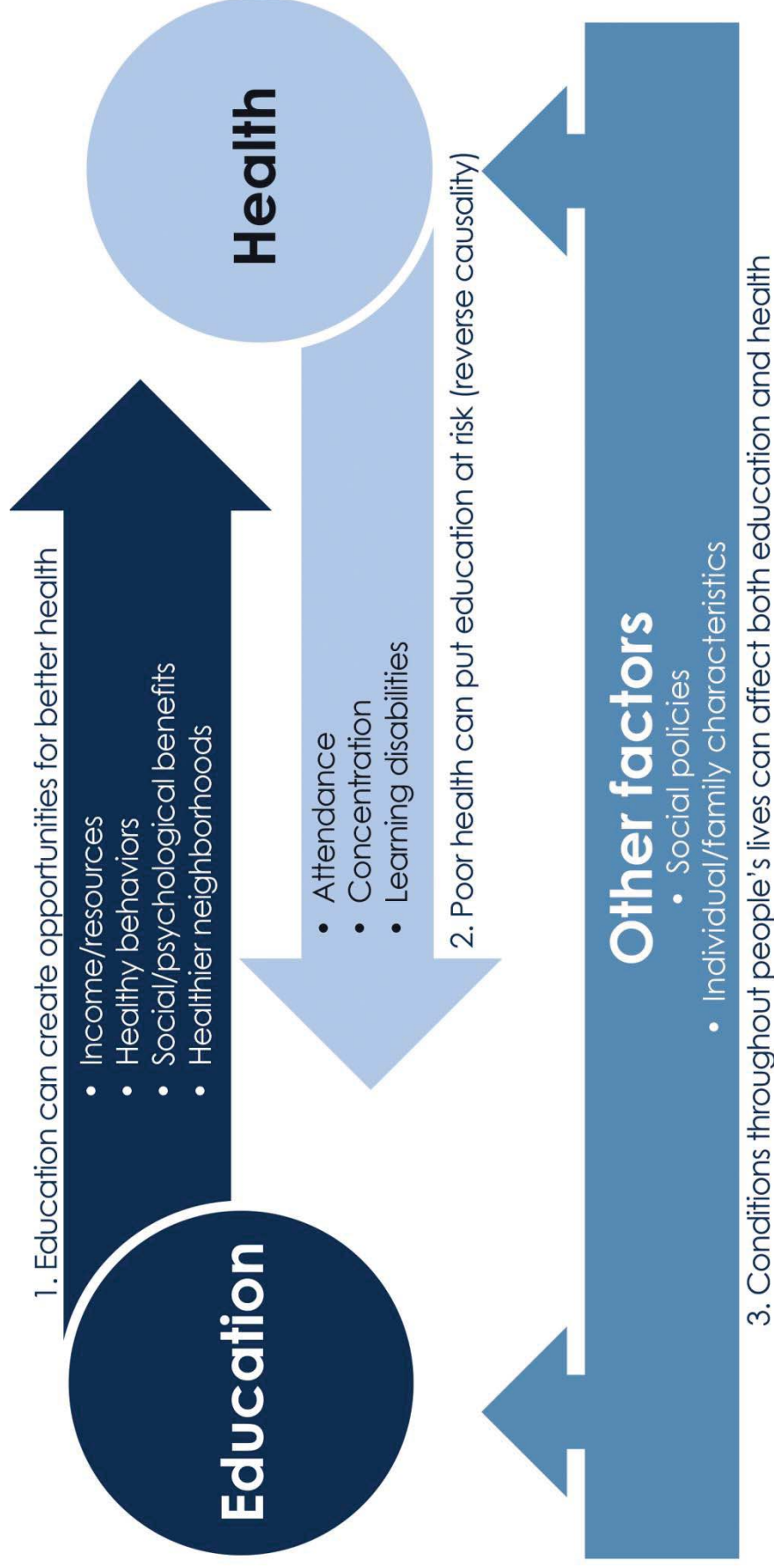
Source: Adapted from Virginia Commonwealth University. Why Education Matters to Health: Exploring the Causes. Feb. 13, 2015

How education impacts health

More education → Better jobs → Financial resources → Healthier communities, better access to health care, less stress
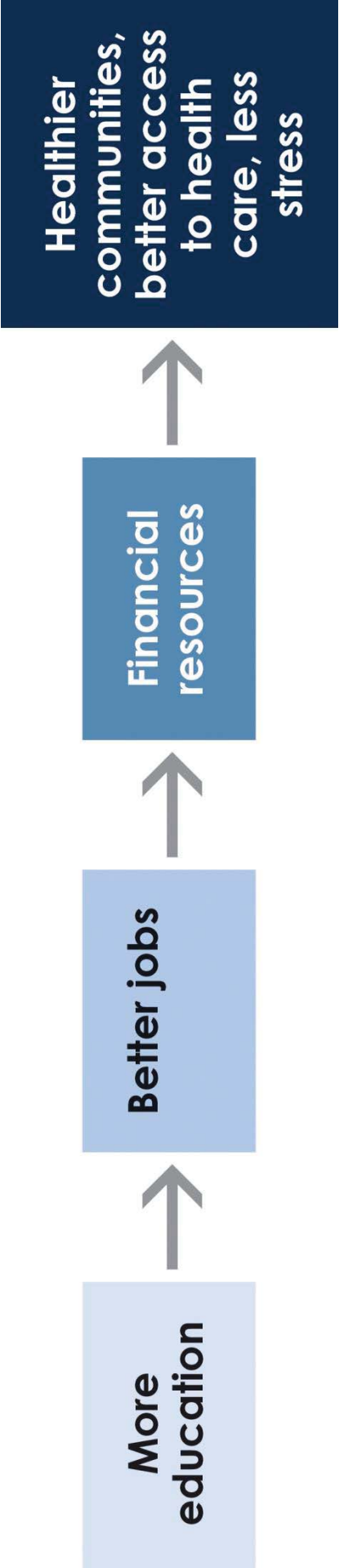
How health impacts education

How health impacts student success

Student health
- Vision
- Asthma
- Teen pregnancy
- Aggression and violence
- Physical inactivity
- Breakfast
- Inattention and hyperactivity

→

- Attendance and absenteeism
- Health-related learning obstacles
- School engagement

→

Academic achievement

Several factors that impact both education and health

- Prenatal health
- Educational attainment of the mother
- Child malnutrition
- Exposure to toxins, such as lead
- Parent-child relationship
- Chronic stress
- Adverse childhood experiences (ACEs)

Influence of adverse childhood experiences (ACEs)

Death

Conception

Early death

Disease, disability and social problems

Adoption of health risk behaviors

Social, emotional and cognitive impairment

Disrupted neurodevelopment

Adverse childhood experiences

Psychological, physical or sexual abuse; witnessing violence against the mother; or living with household members with substance abuse or mental health conditions, who have attempted or committed suicide or who have ever been imprisoned

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Emotional & Sexual Abuse

Substance Abuse

Domestic Violence

Physical & Emotional Neglect

Divorce

Mental Illness

Incarceration

Homelessness

Adverse Community Environments

Poverty

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Poor Housing Quality & Affordability

Violence
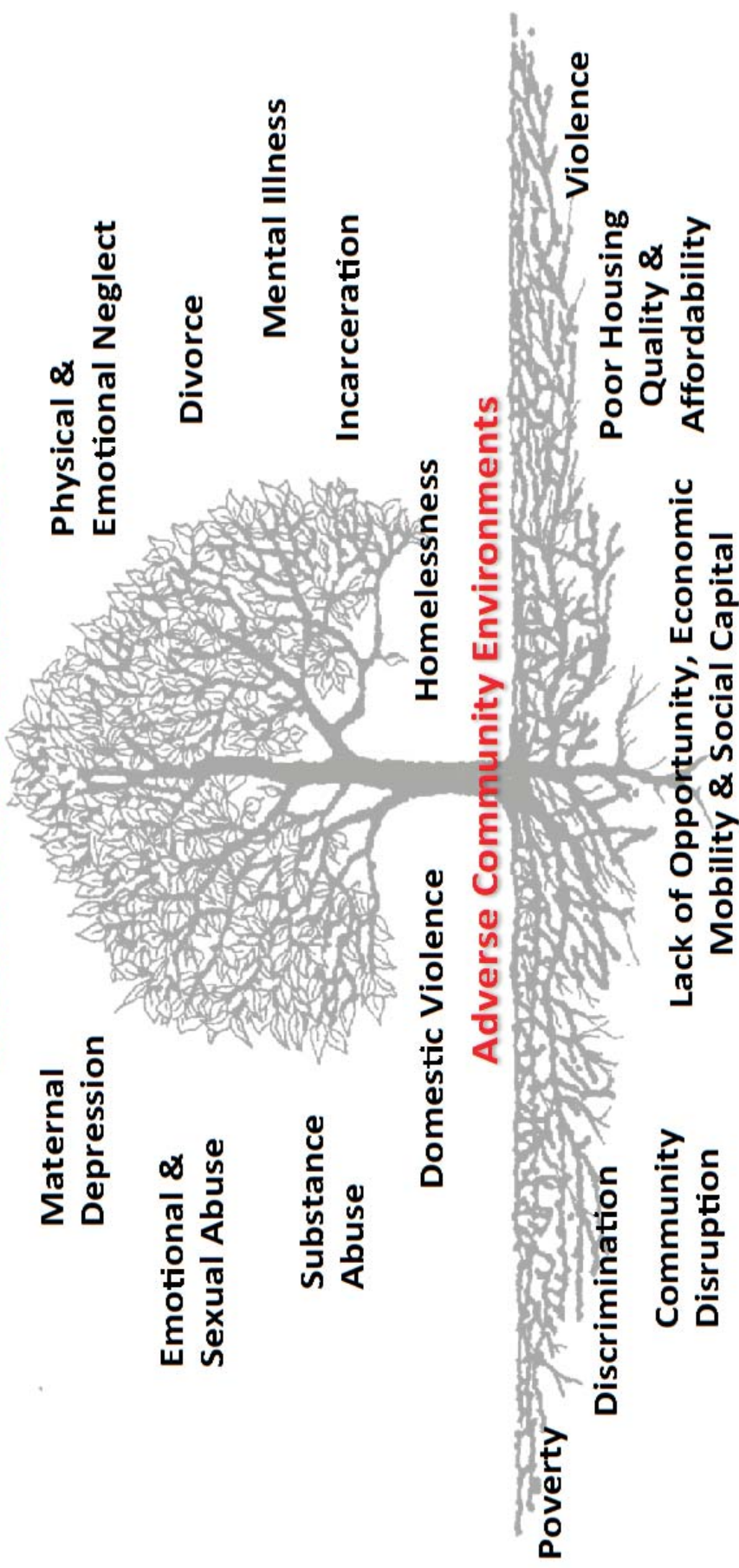
Ellis W. & Dietz W. BCR Framework. *Academic Peds* (2017).

Key takeaways for policymakers

1. Health and education are linked
2. Higher educational attainment leads to better health outcomes
3. Health barriers can hinder educational success and academic achievement
4. Aspects of a child's life before entering kindergarten can significantly influence his or her future health and educational success
5. **Closing the achievement gap is likely to drastically reduce health disparities**

Policy implications

Given the many connections between education and health, policymakers should:

- Prioritize evidence-informed policies with both education and health benefits
- Consider the impacts of education policies on health outcomes, and the impacts of health policies on education

Encourage stronger partnerships and greater collaboration between the education and health sectors at the state and local levels

Education

State agencies

Ohio Department of Education

Ohio Department of Higher Education

Legislative committees

House Standing Committee on Education and Career Readiness

Senate Standing Committee on Education

Joint Education Oversight Committee

Health

State agencies

Governor's Office of Health Transformation

Ohio Department of Health

Ohio Department of Medicaid

Ohio Department of Mental Health and Addiction Services

Legislative committees

House Standing Committee on Health

House Standing Committee on Community and Family Advancement

Senate Standing Committee on Health, Human Services and Medicaid

Joint Medicaid Oversight Committee

Education, poverty and health

The Speaker's Task Force on Education and Poverty

Amy Bush Stevens, MSW, MPH

Becky Sustersic Carroll, MPA

August 17, 2017

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Health **Policy** Brief 2

Connections between education and health

Health services in schools

Overview

In January 2017, HPIO released **Connections Between Education and Health**, the first policy brief in a four-part series. It describes the two-way relationship between health and education, explaining that people with higher educational attainment generally have better health outcomes and that healthier children are more likely to have academic success. This brief (Policy brief No. 2) and the two upcoming briefs described in the box below explore specific evidence-based policies and programs that have demonstrated both health and education benefits.

Students with untreated physical and/or mental health conditions often struggle academically. They are more likely than healthier peers to be absent from school and often have difficulty paying attention and learning while in class. Research has shown that schools can positively impact student achievement through health improvement efforts.[1]

Schools cannot address the complex health-related needs of children alone, especially with limited financial resources. Effective solutions must require collaboration include parents and often require collaboration with others in the community. School leaders increasingly recognize the value of addressing non-academic barriers to student success and partnering with community healthcare and social service providers to address these barriers. For example, schools have begun to offer students

greater access to health services. Providing health services in schools has many benefits, including:

- Less missed class time for students
- Less lost work time for parents
- Enhanced access to healthcare services for low-income children who are uninsured or have other barriers to accessing care (e.g. transportation)
- Early detection of health issues
- Improved management of chronic conditions such as asthma and diabetes
- Prevention of more costly emergency room visits and hospitalizations
- Greater trust of providers in a school setting among parents and students[2]

Schools are well-positioned to identify and address student health needs, given that nearly all children attend school an average of six hours a day, five days a week, eight to nine months a year. In addition, schools often provide before and after school care and summer programming.

This brief describes how Ohio schools are providing health services to students, including an overview of relevant federal and state policies and programs and the types of health professionals commonly working in schools. The brief also explores school partnerships to provide health services, with an emphasis on school-based health centers. The provision of mental health and preventive services in schools is also discussed.

Additional HPIO education and health publications and resources

- **Policy brief No. 1** explains the relationship between education and health and describes factors impacting this relationship (Released: January 2017)
- **Policy brief No. 3** will explore education policies and programs that impact education outcomes in the short term and health outcomes in the longer term, including early childhood education and family supports and social-emotional development (Target release: August 2017)
- **Policy brief No.4** will explore school-based policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release: Fall 2017)
- Additional resources can be found on HPIO's "**Intersections between education and health**" online resource page, which will be continually updated throughout 2017

The relationship between education and health

Health

Education

1. Education can create opportunities for better health
- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Other factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

Common health conditions among school-age children in Ohio

64% — Percent of youth (ages 12-17) with **major depression who did not receive mental health services** (2012-2013)

12% — Percent of adolescents (ages 12-17) who had at least one **major depressive episode** in the past year (2014-2015)

29% — Percent of high school youth (grades 9-12) who are **overweight or have obesity** (2013)

51% — Percent of third-graders with a history of **tooth decay** (2013-2015 school years)

14% — Percent of children (17 years old and younger) with **asthma** (2014)

Benefits of health services in schools

- Less missed class time for students
- Less lost work time for parents
- Enhanced access to healthcare services for low-income children who are uninsured or have other barriers to accessing care (e.g. transportation)

Benefits of health services in schools (cont.)

- Early detection of health issues
- Improved management of chronic conditions such as asthma and diabetes
- Prevention of more costly emergency room visits and hospitalizations
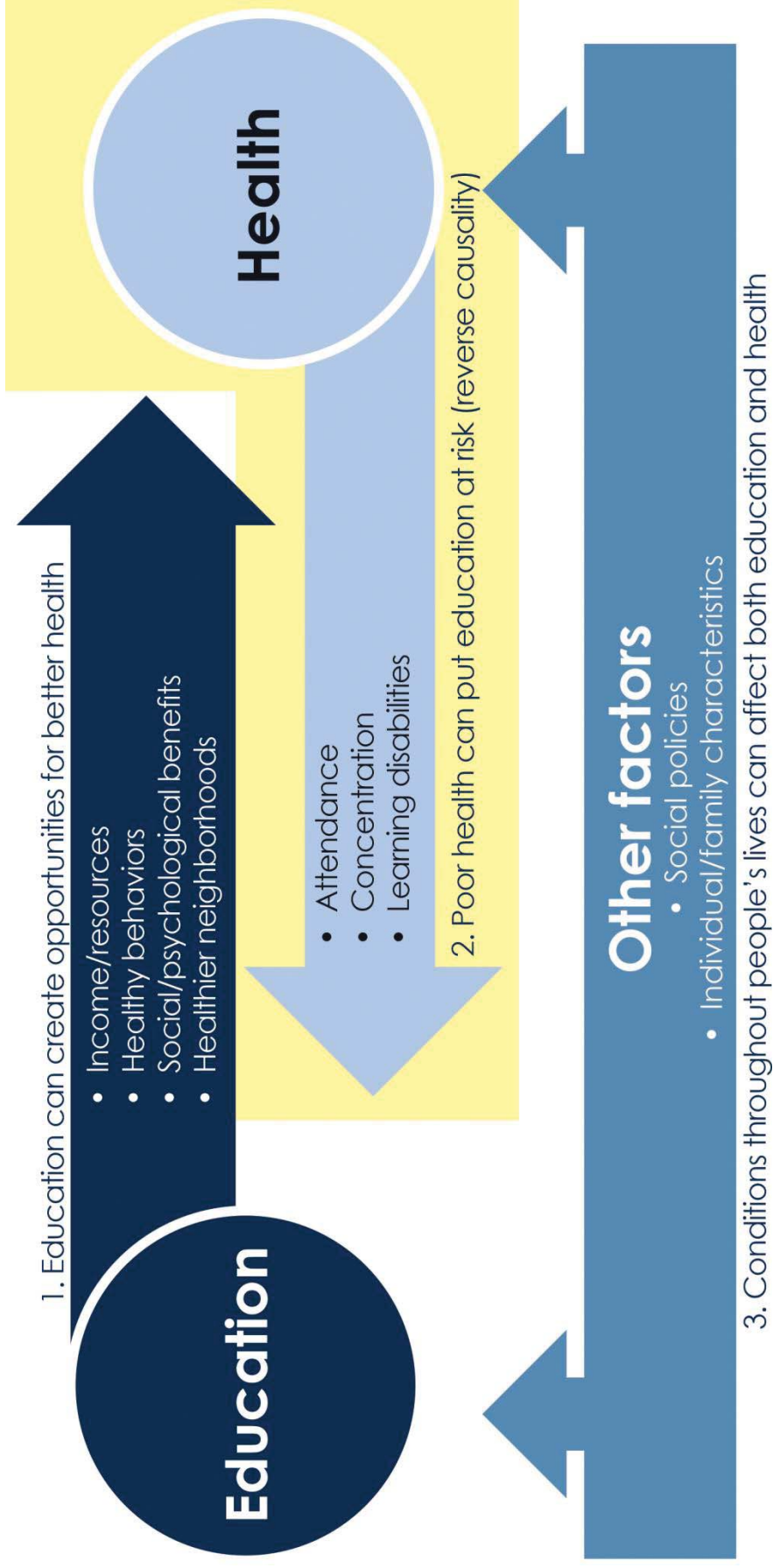- Greater trust of providers in a school setting among parents and students

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health policy institute of ohio ™

July 2017

Health **Policy** Brief

Connections between education and health ❷

Health **services** in schools

Summary of school health service requirements under Ohio law

Ohio law	Type of health services required	Description (as it relates to school health services)
ORC 3313.539	Concussions and school athletics	• Prohibits boards of education/school districts/governing authorities of chartered schools from allowing students to participate in school athletics until a concussion and head injury information sheet is signed by each parent/guardian and returned to the school • Prohibits boards of education/school districts/governing authorities from permitting individuals to coach or referee school athletics unless the coach/referee has been trained in recognizing the symptoms of concussions
ORC 3313.60	Academic health-related curriculum	• Requires boards of education/school districts to include instruction in nutrition, drugs/drug abuse, venereal disease (parents may opt out), personal safety/dating violence and first aid and physical education in their prescribed curriculums
ORC 3313.6021, 3313.6023, 3313.717, 3701.85, 3313.815	Automated external defibrillator and Heimlich maneuver	• Requires boards of education to train high school students and all staff in the use of an automated external defibrillator, and enables boards of education/governing authorities of chartered schools to require the placement of defibrillators in all schools under their control

Current landscape: health services in schools

Free care policy

The Individuals with Disabilities Education Act (IDEA)

Ohio Medicaid Schools Program

Health professionals in Ohio school districts

Average number of health professionals in Ohio school districts per 1,000 students (FTE), 2015-2016

School counselors **2.3**

Speech language pathologists **1.4**

School psychologists **1.2**

School nurses **1.1**

Physical/ occupational therapists **0.8**

Social workers **0.2**

Partnership for providing health services in schools

Contracted or employed school health professionals (e.g., school nurses, school counselors, school social workers)
- ✓ More limited scope of services
- ✓ On-site
- ✓ More hours of availability
- ✓ Providers familiar with school setting

Referral network
- ✓ Larger scope of services
- ✓ Off-site
- ✓ Established referral relationships with healthcare providers

School-linked health center
- ✓ Larger scope of services
- ✓ Off-site
- ✓ Partnership with an external healthcare provider
- ✓ Coordination between school and host site (can include transportation)

Mobile health clinic
- ✓ Larger scope of services
- ✓ On-site
- ✓ More limited hours of availability
- ✓ Partnership with an external healthcare provider

School-based health center
- ✓ Larger scope of services
- ✓ On-site
- ✓ More hours of availability
- ✓ Partnership with an external healthcare provider
- ✓ May serve families and community members

Community school
- ✓ Larger scope of services
- ✓ On-site
- ✓ More hours of availability
- ✓ Partnership with an external healthcare provider (can include a school-based health center)
- ✓ May serve families and community members
- ✓ Partnerships with social services providers

Extent of collaboration and coordination with external partners increases

Partnership for providing health services in schools

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Extent of collaboration and coordination with external partners increases

School-based health centers
Cincinnati and Cleveland

Cleveland Plain Dealer
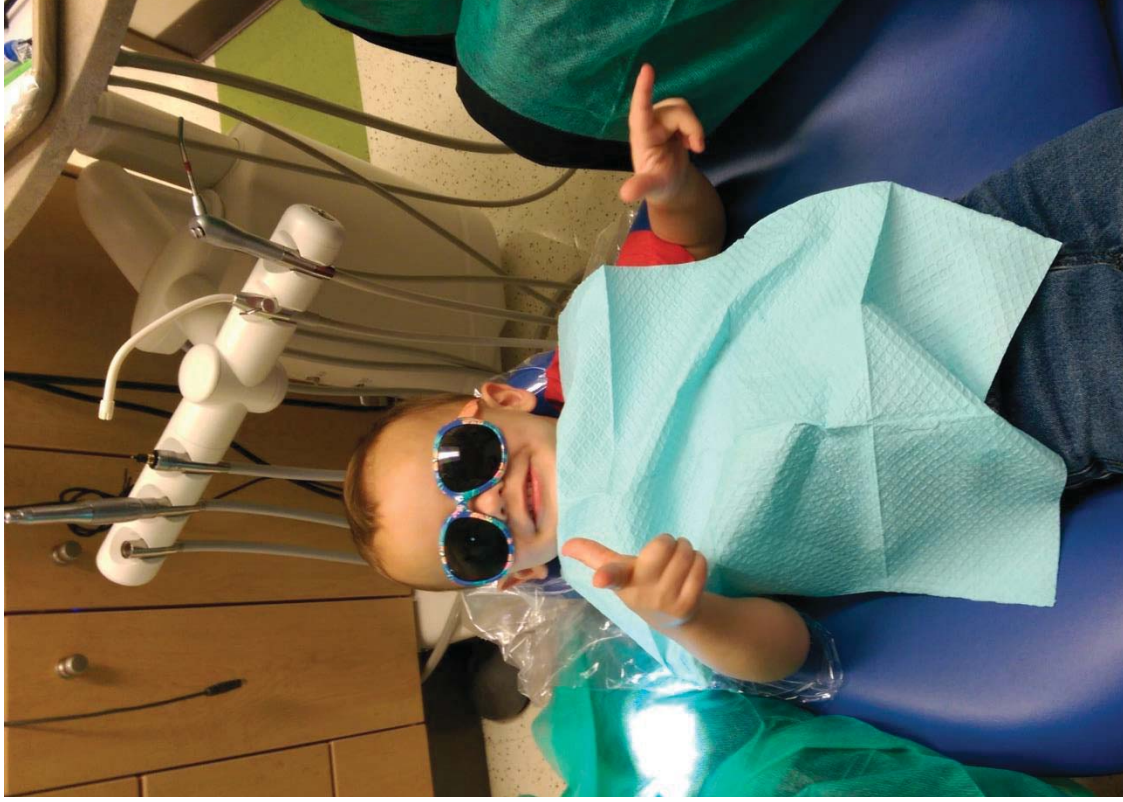
Benefits of school-based health centers

- Improved grade point averages
- Higher rates of high school completion
- Increased grade promotion
- Increased vaccination rates and provision of other clinical preventive services

Benefits of school-based health centers (cont.)

- Better asthma management
- Fewer emergency department visits and hospitalizations
- Improved health behaviors
- Reduced educational gaps and health disparities (when established in low-income communities)

SBHC landscape and challenges

- Reimbursement and financial sustainability
- Prior authorization
- Privacy issues
- Space
- Other challenges

Framework for school mental health programs

Tier 3
Intensive intervention for a FEW students (1%-5%)
(Individual student and family supports)

Tier 2
Early intervention for SOME students (10%-15%)
(Coordinated systems for early detection, indentification and response to mental health concerns)

Tier 1
Universal prevention for ALL students
(Coordinated systems, data, practices for promoting healthy social and emotional development for all students)

Intensity of supports

Source: Adapted from the Technical Assistance Center on Positive Behavioral Interventions and Supports

School-based telehealth services

Examples of what other states are doing

Legend:
- Nurse to student ratios
- SBHC standards
- SBHC state funding
- SBHC performance measures
- School health services coordinator
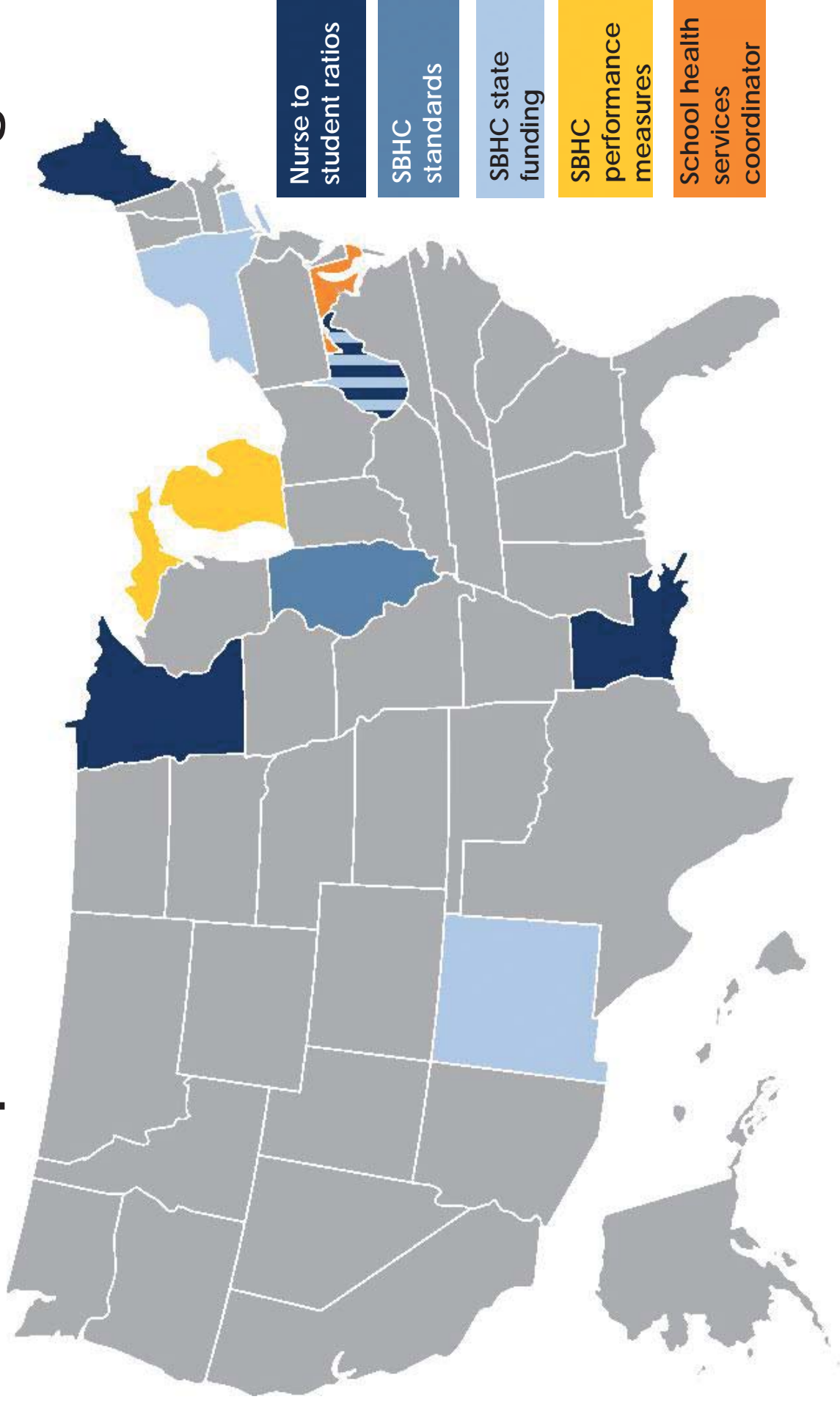
Policy options for promoting health services in Ohio schools

Providers

Ohio Medicaid, Medicaid managed care plans and private payers

Community members and other interested parties

State agencies and policymakers

Boards of education and school districts

Upcoming publications

Policy Brief No. 3: Early learning policies and programs that impact education outcomes in the short term and health outcomes in the longer term (Target release: September 2017)

- Early childhood education and family supports
- Social-emotional learning
- Trauma
- Disciplinary policies (including changes to suspension/expulsion policies)

Policy Brief No. 4: School-based policies and programs that impact health and education outcomes (Target release: Fall 2017)

- Strategies to:
  - Address food insecurity and improve nutrition
  - Increase physical activity
  - Improve school climate
  - Prevent violence and drug/alcohol abuse
  - Improve health literacy

Health Policy Institute of Ohio (HPIO) Technical Assistance for the Speaker's Task Force on Education and Poverty

Please find a list of resources below on home visiting programs and early childhood education. Most of these links are to systematic reviews, which are literature reviews that identify, assess and synthesize all the high-quality research evidence available on a specific topic. Therefore, systematic reviews are fairly strong sources of evidence.

Home Visiting

One type of evidence-based, early childhood intervention that we had mentioned was home visiting. Home visiting programs are voluntary and aim to enhance child development and provide low-income, new parents with education about:
- Healthy pregnancy behaviors
- Effective parenting strategies
- Appropriate child development
- Health and nutrition
- Resource availability
- The importance of creating a stimulating environment to promote a child's early learning

This is done through regular home visits by nurses or other trained professionals. Home visiting is a two-generation strategy, which means that it benefits the parents and the children simultaneously.

A number of different home visiting models exist which have been found to be evidence-based. Although expected benefits vary with the model used, home visiting programs are supported by a large amount of research evidence. This is a great source from the University of Wisconsin and the Robert Wood Johnson Foundation called What Works for Health. It designates early childhood home visiting programs as having the highest evidence rating:
http://www.countyhealthrankings.org/policies/early-childhood-home-visiting-programs

Expected beneficial outcomes listed include:
- Reduced child maltreatment
- Reduced child injury
- Improved cognitive skills
- Improved social emotional skills

Home visiting in Ohio

Help Me Grow is Ohio's primary state-level home visiting program. However, it only reaches about 14% of eligible children. (10,586 families were served in SFY 2016, but according to the Ohio Department of Health, there were approximately 75,000 eligible children born.) Two of the main models used in Help Me Grow – the Nurse-Family Partnership and Healthy Families America – are described below.

Nurse-Family Partnership

One home visiting model that has been repeatedly supported by research is the Nurse-Family Partnership, in which nurses perform home visits to low-income, first-time mothers

during their pregnancy and the first few years of their child's life. This model is designated as having "top tier" evidence from the Coalition for Evidence-Based Policy. This "top tier" designation is given to interventions that have been shown to produce sizable, sustained benefits to participants and/or society. More information on the Nurse-Family Partnership and its benefits can be found here: http://toptierevidence.org/programs-reviewed/interventions-for-children-age-0-6/nurse-family-partnership

This source found a pattern of sizable, sustained effects on important child and maternal outcomes including:
- Reductions in child abuse/neglect and injuries
- Reduction in mothers' subsequent births during their late teens and early twenties
- Improvement in cognitive/educational outcomes for children of mothers with low mental health/confidence/intelligence

Healthy Families America
Another home vising program is called Heathy Families America (HFA), which is designated by What Works for Health as having the second highest tier of supporting evidence. HFA serves overburdened families who are at risk for adverse childhood experiences (ACEs). Provided by a family support worker, services usually begin prenatally and continue for 3-5 years.
http://www.countyhealthrankings.org/policies/healthy-families-america-hfa

An expected benefit of the program is improved parenting.

Early Childhood Education
An enormous amount of research exists on early childhood education. However, we did not include too many resources, as we know that you will be receiving a lot of useful information from Matt Weyer at NCSL.

James Heckman
This webpage contains a lot of information on the various health, economic and social benefits of early childhood education. James Heckman is an economist who won a Nobel Prize for his work on early child development; his work is very highly-regarded. This webpage includes all of his work: https://heckmanequation.org/

One thing he is famous for is called the Heckman curve, which shows the economic benefits of investments at different ages. (See next page)

Rate of Return to Investment in Human Capital

← Prenatal programs

← Programs targeted toward the earliest years

← Preschool programs

← Schooling

← Job Training

0

Prenatal   0–3   4–5   School   Post-School
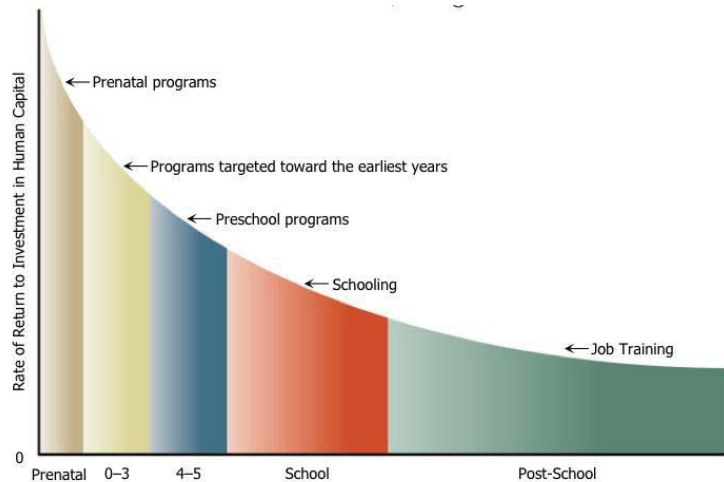
Here is a two-page summary of one of Heckman's recent publications, "The lifecycle benefits of an influential early childhood program":
https://heckmanequation.org/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf.
It mentions, "Every dollar spent on high-quality, birth-to-five programs for disadvantaged children delivers a 13% per annum return on investment."

Systematic review of early childhood education
Here is a link to a systematic review of center-based early childhood education. It is from the CDC's Community Guide, which is considered to be the "gold standard" source for evidence-based public health interventions in community settings. The systematic review analyzed studies on Head Start, state and district preschools and model programs including the Perry Preschool and Abecedarian programs. Table 2 and the text below it (p. 3-5) show the findings.
https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-Center-Based-Early-Childhood-Education_3.pdf

Additional notes on early childhood education
- For programs to really produce sustainable, positive educational results, they must be high-quality. This Brookings report was mentioned by Matt Weyer. It describes the findings of a task force of early education experts that reviewed the effects of various pre-kindergarten programs around the U.S. and identified several important elements of successful programs: https://www.brookings.edu/wp-content/uploads/2017/04/consensus-statement_final.pdf
- We heard at the previous task force meeting that Groundwork Ohio may be presenting in the future. We were going to refer you to them for some Ohio-specific information on early childhood interventions.

Health **Policy** Brief
Connections between education and health

This brief provides an overview of the relationship between education and health. In 2017, the Health Policy Institute of Ohio will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio's biennial budget for state fiscal years (SFY) 2016-2017 (See Figure 1).[1] Among the 971 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.[2]
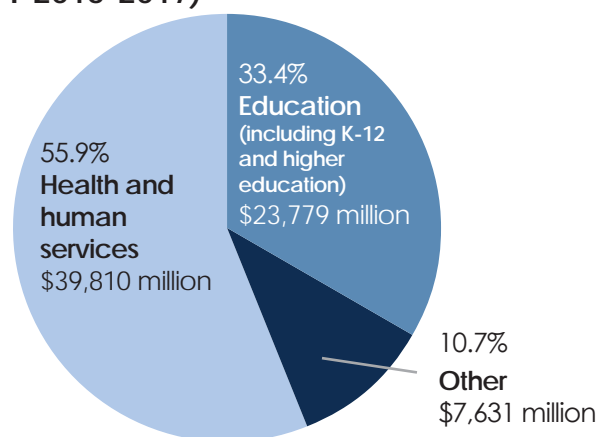
The relationship between education and health

There is widespread agreement that factors outside of the healthcare system influence health. Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care.[3]

People with more education live in healthier communities, practice healthier behaviors, have better health outcomes and live longer than those with less education.[4] At age 25, college graduates in the U.S. can expect to live nine years longer than adults without a high school diploma, a gap that has been widening since the 1960s.[5]

Chronic conditions, such as arthritis, diabetes, heart disease, hypertension and lung diseases, are more prevalent and tend to be more severe among individuals with lower levels of education.[6] Consequently, individuals with less education are more likely to generate higher healthcare spending in the long run.[7]

Figure 1. **Ohio biennial budget appropriations (SFY 2016-2017)**

- 55.9% Health and human services $39,810 million
- 33.4% Education (including K-12 and higher education) $23,779 million
- 10.7% Other $7,631 million

Note: Includes total state and federal general revenue fund appropriations
Source: Ohio Legislative Service Commission Budget in Brief (House Bill 64 – As Enacted)

Researchers have identified three primary ways in which education and health are connected:
1. Education can create opportunities for better health
2. Poor health can hinder educational performance and attainment
3. Other independent factors, such as income, geography, stress and parenting, can influence both health and education[8]

Figure 2. **The relationship between education and health**
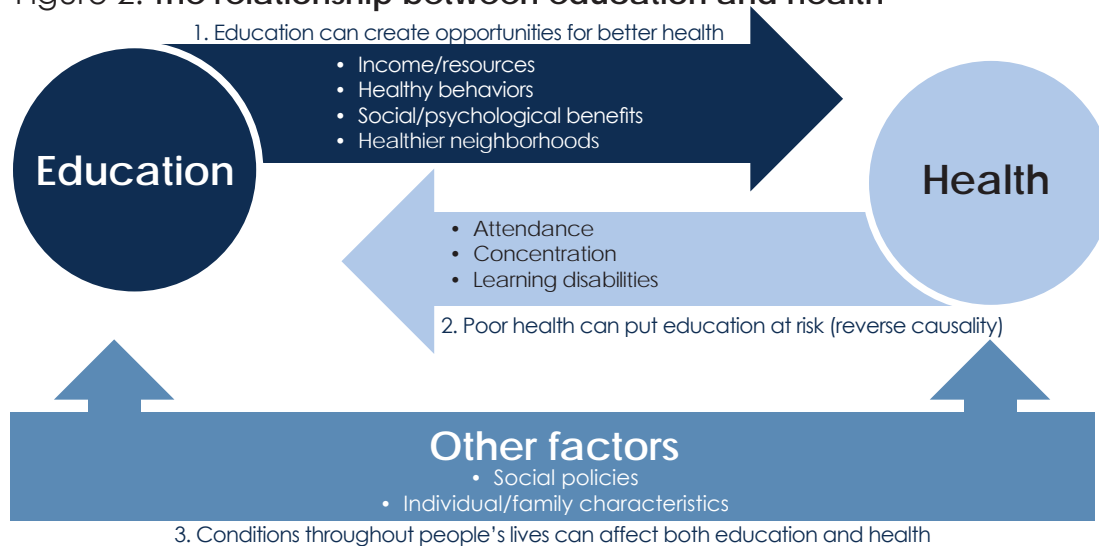
1. Education can create opportunities for better health
- Income/resources
- Healthy behaviors
- Social/psychological benefits
- Healthier neighborhoods

Education

Health

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Other factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

Source: Adapted from Virginia Commonwealth University. *Why Education Matters to Health: Exploring the Causes.* Feb. 13, 2015

Figure 3. **Educational attainment in Ohio and the U.S. (2014)**

Highest level of educational attainment for adults ages 25-64
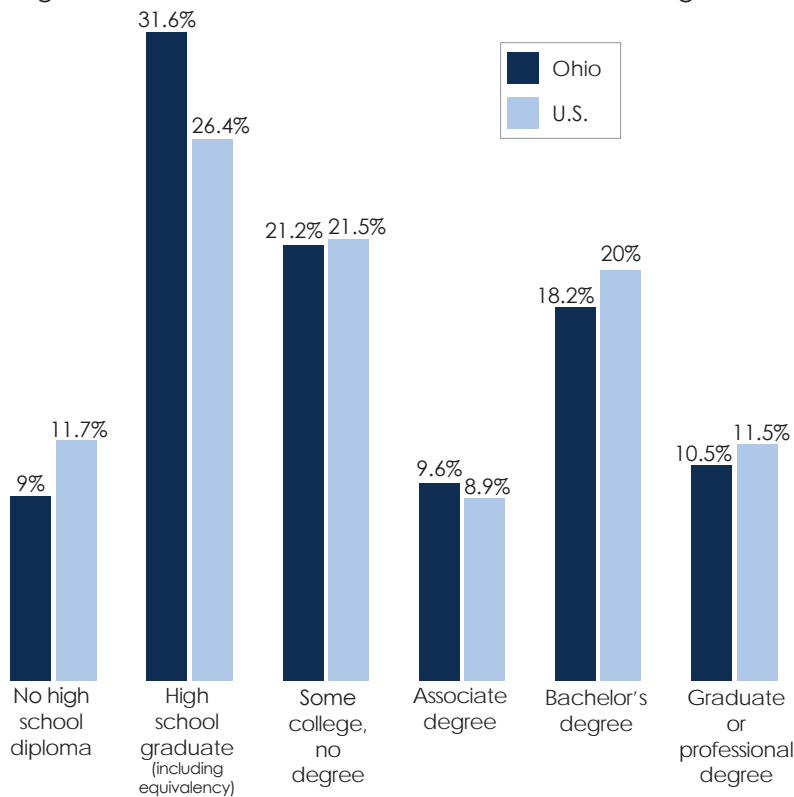
Source: U.S. Census Bureau, 2014 American Community Survey, as reported by the Lumina Foundation

Understanding the two-way relationship between education and health shown in Figure 2 can help policymakers develop effective policies and allocate resources to maximize improvements across both sectors.

Overview: Health status and educational attainment in Ohio

Ohio has room for improvement in both education and health outcomes. In 2014, nine percent of Ohio adults ages 25-64 did not have a high school diploma. Another 31.6 percent had no education beyond a high school diploma or equivalent (See Figure 3).[9]

On a 2015 national assessment, 36 percent of Ohio eighth graders scored at or above a proficient level in reading, and only 35 percent performed at or above proficiency in math (See Figure 4).[10] Because

Figure 4. **Student educational outcomes in Ohio and the U.S. (2015)**

Percent of students scoring at or above proficiency on the National Assessment of Educational Progress
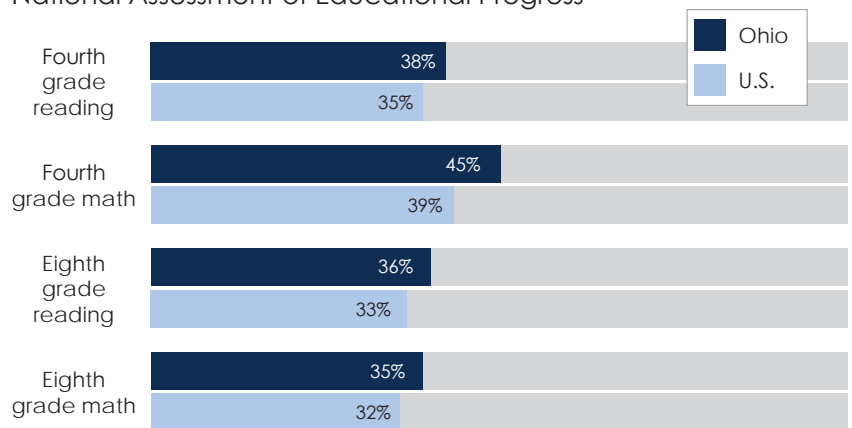
Source: The Nation's Report Card State Profiles. Institute of Education Sciences National Center for Education Statistics

eighth grade reading and math success tends to predict high school graduation and college enrollment, these relatively low performance levels suggest Ohio may struggle to create a highly-skilled and globally-competitive workforce.[11]

Figure 5. **Ohio health indicators**

	Ohio	Year of most recent data	Ohio's rank among 50 states and D.C.*
Infant mortality. Number of infant deaths per 1,000 live births (within 1 year)[12]	7.2	2015	39**
Youth all tobacco use. Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during the past 30 days[13]	9.4%	2013-2014	37
Hospital admissions for pediatric asthma. Hospital admissions for asthma, per 100,000 children ages 2-17[14]	124.8	2013	31
Adult smoking. Percent of population age 18 and older that are current smokers[15]	21.6%	2015	43
Adult diabetes. Percent of adults who have been told by a health professional that they have diabetes[16]	11.0%	2015	35
Adult depression. Percent of adults who have ever been told they have depression[17]	19.6%	2015	30
Life expectancy. Life expectancy at birth based on current mortality rates[18]	77.8	2010	37

* Rank of 1 is the best and 51 is the worst
** Rank is based on 2014, the most recent year for which data is available for other states

Ohio also has considerable room for improvement with regard to health outcomes and behaviors. Figure 5 shows Ohio's rank relative to other states on several key health indicators.
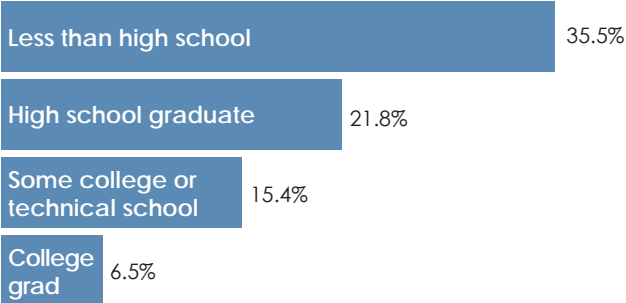
Differences in health by level of educational attainment

In 2015, 35.5 percent of Ohio adults with less than a high school diploma rated their health as fair or poor, compared to only 6.5 percent of college graduates (See Figure 6).[19]

Chronic conditions are more prevalent among those with less education. In 2015, 35 percent of Ohio adults without a high school diploma reported having one or more chronic conditions, compared to 18.2 percent of college graduates (See Figure 7 on page 4).[20]

Gaps in health and educational achievement

Groups with poorer health outcomes and those with lower educational achievement often overlap.[21] For example, there are considerable differences in fourth-grade reading performance between racial, ethnic and income groups in the state, with economically disadvantaged and African-American students performing far below the overall Ohio rates.[22] These groups also generally have poorer health outcomes. Ohio's 2016 State Health Assessment found that African-American Ohioans were much more likely than any other racial and ethnic group to experience obesity, low birth weight, diabetes, hypertension, child asthma and HIV. Among individuals with low incomes, diabetes, obesity, hypertension and tobacco use were more common.[23]

How does education impact health outcomes?

Those with greater educational attainment are more likely to be employed and to have jobs that pay higher salaries and offer better benefits, such as comprehensive health insurance, paid leave and retirement savings.[24] These economic resources can pave the way to better health through the ability to live in healthy communities, improved access to health care, increased opportunities to make healthy choices and other factors.

Figure 6. **Ohioans reporting fair or poor health (2015)**

Percent of Ohio adults ages 25 and older reporting fair or poor health, by educational attainment

Less than high school	35.5%
High school graduate	21.8%
Some college or technical school	15.4%
College grad	6.5%

Source: SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub

Figure 7. **Adult chronic disease prevalence in Ohio and the U.S. (2015)**
Percent of Ohio and U.S. adults who report having one or more of the following chronic conditions: diabetes, cardiovascular disease, heart attack, stroke and asthma, by educational attainment
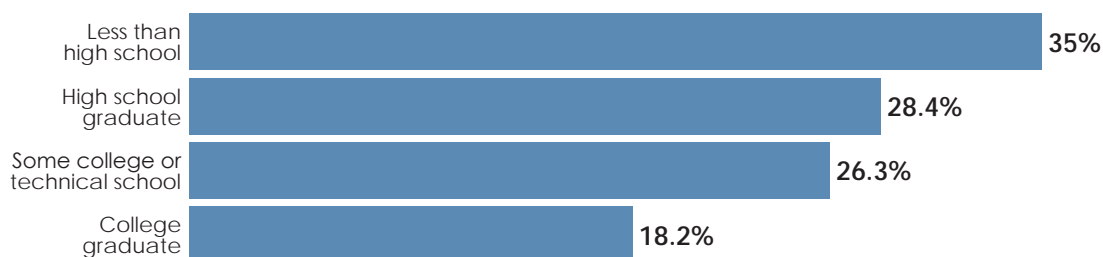
Less than high school	35%
High school graduate	28.4%
Some college or technical school	26.3%
College graduate	18.2%

Source: SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub

What children gain through education

The knowledge and skills children obtain in school extend far beyond reading, math, writing and science. Children develop foundational cognitive skills such as:
• Attention
• Memory
• Auditory and visual processing
• Logic and reasoning[25]

Education also enables children to develop non-cognitive skills, which are very important to future success and well-being. Examples of non-cognitive skills include:
• Communication and social skills
• Critical thinking
• Motivation
• Perseverance
• Self-discipline
• Self-efficacy[26]

Education gives individuals the tools and capacity to solve problems that are progressively more difficult, complex and subtle, which enhances problem-solving skills and confidence. It also teaches people that their own choices and actions shape what happens to them. Education can therefore enhance one's potential to respond to events and challenges in life.[27]

Healthy communities

People with higher levels of education generally have more financial resources and often live in healthier community environments. These individuals are more likely to have stable housing free from toxic hazards, such as lead and mold. They are also more likely to live in safe neighborhoods with more opportunities for physical activity, better access to healthy foods and more social support. Social support involves having high-quality relationships, such as close friendships and a stable, supportive marriage and family. Research has shown that those with higher levels of social support tend to experience better physical and mental health outcomes.[28]

Access to health care

People with higher educational attainment generally have more financial resources and are able to obtain jobs that offer health insurance. As a result, they are more likely to utilize medical services due to their ability to afford co-payments, deductibles and premiums. They are also more likely to receive preventive care (e.g., screenings, immunizations).[29] In 2015, only 5.7 percent of college graduates in Ohio reported that they were unable to see a doctor within the last 12 months due to cost, compared to 18.8 percent of those without a high school diploma (See Figure 8 on page 5).[30]

Health literacy and health behaviors

Those with higher educational attainment are also more likely to understand information about health and health care – often referred to as "health literacy."[31] For instance, the knowledge and skills gained through education can lead to a better ability to navigate the complex healthcare system. Those with more education are more likely to understand their health needs, be able to communicate effectively with providers, follow complex treatment instructions and more successfully manage chronic conditions.[32]

Figure 8. **Ohioans unable to see a doctor due to cost (2015)**
Percent of Ohio adults who went without care because of cost in the past year, by educational attainment

Category	Percent
Less than high school	18.8%
High school or GED	10.7%
Some post-high school	11.2%
College graduate	5.7%
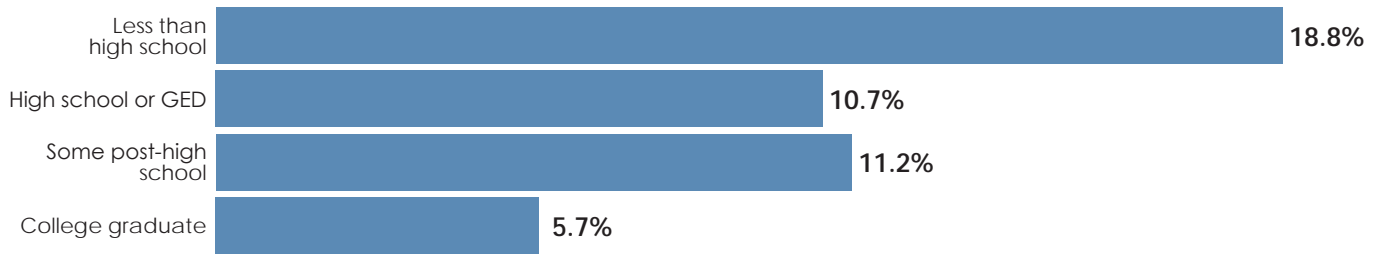
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey

People with higher health literacy are also more likely to practice health-promoting behaviors such as eating well, engaging in regular physical activity and refraining from smoking and other unhealthy behaviors.[33]

Education about health, provided in a school setting, is one way to improve health literacy. It provides students with an opportunity to learn about health and health risks and to develop communication and social skills such as resisting social pressures, which can decrease risky behaviors.[34]

Other factors

People with lower educational attainment are more likely to experience stress due to poverty, difficult working conditions, dangerous neighborhoods, unstable housing and other factors. Unhealthy behaviors may be used as coping mechanisms. Also, the behavioral norms within one's social network and community environment may lead individuals to either adopt or refrain from negative behaviors.[35]

How does health impact educational outcomes?

Health problems can be barriers to academic success and educational achievement. Physically and emotionally healthy, active and well-nourished children are more likely to achieve academic success because they generally have better school attendance and are better able to focus and learn while in school.[36]

Attendance and absenteeism

Students who regularly attend school earn higher grades, score higher on standardized tests and are more likely to graduate.[37] Health conditions can negatively impact school attendance. For instance, children with chronic conditions such as asthma tend to miss more school days than their peers, especially when these conditions are not properly treated or managed. Oral health problems, teen pregnancy, mental health conditions and school violence concerns are other examples of health-related issues that often cause children to miss significant amounts of school.[38] Children who are chronically absent (i.e., miss at least 10 percent of school days per year for any reason) risk falling behind their peers academically, especially in their first few years of schooling.[39] Additionally, chronic absenteeism has been found to be one of the strongest predictors of a student dropping out of high school.[40]

Health-related learning obstacles

Certain health conditions, by their very nature, can interfere with a student's ability to learn while in school and hinder academic success. For instance, students with untreated vision or hearing impairments may struggle to keep up in class. Children with hyperactivity or attention deficit disorders are likely to have trouble concentrating in class and on homework, making educational achievement more difficult.[41]

There are many other health-related factors that can cause distractions and impact a student's ability to concentrate in class, such as:
- Pain or discomfort from physical health conditions
- Constant hunger
- Insufficient sleep
- Elements of the physical environment of the school (e.g., lead in drinking water, asthma and allergy triggers, temperature of the building, access to natural light)
- Untreated mental health conditions such as anxiety or depression
- Threats of bullying or physical violence[42]

School engagement

Many of the factors listed above are also likely to impact the extent to which students are engaged in school and motivated to learn. Children who are struggling academically due to an inability to see the chalkboard or to concentrate in class because they are hungry or scared for their safety, for example, are likely to be less engaged. This, in turn, may decrease motivation to work hard in class or to attend school, which could lead to disciplinary problems or dropping out of school altogether. School engagement and school connectedness (i.e., the extent to which students feel that adults and peers at school care about them) are also key determinants of academic achievement and educational attainment.[43]

Factors that impact both education and health outcomes

There are many other factors – often related to poverty and other aspects of the social and economic environment – that can affect both education and health outcomes.

Pregnancy and early childhood

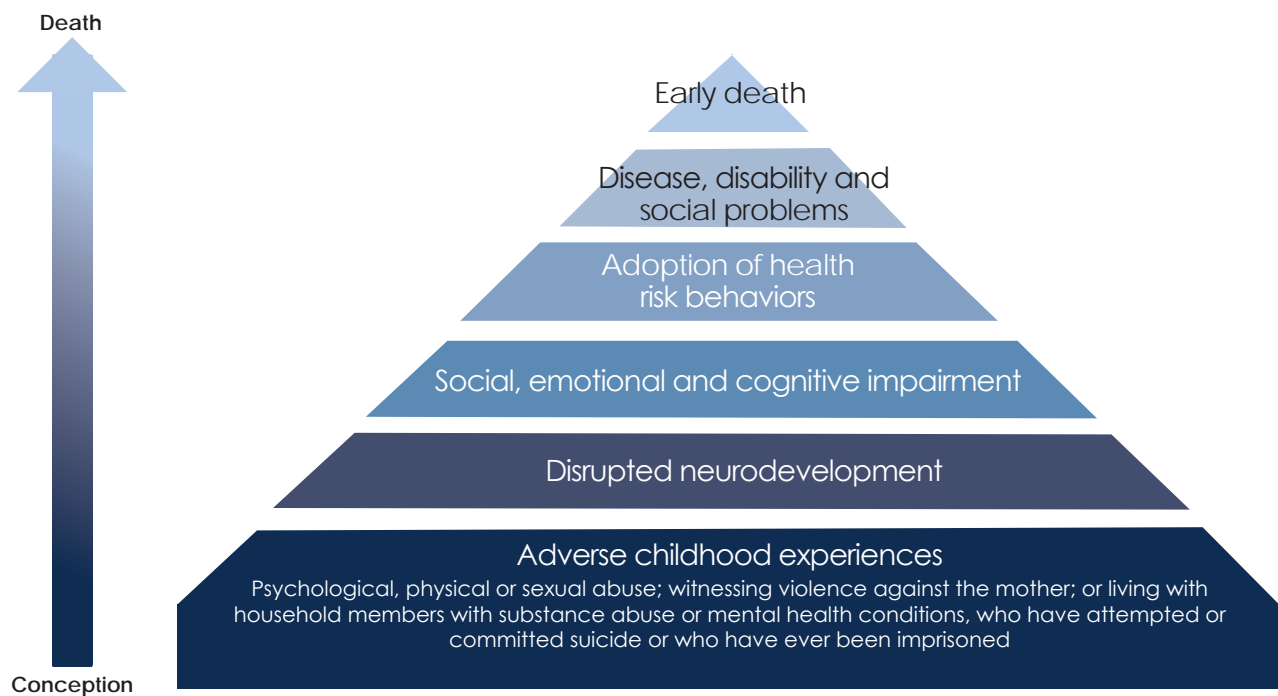Prenatal health and a child's first few years of life are critically important for brain development.[44] Children born to mothers with low educational attainment are more likely to be born prematurely or with low birth weight, both of which are strong predictors of future health problems and have been found to have harmful effects on educational success.[45] Other factors, such as child malnutrition and exposure to toxins like lead can also impact physical and cognitive development.[46]

Research has consistently found early childhood experiences and home life to be strong determinants of future educational success and health outcomes. The nature of the parent-child relationship is a very important contributor to emotional development. Positive interactions stimulate healthy brain development.[47]

Chronic stress and trauma

Long-term stress can be damaging to health across the life course. Exposure to chronic stress at a young age and adverse childhood experiences (ACEs), such as those listed in Figure 9, can have considerable impacts on educational performance and achievement, as well as health behaviors and health outcomes.

Figure 9. **Influence of adverse childhood experiences (ACEs)**

Death

Early death

Disease, disability and social problems

Adoption of health risk behaviors

Social, emotional and cognitive impairment

Disrupted neurodevelopment

Adverse childhood experiences
Psychological, physical or sexual abuse; witnessing violence against the mother; or living with household members with substance abuse or mental health conditions, who have attempted or committed suicide or who have ever been imprisoned

Conception

Source: Adapted from Felitti, Vincent J. et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study." American Journal of Preventive Medicine 14, no. 4 (1988): 245-258

When a child lives in a stressful environment and/or experiences traumatic events, this can cause harmful biological changes that lead to poor physical and mental health, as well as lifelong cognitive limitations and behavioral problems, which can significantly hinder educational success.[48]

There is strong evidence that when a child is exposed to ACEs, he or she has a much greater likelihood of developing risky or unhealthy behaviors such as alcoholism, drug abuse, smoking, physical inactivity and having a high number of sexual partners across the lifetime. It also increases the probability of developing many different health conditions including depression, heart disease, cancer, chronic lung disease and liver disease (See Figure 9 on page 6). Exposure to multiple ACEs intensifies these risks.[49]

Figure 10 shows that children living in families with low incomes are more likely to have experienced two or more ACEs.[50]

Figure 10. **Adverse childhood experiences among Ohio children (2011-2012)**
Percent of children who have experienced two or more adverse experiences, by income
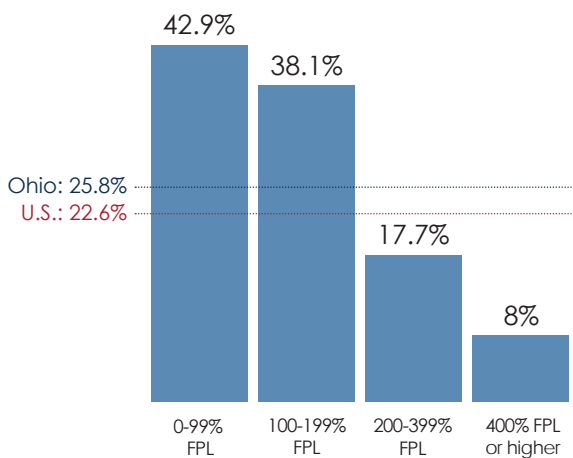
Source: National Survey of Children's Health, as compiled by the Data Resource Center for Child and Adolescent Health (2011/2012)

Policy implications

Despite the importance of education and health and the extent to which they are linked, there is currently not much collaboration between the health and education policy sectors in Ohio. However, there are signs that this may be changing. For instance, in October 2016, the Senate Health and Human Services and the Senate Education Committees held a joint informational hearing to discuss investments in early childhood.

Given the many connections between education and health, policymakers should:
- Prioritize evidence-informed policies with both education and health benefits, such as establishing school-based health centers in low-income communities
- Consider the impacts of education policies on health outcomes, such as school district decisions to reduce recess time and/or decrease physical education requirements or to establish safe routes for students to walk or bike to school
- Consider the impacts of health policies on education outcomes such as Medicaid policies to reimburse for health services provided to low-income children in schools
- Ensure that all Ohio students receive comprehensive, age-appropriate and consistent health information in K-12 education
- Explore ways that the Ohio Department of Education can incorporate health-promoting provisions into the state plan required under the Every Student Succeeds Act
- Encourage stronger partnerships and greater collaboration between the education and health sectors at the state level including:
  ◦ The Ohio Department of Education and health-related agencies such as the Ohio Department of Health, Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services
  ◦ Health and education legislative committees including the Joint Medicaid Oversight Committee and the Joint Education Oversight Committee
- At the local level, incentivize health organizations such as local health departments, hospitals and alcohol, drug addiction and mental health (ADAMH) boards to partner with school districts

In 2017, HPIO will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

For more information, see our "Intersections between education and health" online resource page, which will be continually updated throughout 2017.

Notes

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Health **Policy** Brief

Connections between education and health ②

Health services in schools

Overview

In January 2017, HPIO released **Connections Between Education and Health**, the first policy brief in a four-part series. It describes the two-way relationship between health and education, explaining that people with higher educational attainment generally have better health outcomes and that healthier children are more likely to have academic success. This brief (policy brief No. 2) and the two upcoming briefs described in the box below explore specific evidence-based policies and programs that have demonstrated both health and education benefits.

Students with untreated physical and/or mental health conditions often struggle academically. They are more likely than healthier peers to be absent from school and often have difficulty paying attention and learning while in class. Research has shown that schools can positively impact student achievement through health improvement efforts.[1]

Schools cannot address the complex health-related needs of children alone, especially with limited financial resources. Effective solutions must include parents and often require collaboration with others in the community. School leaders increasingly recognize the value of addressing non-academic barriers to student success and partnering with community healthcare and social service providers to address these barriers. For example, schools have begun to offer students

greater access to health services. Providing health services in schools has many benefits, including:
- Less missed class time for students
- Less lost work time for parents
- Enhanced access to healthcare services for low-income children who are uninsured or have other barriers to accessing care (e.g. transportation)
- Early detection of health issues
- Improved management of chronic conditions such as asthma and diabetes
- Prevention of more costly emergency room visits and hospitalizations
- Greater trust of providers in a school setting among parents and students[2]

Schools are well-positioned to identify and address student health needs, given that nearly all children attend school an average of six hours a day, five days a week, eight to nine months a year. In addition, schools often provide before and after school care and summer programming.

This brief describes how Ohio schools are providing health services to students, including an overview of relevant federal and state policies and programs and the types of health professionals commonly working in schools. The brief also explores school partnerships to provide health services, with an emphasis on school-based health centers. The provision of mental health and preventive services in schools is also discussed, along with policy options to expand health services in schools.

Additional HPIO education and health publications and resources
- **Policy brief No. 1** explains the relationship between education and health and describes factors impacting this relationship (Released: January 2017)
- **Policy brief No. 3** will explore early learning policies and programs, including early childhood education and family supports and social-emotional development (Target release: August 2017)
- **Policy brief No. 4** will explore school-based policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release: Fall 2017)
- Additional resources can be found on HPIO's **Intersections between education and health** online resource page, which will be continually updated throughout 2017

Whole School, Whole Community, Whole Child (WSCC) framework

The WSCC framework, developed by the Centers for Disease Control and Prevention (CDC) and ASCD (formerly known as the Association for Supervision and Curriculum Development), provides school leaders with a comprehensive approach for addressing health-related barriers to learning. It calls for greater collaboration across the community, school and health sectors, providing the opportunity for these sectors to leverage limited resources and work together to provide effective and efficient programs and services to improve both the health and academic success of students.[3]

This framework shifts the conversation from being narrowly focused on academic achievement to one that promotes long-term development and success of the whole child. The model envisions a child who is challenged, healthy, safe, engaged and supported. The model includes ten components, which represent a full range of learning and health system supports:

- Health education
- Physical education and physical activity
- Nutrition environment and services
- Health services
- Social and emotional climate
- Counseling, psychological and social services
- Physical environment
- Employee wellness
- Family engagement
- Community engagement[4]

The goal is to implement all components school-wide, but each component on its own has been found to positively influence student health and academic achievement.[5]

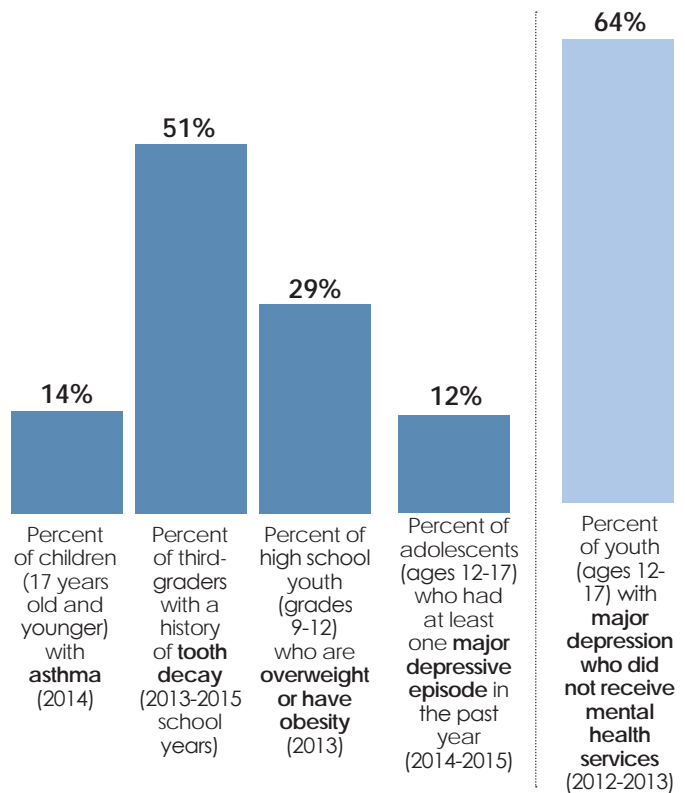## Common health conditions among school-age children

The prevalence of chronic conditions among children has increased in recent decades.[6] Examples of common health conditions found among school-age children include asthma, food allergies and tooth decay. The proportion of children who are overweight or obese has also increased, leading to other conditions such as diabetes (see figure 1).[7]

Mental health disorders affect an estimated one in five children[8], with Attention-Deficit/Hyperactivity Disorder (ADHD), behavioral or conduct problems, anxiety and depression being the most prevalent.[9] Research indicates that half of all psychiatric illnesses begin before the age of 14 and 75 percent begin by age 24.[10]

Current landscape: health services in schools

Neither federal nor Ohio law requires schools to provide comprehensive health services to all students. However, several federal and state policies and programs outline requirements related to the provision of health services in schools, particularly for children with special health needs and Medicaid reimbursement for health services provided in schools.

Figure 1. Common health conditions among school-age children in Ohio

Bar chart showing:
- 14% — Percent of children (17 years old and younger) with **asthma** (2014)
- 51% — Percent of third-graders with a history of **tooth decay** (2013-2015 school years)
- 29% — Percent of high school youth (grades 9-12) who are **overweight or have obesity** (2013)
- 12% — Percent of adolescents (ages 12-17) who had at least one **major depressive episode** in the past year (2014-2015)
- 64% — Percent of youth (ages 12-17) with **major depression who did not receive mental health services** (2012-2013)

Sources: Behavioral Risk Factor Surveillance System; Ohio Department of Health Third Grade Oral Health Screening Survey; Youth Risk Behavior Surveillance System; National Survey on Drug Use and Health; Mental Health America

The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA), a federal law overseen by the U.S. Department of Education, mandates that all children with special health needs receive "free appropriate public education."[15] Part B of the Act requires schools to provide special education and related services for school-age children with disabilities, including intellectual disabilities, hearing, speech, language or visual impairments, emotional disturbances, orthopedic impairments, autism, traumatic brain injury and specific learning disabilities.[16]

Children's needs are identified and documented in an individualized education plan (IEP). The IEP outlines the services that must be provided to the student, including related medically necessary services such as physical and speech therapy. In the 2016-17 academic year, approximately 243,000 children in Ohio had an IEP.[17]

The federal government provides some funding to states to cover a portion of the cost of IDEA requirements. States and individual school districts must fund the remainder.[18] In FY 2015, the IDEA federal funding gap in Ohio was estimated to be $646.3 million.[19]

Free care policy

In the past, the federal Centers for Medicare and Medicaid Services (CMS) generally did not allow Medicaid to reimburse for services provided to Medicaid-eligible students if the services were available without charge to all students or the community at large (referred to as "free care").[20] In December of 2014, CMS issued new guidance to "facilitate and improve access to quality healthcare services and improve the health of communities."[21] Under this guidance, CMS allows Medicaid to reimburse for Medicaid-covered services provided to Medicaid beneficiaries, regardless of whether the services are also provided without charge to others in the school or community.[22]

This change can alleviate some of the financial burden on schools providing health services and facilitate expanded access to health services in schools. However, to take advantage of this new policy, states may need to make changes to their Medicaid state plan and/or other regulations. Ohio Medicaid would need to submit a state plan amendment (SPA) and make changes to its administrative polices to allow Medicaid to reimburse schools. To date, Ohio has not done so.

Types of providers in schools

Providing healthcare services in schools is not a new idea. Nurses have been working in schools for over a century and continue to play a central role in school health programs and services.[23] School nurses are often employed by school districts and may serve multiple school buildings. Some districts contract with local health departments or other community healthcare organizations for nursing services.[24] Healthy People 2020 recommends that schools have at least one full-time registered school nurse for every 750 students.[25]

Ohio's Medicaid Schools Program

Ohio's Medicaid Schools Program (MSP) allows Medicaid to pay for Medicaid-reimbursable services delivered to Medicaid-eligible children who receive services included or indicated on an IEP.[11] In Ohio, therapists (including physical, occupational and speech therapists) enrolled in the Medicaid program can make referrals for services independent of an outside medical order. Schools often contract with third party administrators to manage Medicaid billing and reimbursement processes.

Both traditional school districts and charter schools in Ohio can take part in the MSP and receive Medicaid reimbursement. Approximately 85 percent of traditional schools in Ohio took part in the MSP program in the 2016-17 academic year.[12] The program is administered jointly between the Ohio Department of Medicaid (ODM) and the Ohio Department of Education (ODE).

Medicaid MSP reimbursement to schools totaled $73 million in FY 2015.[13] Medicaid is financed through a federal-state reimbursement arrangement based on the Federal Medical Assistance Percentage (FMAP). Through this arrangement, states receive partial reimbursement from the federal government for healthcare services provided to Medicaid enrollees at a rate that generally varies between 50 and 83 percent for most enrollees.[14] The remaining costs are paid by a state match allocated through state General Revenue Fund (GRF) dollars. For Ohio's MSP, local school districts, not the state, are responsible for this "match", which is typically paid through local tax/levy dollars instead of state GRF dollars.

For more information on Ohio's Medicaid program and FMAP rates, see Ohio Medicaid Basics 2017.

Figure 2. **Average number of full-time equivalent (FTE) health professionals in Ohio school districts per 1,000 students, 2015-2016**
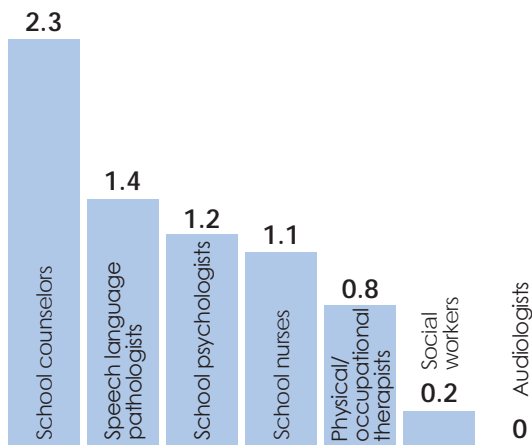
Source: Data from the Ohio Department of Education 2015-2016 District Report Cards

Examples of services commonly provided by school nurses include:
• Non-prescription treatment of minor acute injuries and illnesses
• Medication administration
• State-mandated screenings
• Chronic disease management
• Emergency preparedness
• Health education
• Triage and referrals to school-based health centers and/or community providers[26]

Other health professionals commonly working in schools include counselors, psychologists and social workers. Services provided by these professionals may overlap and differ based on school needs, capacity constraints and grade level. Of the three, school counselors are the most common, particularly in middle and high schools. School counselors tend to focus on social and emotional development in early years then shift primarily to academic and career-related guidance in middle and high school. School psychologists tend to focus on special learning and behavioral problems, while school social workers focus on broader family and community factors that influence learning.[27]

Physical and occupational therapists, audiologists and speech-language pathologists are other providers that deliver services in schools – generally to students with special health needs.[28] Especially in smaller school districts, these providers may be employed by external healthcare entities or educational service centers (ESCs), which offer services to all schools within a specific region of the state. Figure 2 provides information on the average number of health professionals in Ohio school districts.

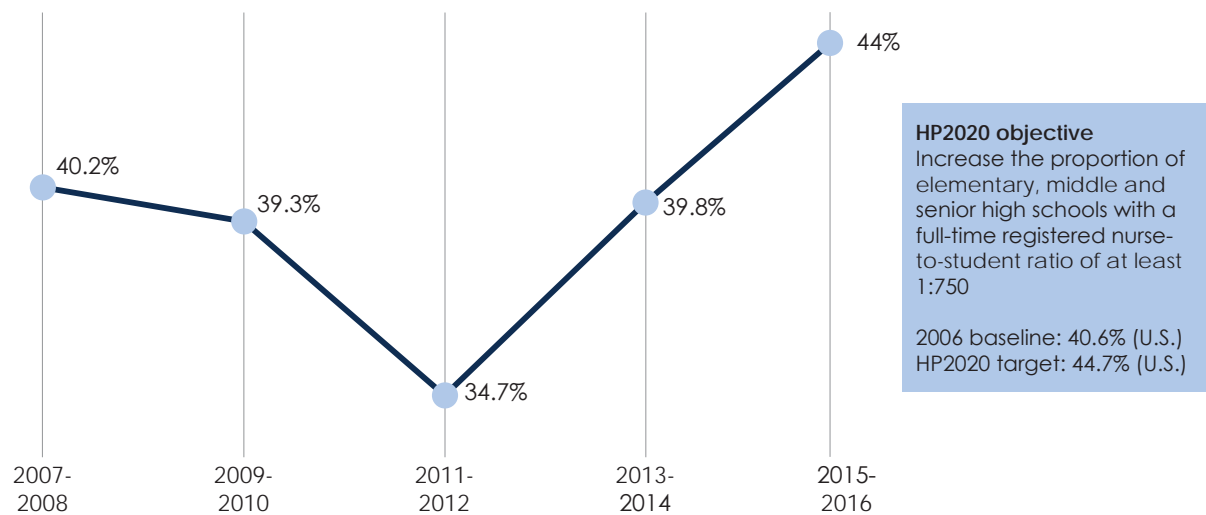## Policy proposals in Ohio to improve student health

The Governor's Office of Health Transformation (OHT) has indicated interest in improving academic achievement through better student health. Proposed strategies outlined in OHT's 2018-2019 budget white paper are summarized below:
• OHT and ODE would reconvene a School Health Advisory Council (originally convened in 2014) to develop a school health care toolkit, which would provide guidance to school districts on how to address barriers to forming school-based health care partnerships. The tool kit would be made available to school districts in mid-2017. ODE would also provide technical assistance upon request to schools pursuing school-health care partnerships. The Council included representatives from schools, healthcare providers, state and local government, the business community, parents and student advocates.
• Through implementation of the comprehensive primary care (CPC) payment model, primary care practices would earn financial rewards for meeting certain quality targets to keep children well, such as adolescent well-care visits and weight assessment and counseling for nutrition and physical activity. Practices could use these additional dollars to partner with schools to improve student health.
• Medicaid managed care plans would be financially rewarded for improved academic performance of their enrollees in low-performing schools. Specific performance metrics would be identified by ODM and ODE.[29]

Notably, the final 2018-2019 budget included a provision prohibiting ODM from implementing a program during the 2018-2019 fiscal biennium under which Medicaid managed care plans could receive incentives for helping students with Medicaid attending low-performing primary schools improve their academic performance.[30]

The **2017-2019 State Health Improvement Plan**, developed with input from many state and local-level stakeholders, under the auspices of OHT and the Ohio Department of Health, also includes several objectives and recommended strategies, such as the implementation of school-based health centers, aimed at improving academic achievement and student health.

Figure 3. **Percent of Ohio schools with a full-time registered nurse, 2007-2008 to 2015-2016 school years**

HP2020 objective
Increase the proportion of elementary, middle and senior high schools with a full-time registered nurse-to-student ratio of at least 1:750

2006 baseline: 40.6% (U.S.)
HP2020 target: 44.7% (U.S.)

Note: Data reflects information from middle and high schools surveyed, including public schools, charter schools and alternative schools containing any of grades 6 through 12. Nurse-to-student ratio is not reflected in Ohio data.
Source: Data from Ohio School Health Profiles Survey, 2008 - 2016

"5 of 8 rule" repeal

In 2015, Ohio repealed a provision of state law adopted in 1983 which regulated the ratio of certain staff to students within a school district.[31] Under the provision, known as the "5 of 8 rule," schools were required to employ, at minimum, five full-time equivalent educational service personnel selected from the following eight personnel areas for every 1,000 students in their district: counselor, library media specialist, visiting teacher, social worker, school nurse and elementary art, music or physical education personnel.

Because there is no mandate in Ohio for schools to employ nurses, these positions are susceptible to being cut in periods of economic downturn. This may explain the decrease in school nurses from 2009 to 2012 (see figure 3). However, data from the Ohio School Health Profiles survey shows that the percentage of schools with a full-time registered nurse providing health services to students increased overall from 40.2 percent in the 2007-2008 school year to 44 percent in the 2015-2016 school year.[32] Since the "5 of 8" rule was repealed in 2015, continued monitoring of these numbers will be helpful in evaluating whether the policy change will impact the percent of schools with a full-time registered nurse going forward.

Partnerships for providing health services in schools

School leaders increasingly recognize the value of addressing non-academic barriers to student success and partnering with healthcare and social service providers in the community to address these barriers. Because funding constraints limit the extent to which schools can afford to employ full-time school nurses and other school-based healthcare professionals, forming partnerships with organizations in the community can be a powerful and cost-effective option.[33]

Partnerships may take several different forms along a continuum ranging from low collaboration and coordination with external partners to partnerships that make schools a location where the entire community can access healthcare services and other supports (see figure 4). These arrangements expand the scope of preventive, diagnostic and treatment services available to students.

Figure 4. **Partnership options to provide health services to students**

Contracted or employed school health professionals (e.g., school nurses, school counselors, school social workers)	Referral network	School-linked health center	Mobile health clinic	School-based health center	Community school
✓ More limited scope of services ✓ On-site ✓ More hours of availability ✓ Providers familiar with school setting	✓ Larger scope of services ✓ Off-site ✓ Established referral relationships with healthcare providers	✓ Larger scope of services ✓ Off-site ✓ Partnership with an external healthcare provider ✓ Coordination between school and host site (can include transportation)	✓ Larger scope of services ✓ On-site ✓ More limited hours of availability ✓ Partnership with an external healthcare provider	✓ Larger scope of services ✓ On-site ✓ More hours of availability ✓ Partnership with an external healthcare provider ✓ May serve families and community members	✓ Larger scope of services ✓ On-site ✓ More hours of availability ✓ Partnership with an external healthcare provider (can include a school-based health center) ✓ May serve families and community members ✓ Partnerships with social services providers

Extent of collaboration and coordination with external partners increases →

School-based health centers

School-based health centers (SBHCs) are health centers located within or near a school that deliver health services to students (pre-K through grade12). Some SBHCs also serve school staff, parents and siblings of students and other community members. In these cases, SBHCs often stay open beyond normal school hours and/or during summers.[34]

In a typical SBHC model, a sponsoring entity operates and administers the SBHC and employs or contracts with staff to provide healthcare services. SBHCs are commonly sponsored by community healthcare providers such as federally qualified health centers (FQHCs), hospitals or local health departments.[35] Less often, an SBHC is sponsored by a school system, nonprofit organization or university.[36]

Services provided by SBHCs vary based on community need. SBHCs typically provide primary care and preventive services, but can also offer dental, vision and/or mental health services. Reproductive health services can also be offered, as allowed by school district policies.[37] It is most common for SBHCs to be staffed by a primary care provider, such as a nurse practitioner or physician's assistant, although some SBHCs are staffed by a more comprehensive multi-disciplinary team of clinicians.

School-based health center landscape and challenges

There is no formal standardized reporting of SBHCs in Ohio. However, various stakeholder groups, including the Ohio Association of Community Health Centers, indicate that there are more than 60 SBHCs in the state to date,

Community schools or Community Learning Centers

The "community schools" model brings together many partners to offer a range of supports and opportunities to children, youth, families and communities, with a public school acting as a hub.[39] Community schools work to address social factors that may hinder a child's ability to learn (e.g., food insecurity), enhance family and community engagement and expand learning opportunities for students both inside and outside the school building. School-based health centers can be and often are embedded in community schools.[40]

The Cincinnati Public School District has transformed more than 30 of its schools into community schools, many of which include an SBHC. The district refers to these schools as "community learning centers."[41]

Note: Charter schools in Ohio are referred to as "community schools" under Ohio law (see ORC 3314.01), but this is different from the community school model described above.

with more than half sponsored by an FQHC.[38] Many of Ohio's SBHCs are in the Cincinnati-Hamilton County region, although SBHCs also operate in other areas of the state, including Cuyahoga and Franklin Counties. Several of the key challenges that arise when integrating SBHCs into schools are described in the subsequent pages.

Reimbursement and financial sustainability

Reimbursement for SBHCs is critical, but schools are not designed to bill third party payers (e.g., Medicaid and private health insurers) for healthcare services. In Ohio, SBHCs also are not considered a separate provider type, which restricts their ability to receive payment directly from a health plan. SBHCs often serve students with Medicaid coverage and/or those who are uninsured. Consequently, ensuring financial sustainability while providing healthcare services regardless of a student's ability to pay can be extremely challenging for an SBHC.

Partnerships with FQHCs and FQHC look-alikes[42] as sponsoring entitites can provide added benefits – particularly for SBHCs established in underserved areas with a higher proportion of students enrolled in Medicaid. FQHCs and FQHC look-alikes are reimbursed under a prospective payment system, which provides a higher payment rate under Medicaid. In addition, FQHCs have access to federal grants, programs and federal safety net protections that may not apply to other providers, such as medical malpractice protections under the Federal Tort Claims Act.[43]

SBHCs can improve financial sustainability by expanding their target population to additional school sites within a district or providing services to individuals within the surrounding community. SBHCs may also rely on supplemental funding from other entities to maintain sustainability, including funding from the state or private entities and foundations.

Prior authorization

State Medicaid programs may require beneficiaries to select or be assigned a primary care provider. Under these circumstances, healthcare services provided to a Medicaid beneficiary by another provider can require pre-approval or prior authorization from a Medicaid managed care plan in order to get Medicaid payment. SBHCs may therefore have to obtain approval to provide healthcare services to their students with Medicaid coverage in order to be eligible for reimbursement.

Privacy issues

SBHCs must ensure compliance with laws regulating use of personal health and education information. The federal Health Insurance Portability and Accountability Act (HIPAA) sets privacy and security standards for a person's protected health information. Health information included in a child's education records may also fall under the federal Family Educational Rights and Privacy Act (FERPA), which protects the privacy of a student's education records. Determining when HIPAA or FERPA applies and navigating the overlap between these two federal laws can be challenging for an SBHC.

School-based telehealth services

The development of telehealth technology and its growing implementation provides a promising opportunity to integrate and expand upon health services provided in schools. Telehealth, or telemedicine, includes the use of electronic information and communications technology to deliver clinical services to patients from a distance.

School-based telehealth services can provide students with increased access to primary, acute and specialty care, and increased overall access to healthcare services for students living in rural or designated health professional shortage areas.[44] Research suggests that telehealth services can also be a more cost-effective way to provide healthcare services.[45]

Reimbursement for telemedicine under Ohio Medicaid

There is no federal law regulating Medicaid or private payer coverage of telehealth services. There are also no widely accepted guidelines around telehealth reimbursement for Medicaid or private payers, so laws vary greatly from state to state.

Ohio Medicaid pays for telemedicine in certain settings under OAC 5160-1-18. To qualify for reimbursement, a patient must be seen at one of the following locations: office of an MD, DO, optometrist or podiatrist, an FQHC, rural health center or primary care clinic, outpatient hospital, inpatient hospital or nursing facility.

A school cannot be reimbursed for telemedicine services under the rule. However, an SBHC sponsored by one of the provider types listed above may qualify for reimbursement. To qualify for reimbursement, the site at which the patient is located and the site where the provider is located must be outside of a five-mile radius from one another.

In early 2017, Ohio Medicaid sought stakeholder comments on potential revision of its telemedicine rule. Revision of the rule could provide an opportunity to expand reimbursement for school-based telehealth/telemedicine services.

Space

In many SBHCs, the school provides space to the sponsoring entity free of charge and often covers the overhead costs associated with operation of the SBHC. In other models, the school may charge the sponsoring entity rent or an overhead/utility fee to cover the cost of space.

Designating space for an SBHC on school grounds can be a significant obstacle. However, schools and communities interested in establishing SBHCs have been able to identify innovative ways to overcome space issues or acquire start-up funding to build out space on school grounds. The Ohio School Facilities Commission also offers blueprints for new-build schools in Ohio to guide design of an SBHC or clinic space from the ground up.

Other challenges

Other challenges to SBHC implementation include:
• Obtaining parental consent as needed to provide health services to students
• Securing buy-in and engagement from teachers, administrators, parents and community members
• Ensuring academic teaching time is minimally interrupted

Provision of mental health and preventive services in schools

Prevention, early detection and early intervention in childhood are key to avoiding more complex and expensive problems later in life.[51] Schools are well-positioned to address mental health conditions in students and promote healthy behaviors that can help them develop a foundation for physical and mental wellness later in life.

Mental health services

One in five children exhibits symptoms of mental health problems severe enough to warrant clinical intervention; however fewer than 20 percent of these children receive needed treatment.[52] This percentage is even lower for minority populations.[53] Students with mental health conditions miss three times as many days of school and are at a higher risk of not completing high school.[54] Mental health conditions can also lead to behavioral problems in the classroom. Elementary school children with mental health conditions are three times more likely to be suspended or expelled.[55] These conditions also can lead to entrance into the juvenile justice system, substance use or suicide.[56]

Approximately 70 percent of children who receive mental health treatment access services at school.[57] Students are much more likely to seek and follow through with treatment that is provided in their school. One study found that students with access to an SBHC were 10 times more likely to initiate a visit for a mental health or substance use concern than students without access to these services at school.[58]

Figure 5. **Framework for school mental health programs**
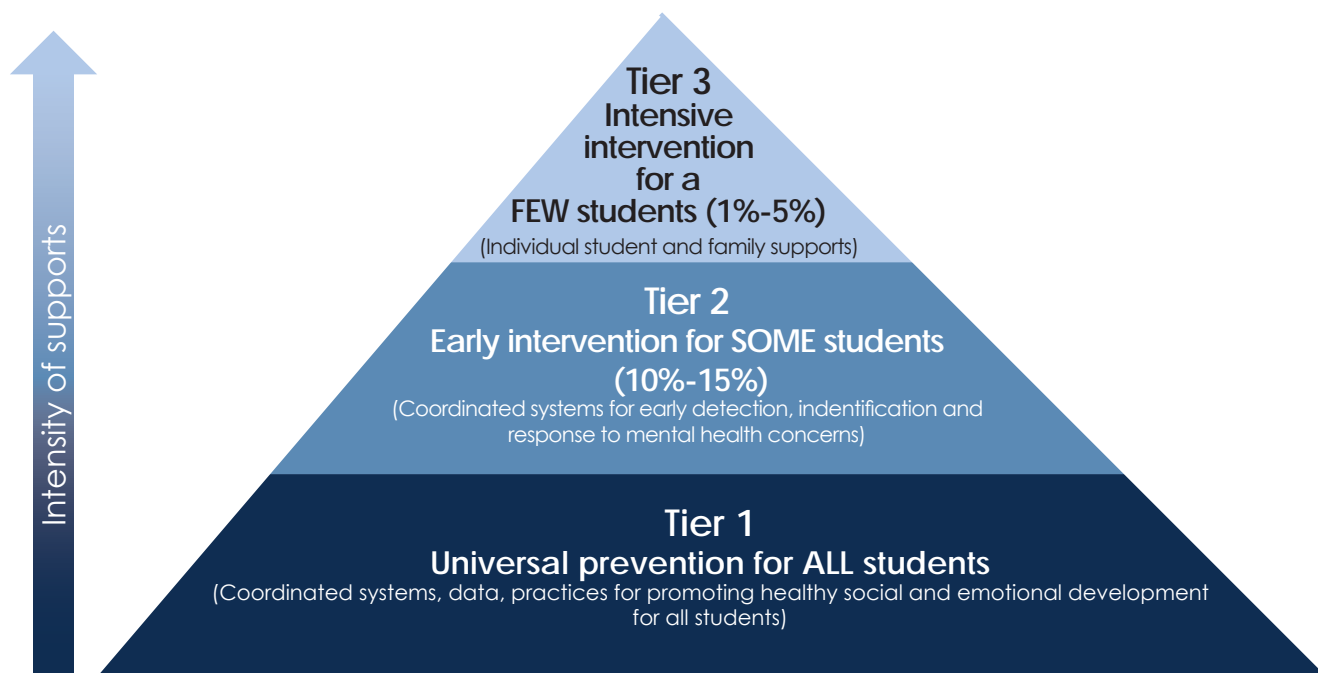
Source: Adapted from the Technical Assistance Center on Positive Behavioral Interventions and Supports

School mental health programs can range from minimal support services provided by a school counselor or other school-based professional to a comprehensive continuum of mental health services and supports, ranging from universal prevention to more targeted, intensive clinical interventions.[59] Many effective school-based mental health programs offer three tiers of interventions (see figure 5). This approach is consistent with the Multi-Tier Systems of Support (MTSS) and Positive Behavioral Interventions and Supports (PBIS) frameworks and has been found to produce a number of positive outcomes among students, such as improved grades and better attendance.[60]

The first tier involves schoolwide mental health prevention efforts which aim to decrease risk factors, build resilience and promote mental wellness among students. Such interventions produce a more positive and supportive school environment.[61] Social-emotional instruction is an example of an evidence-based strategy used in the first tier. There are a number of programs proven to promote social and emotional development, such as the PAX Good Behavior Game and Second Step.

The second tier applies to a smaller number of students for whom mental health concerns have

been identified but are not to the level of causing impairment. Services for students in this tier normally involve individual or group counseling. These early intervention efforts may reduce the need for more intensive support later. The third tier involves the smallest number of students – those with more severe mental health symptoms and diagnoses for whom more intensive clinical interventions are needed.[62]

Because schools often do not have professionals on staff to support all students' mental health needs, especially those requiring more intensive intervention, schools are increasingly turning to partnerships with community-based mental health professionals for provision of these services.[63] These professionals often can receive payment from Medicaid and private health insurers for services in the second and third tiers. However, shortages of mental health providers are an ongoing challenge, especially in rural areas. For example, a shortage of school psychologists has been identified in Ohio.[64]

Prevention
In addition to treating physical and mental health conditions, schools can also take steps to help prevent these conditions from developing in the first place and to identify them early. For example, Ohio law requires schools to deliver vision and hearing tests

to students and to maintain student immunization records.[65] For more information, see Summary of School Health Service Requirements under Ohio Law. Many SBHCs offer additional clinical preventive services including well-child checkups, immunizations, additional screenings, as well as nutrition, fitness and weight management services.[66]

There are many evidence-based strategies to enhance physical activity and healthy eating, prevent youth from engaging in risky health behaviors, develop social and emotional skills, improve behavior and/or prevent violence among students. Some programs, such as social-emotional instruction, provide multiple benefits, such as greater academic achievement, increased school engagement and improved mental health, self-confidence and youth behavior.[67] However, most non-clinical prevention programs, such as those described in this paragraph, are not reimbursed by health insurers, which makes sustainability more challenging. Future HPIO publications will provide more details on specific non-clinical, school-based prevention policies and programs.

What are other states doing?

Together, federal and state policies outline a minimum threshold for the provision of health services in Ohio's schools but fall short of providing a comprehensive policy for providing and funding school health services. Several other states have established more extensive policies to facilitate provision of health services in schools. For example:

Maryland state law mandates the provision of health services in schools by a designated school health services professional defined as a physician, certified nurse practitioner or registered nurse.[68] Each county board of education in Maryland is also required to designate a school health services coordinator charged with implementing state and local health policies in the county's public schools.[69]

Maine[70], **Minnesota**[71], **Louisiana**[72], **West Virginia**[73] and a number of other states also have mandatory nurse-to-student ratios or require school districts/schools to appoint or employ school nurses.

Illinois set comprehensive operational and quality standards for school-based/linked health centers (SBHLC) in law including standards around staffing, access and scope of services provided.[74] Under Illinois law, an SBHLC must provide 24-hour coverage throughout the entire year, routinely publicize its services to the student body and the community and ensure that staff is educated in cultural diversity.[75]

In **Michigan**, joint state funding is provided through the Michigan Department of Health and Human Services and the Michigan Department of Education to about 100 Child and Adolescent Health Centers (CAHCs) across the state.[76] The CAHCs include school-based and school-linked health centers that provide primary, preventive and mental health services to school-age children.[77] CAHC performance is monitored by the state across a set of key quality and clinical performance measures.[78]

The School-Based Health Alliance 2013-2014 National Census indicates that state funding is made available to SBHCs in other states including **New York**, **New Mexico**, **West Virginia** and **Connecticut** through state general revenue funds, tobacco settlement dollars and/or Title V Maternal and Child Health Block Grants.[79]

For more information, see our "Intersections between education and health" online resource page, which will be continually updated throughout 2017.

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Policy options to expand health services in Ohio schools

State agencies and policymakers

1. Incentivize partnerships with SBHCs through Medicaid managed care plans and the Comprehensive Primary Care initiative.
2. Create seamless data sharing agreements and procedures between and among state agencies that ensure the effective and timely delivery of services to K-12 school districts.
3. Ensure that the development of the school-based health care partnership toolkit, as proposed in the OHT 2018-19 budget white paper, includes guidance for navigating federal privacy laws (HIPAA and FERPA).
4. Reinstate and continue to convene the School Health Advisory Council.
5. Maintain chronic absenteeism as the indicator of school quality/student success in the state plan required under the Every Student Succeeds Act (ESSA).
6. Formally adopt the Whole School, Whole Community, Whole Child framework (i.e., comprehensive approach to addressing non-academic learning barriers) to inform education and/or health policy decisions.
7. Allocate direct funding to SBHCs through the General Revenue Fund or the Maternal and Child Health Block Grant.
8. Allocate direct funding to schools to employ healthcare professionals, such as a full-time school nurse.

Ohio Department of Medicaid, Medicaid managed care plans and private health insurers

9. Waive or mitigate prior authorization requirements for SBHCs.
10. Explore ways to provide enhanced payments to SBHCs including creating an SBHC provider type.
11. Remove barriers to reimbursement of school-based telehealth services, such as making an SBHC a qualifying provider.

12. Make the necessary changes to Ohio Medicaid's state plan (through a state plan amendment) and administrative regulations to facilitate implementation of the new CMS free care policy guidance in Ohio.

Providers

13. Partner with schools to deliver health-related programs and services to students through SBHCs, mobile clinics or other collaborations.
14. Work with schools to develop an infrastructure that links school-based health records with students' electronic health records.

Boards of education/school districts

15. Integrate mental health services, including prevention, early intervention and treatment into school-based health care.
16. Consider space to provide school-based health services when planning school building construction or expansion.
17. Employ a school health coordinator to oversee the delivery of health-related programs and services across all schools in the district.
18. Evaluate the impact of school-based health services on chronic absenteeism and academic outcomes.

Community members and other interested parties

19. Participate in school health advisory groups to regularly assess student and school health needs at the district or school level and to assist in developing policies and programs to address identified health needs.
20. Support organizations like Growing Well (state affiliate of the national School-Based Health Alliance) that advocate for the expansion of SBHCs in the state and provide guidance and technical assistance for the establishment of new SBHCs.
21. Include schools, primary care and behavioral health partners in local community health improvement planning led by local health departments and hospitals.

Notes

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Health **Policy** Brief
Connections between education and health
The importance of early learning

3

Overview

In January 2017, HPIO released **Connections between Education and Health**, the first policy brief in a four-part series (see box below). It describes the two-way relationship between health and education; people with higher educational attainment generally have better health outcomes and healthier children are more likely to have academic success. This third brief illustrates the importance of a child's early years for both health and future educational attainment.

The first five years of a child's life are a time of both great opportunity and vulnerability. Early childhood lays the groundwork for physical, emotional, social and intellectual development later in life.[1] The human brain grows more quickly during infancy and early childhood than at any other time.[2] However, adverse environments and experiences during these early years can have a critical impact on development and subsequent functioning of the brain and biological systems, leading to lifelong threats to educational attainment and health.[3]

High-quality early care, education and family support programs, such as home visiting and preschool, can improve school readiness. They can also reduce, eliminate or counteract many harms and stressors for children, especially those children living in poverty or other difficult circumstances.[4] Some programs, such as home visiting, can also simultaneously benefit the child's

parents. Investments in high-quality early care and education are also important to a number of key state policy goals, including kindergarten readiness, third grade reading proficiency, high school graduation rates, healthcare spending, criminal justice spending, workforce participation and earnings.

Despite the benefits of these programs, the proportion of Ohio children who are receiving home visiting services and/or are enrolled in early childhood education is fairly low. For example:
- At most, 4.7 percent of Ohio children under age 6 living below the Federal Poverty Level (FPL) received home visiting services from one of the state programs in state fiscal year (SFY) 2016.[5]
- Overall, only 45 percent of Ohio's 3 and 4 year-old children were enrolled in any public- or private-funded, formal early learning program in years 2013-2015. Of the 3 and 4 year-old children living at or below 200 FPL, 39 percent were enrolled.[6]

This brief discusses:
- How early childhood experiences influence health
- Evidence-based early learning and family support programs and polices including home visiting, high-quality early childhood education (e.g., child care, preschool, pre-kindergarten) and social-emotional learning
- The extent to which Ohio is implementing these initiatives
- Policy options to enhance early learning in Ohio

Additional HPIO education and health publications and resources
This is the third in a series of four policy briefs describing connections between health and education.
- **Policy brief No. 1** presents the relationship between education and health and describes factors impacting this relationship (Released January 2017).
- **Policy brief No. 2** explores the provision of health services in schools (Released July 2017).
- **Policy brief No. 4** will describe school-based prevention policies and programs that impact health and education outcomes, including strategies to improve nutrition, increase physical activity, prevent violence and drug abuse and increase health literacy (Target release date: early 2018).
- Additional resources can be found on HPIO's "Intersections between education and health" **online resource page**, which will be continuously updated throughout 2017.

Development in early childhood
Brain development
Ninety percent of a child's brain development occurs in the first five years of life,[7] and it is during the early years that basic brain architecture is formed.[8] The young child's brain grows at a phenomenal rate of approximately one million neural connections every second.[9] However, the brain also actively trims away connections that are not being reinforced during the toddler to early preschool years.[10]

Early brain growth is the foundation for later development. Relationships with nurturing, responsive caregivers in early childhood support healthy brain development.[11] Conversely, if a child experiences traumatic or harmful events during these critical years, the sturdiness of the structure can be compromised, even if a healthy environment is put in place later in life.[12]

Executive function development
Executive function is a part of brain development that involves working memory, mental flexibility and self-control.[13] Executive function skills enable children to focus, remember and apply rules, organize information and control frustration. Foundational to children's success in school, these skills strengthen reading, writing and mathematics capabilities.

Children with underdeveloped executive functioning are more likely to display aggressive behavior, be unable to stay on task and behave impulsively, which impact academic achievement and social interactions.[14]

Literacy, numeracy and physical development
In early childhood, children:
- Develop the skills and interests that foster language development and literacy.[15] Children who lack adequate pre-literacy foundations may struggle to learn to read.
- Learn counting, number recognition and order and pattern identification. The development of number sense and the application of mathematical reasoning positively impact mathematics achievement in school.[16]
- Grow physically, gaining both the gross and fine motor skills that are important to a child's success. For example, children who struggle with fine motor skills may have difficulty with the physical processes of writing.

Social-emotional development
Social-emotional development, sometimes called child mental health, includes the child's experience, expression and management of emotions and the ability to establish positive relationships with others.[17] These skills are key for success in school and throughout life. Healthy social-emotional development can lead to improved:
- Self-confidence
- Communication skills
- Intellectual curiosity
- Self-control
- Ability to empathize and relate to others[18]

Why is early childhood important to health?
Early childhood is a time of extensive development in the brain and many of the body's biological systems that are critical for health.[19] Learning and development during these early years can have a critical impact on future educational attainment, which is an important determinant of health, as described in HPIO's Connections between Education and Health brief. There are also other important aspects of early childhood that can influence health, school readiness and future educational attainment, including experiences, relationships and the environment in which a child grows up.
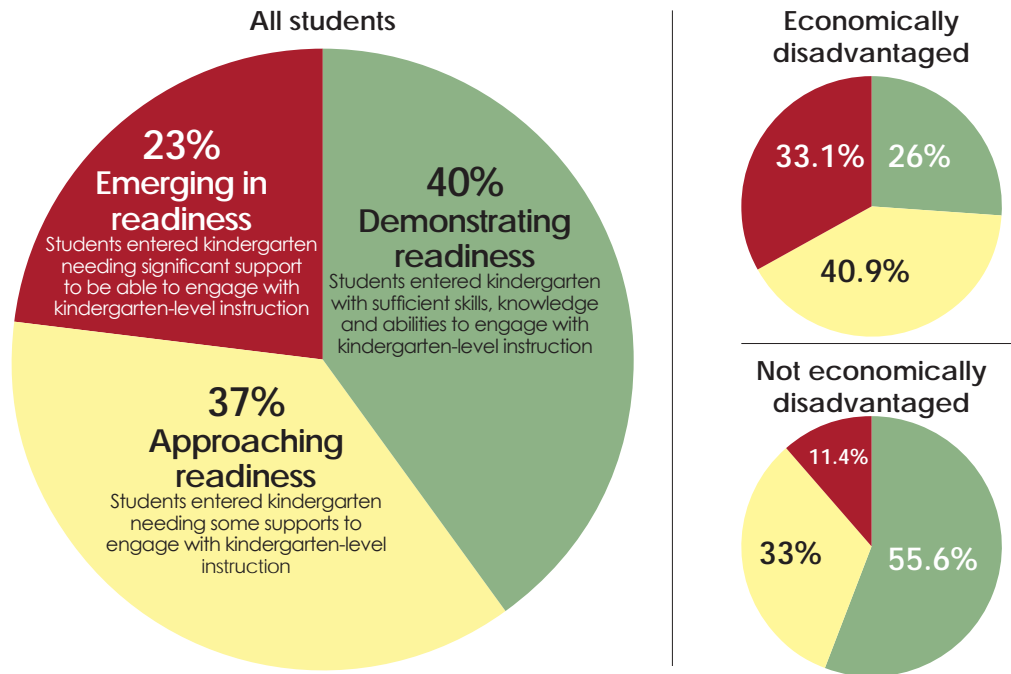
Poverty is often a considerable barrier to healthy development. In 2015, 47 percent of Ohio children ages 0-8 lived in families at or below 200 percent FPL.[20] Where poverty is concentrated, stress levels are likely to be higher, food insecurity more prevalent and academic achievement lower.

School readiness and educational attainment
Healthy development and skill building in early childhood are extremely important to ensure kindergarten readiness and future educational achievement. Children who come into kindergarten unprepared for the rigors of formal schooling are at a disadvantage for future success. Gaps in kindergarten readiness tend to persist through a child's education.[21] A child's readiness for kindergarten correlates with third grade reading proficiency, and third grade reading proficiency then correlates with high school graduation. One out of six children who are not reading proficiently by the end of third grade will fail to graduate from high school on time. The effects appear to be worse for people with low incomes. For example, 26 percent of children who have experienced poverty and are not proficient third grade readers do not graduate from high school, compared to 9 percent of poor readers who have not experienced poverty.[22]

Figure 1. **Ohio Kindergarten Readiness Assessment results (2015-2016)**

Ohio's Kindergarten Readiness Assessment (KRA) measures the school readiness of children starting kindergarten. The KRA is administered in the fall to kindergarteners in public schools. It assesses a child's readiness in Language and Literacy, Social Foundations, Mathematics, and Physical Well-Being and Motor Development. Figure 1 shows the results from the 2015-2016 school year.

All students

23%
Emerging in readiness
Students entered kindergarten needing significant support to be able to engage with kindergarten-level instruction

40%
Demonstrating readiness
Students entered kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction

37%
Approaching readiness
Students entered kindergarten needing some supports to engage with kindergarten-level instruction

Economically disadvantaged

33.1%   26%
40.9%

Not economically disadvantaged

11.4%
33%   55.6%

Note: A student is considered to be economically disadvantaged if he/she meets any of the following conditions: eligible for free or reduced-price lunches or resides in a household in which someone is eligible; receives public assistance or has a guardian receiving public assistance; or meets the income guidelines for Title I and the parent or guardian has completed a Title I student income form.
Source: Ohio Department of Education. Kindergarten Readiness Assessment Annual Report 2015-2016
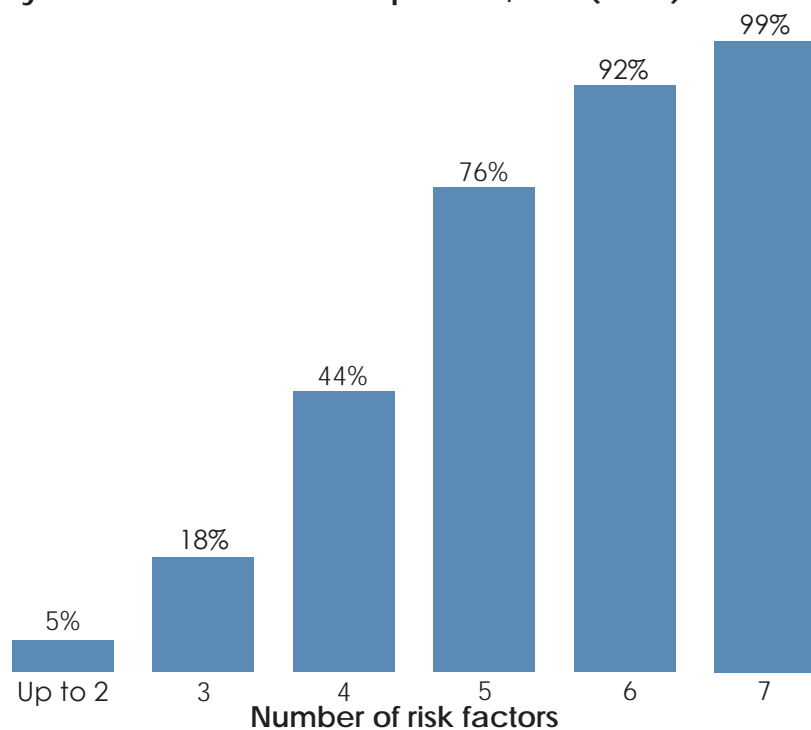
Stress and adverse childhood experiences

Healthy development can be severely affected by stressful experiences and/or excessive or ongoing stress, called trauma or toxic stress,[23] in a child's early years, creating lasting negative effects on health and achievement. Areas of brain development that tend to be disrupted by toxic stress are those tied to regulation of emotion and social behavior, reasoning capacity, language skills and stress reactivity.[24] Further, too much stress early in life can also impact development of biological systems such as the stress response system and the immune system. These development deficits can lead to a variety of adverse, lifelong effects on learning, behavior and physical and mental health.[25]

Short or long-term stressors, called adverse childhood experiences (ACEs), are stressful or traumatic events such as poverty, abuse, malnutrition, exposure to violence and parental incarceration. Children exposed to ACEs are at an increased risk for developmental delays and serious physical and mental health conditions later in life, including heart disease, cancer and addiction. The likelihood of these negative outcomes increases with exposure to additional ACEs. By age 5, one-third of children living in poverty will have experienced at least two ACEs.[26]

One study examined the effects of ACEs and additional risk factors such as minority status, poverty, living with a single caregiver and certain medical conditions. The study found that 99 percent of children who had experienced seven risk factors had a developmental delay by age 3, compared to only 5 percent of children who had only experienced one or two (see figure 2 on page 4).[27]

Figure 2. **Chance of developmental delay by age 3 by number of risk factors present, U.S. (2008)**

Bar chart showing chance of developmental delay by number of risk factors:
- Up to 2: 5%
- 3: 18%
- 4: 44%
- 5: 76%
- 6: 92%
- 7: 99%

X-axis: **Number of risk factors**

Source: Barth, Richard P. et. al. *Developmental Status and Early Intervention Service Needs of Maltreated Children.* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2008. Analysis of data from the National Survey of Child and Adolescent Well-Being

Trauma-informed care and education in Ohio

The sooner that child trauma is recognized and appropriately addressed, the more likely that the ramifications will be reduced. In trauma-informed education, staff members recognize and implement responses to trauma so that children can learn to calm their anxieties and adjust their behaviors.[28]

As understanding of the impact of trauma grows, Ohio is increasing trauma-informed practices in education and other settings. For example:

- The Ohio Departments of Mental Health and Addiction Services and Developmental Disabilities are collaborating on a statewide **Trauma-Informed Care Initiative** to increase competence in trauma-informed care across various entities and agencies.
- Several thousand educators, first responders, justice system representatives and agency staff from across the state have taken part in trauma-informed training and are applying trauma-informed practices across child-serving entities.
- Ohio's attention to social-emotional learning and Positive Behavioral Interventions and Supports (PBIS) is providing a strong foundation for trauma-informed educational settings. See page 8 for more information on social-emotional learning and PBIS.

Parenting and early relationships

Consistent, responsive and nurturing relationships with adult caregivers are critical to healthy brain development and positive social-emotional development. These relationships are associated with better physical and mental health, fewer behavioral problems, higher educational achievement and a number of other long-term benefits for the child.[29] Such relationships can also buffer against the effects of trauma and negative experiences.

Parents and other caregivers who consistently engage positively with children – verbally and experientially – provide strong platforms for child development. For example, parents' verbal engagement with their child often outweighs the family's socio-economic status in predicting the child's language proficiency.[30] However, the stressors and adversities experienced by many parents and caregivers, especially those living in poverty, can considerably reduce the amount of time and resources available to their children. This lack of engagement can negatively affect executive function, energy and self-regulation capacities of children, as well as parents.[31] Therefore, the most effective child development strategies, such as home visiting, also involve a parental support component.

Other aspects of early childhood that influence health

There are various other experiences in early childhood that can influence health. For example:

- **Access to safe and healthy environments:** Exposure to certain environmental toxins in early childhood, such as lead, can pose a considerable threat to a child's immature biological systems and thus impact future health, learning and behavior.[32]
- **Nutrition:** Children who are undernourished in the womb and during early childhood can experience negative health impacts and influences on physical development. For example, undernourishment can weaken immunity throughout life.[33]

- **Health-promoting behaviors**: Learning and development of important health-promoting behaviors, such as tooth brushing, avoidance of risk-taking behaviors, and healthy eating and physical activity habits, tend to occur in early childhood.

Evidence-based early learning and family support programs and policies

In addition to preparing children to succeed in school, high-quality early care, education and home visiting programs can promote health and prevent disease. They can also reduce, eliminate or counteract many harms and stressors for children. These programs have demonstrated benefits among all children, but research shows the strongest benefits among children who are economically disadvantaged. The earlier these interventions are started in a child's life, the greater the benefit. Finally, these programs not only show individual benefits, but they also have significant societal benefits, such as reduced crime and welfare dependence.[34]

A strong body of research has found investments in high-quality early childhood programs to have a higher rate of return on investment than interventions implemented in later years (see figure 3). This is especially true when high-quality early childhood programs are followed by continued high-quality learning experiences.[35] However, the vast majority of current investment is aimed at children older than age 5.[36]
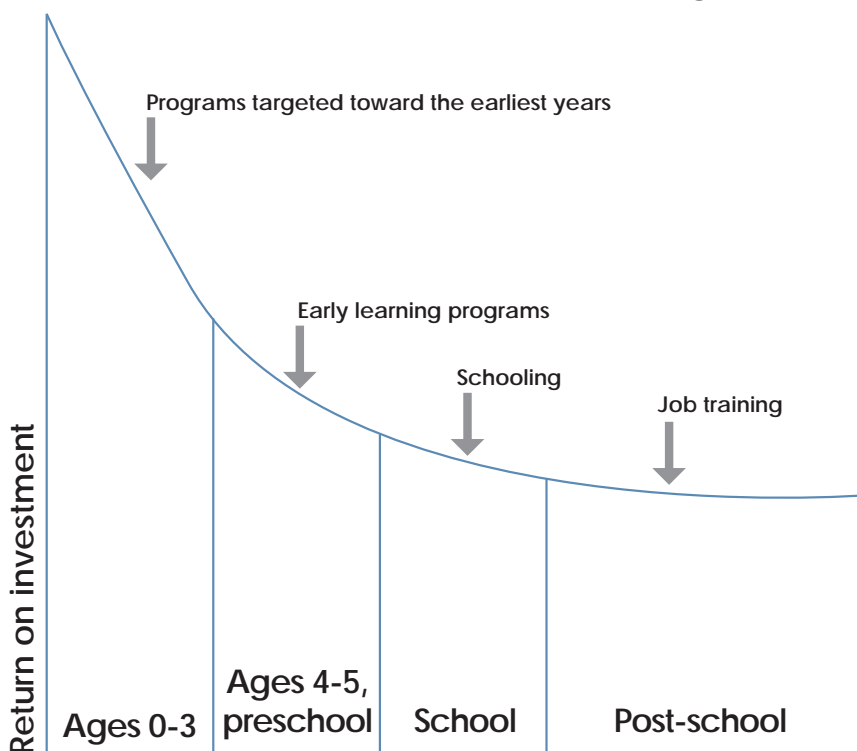
Home visiting

Home visiting programs are an example of a multi-generation strategy; they help children by also helping their parents. Trained providers visit expectant mothers and families with infants and young children, providing one-on-one support for healthy parent and child development, early education and family needs. Participation is typically voluntary.

Benefits of home visiting

Home visiting programs that are comprehensive and focused on high-need participants are more likely to have positive results.[37] Depending on the model, benefits may include:

- Improved child health, development and/or kindergarten readiness
- Reduced involvement with child protective services
- Enhanced parenting skills
- Improved family economic self-sufficiency

Figure 3. **Returns on investment at different ages**

Programs targeted toward the earliest years

Early learning programs

Schooling

Job training

Return on investment

Ages 0-3

Ages 4-5, preschool

School

Post-school

Source: Heckman, James. "Schools, skills and synapses." *Economic Inquiry 46*, No. 3 (2008): 289-324.

- Decreased costs to healthcare, education, social services, criminal justice and other public systems[38]

Evaluations of home visiting programs have demonstrated economic returns of between $1.80 and $9.50 for each $1 invested.[39] Three evidence-based home visiting program models are described in the box below.

Home visiting in Ohio

Help Me Grow is a program administered by the Ohio Department of Health offering home visiting services in all 88 counties. Services are delivered by local community providers using only evidence-based models.

Help Me Grow mainly serves low-income (at or below 200 percent FPL), pregnant women and low-income, first-time mothers and their young children. Help Me Grow is funded by the state general revenue fund (GRF) and, in some communities, supplemented by local sources such as tax levies or private foundations. Funding from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) home visiting program allows Help Me Grow to reach more families. MIECHV funding can only be used on certain evidence-based models (see box).[40]

In SFY 2016, Help Me Grow and MIECHV funded a total of 114,617 home visits to 10,586 families. At most, 4.7 percent of children under age 6 living below 100 percent FPL received home visiting services from one of these programs in SFY 2016.[41]

Examples of local home visiting initiatives

SPARK (Supporting Partnerships to Assure Ready Kids) Ohio is a home visiting program focused on kindergarten readiness. It was started by the W.K. Kellogg Foundation and the Sisters of Charity Foundation Canton. Numerous foundations, community organizations and school districts throughout Ohio are now involved, as the program currently operates in 11 counties.[42] SPARK children who entered kindergarten in 2016 outperformed their peers on the Kindergarten Readiness Assessment, and SPARK parents were more likely to be engaged in their children's learning.[43] An independent evaluation team found that SPARK children outperform their peers on state assessments, at least through fifth grade.[44]

Since 1999, Every Child Succeeds has offered home visiting services to families in the Cincinnati area, utilizing funding from both private donors and public entities. As of June 30, 2014, they had served over 14,600 families since the program began, utilizing the Nurse Family Partnership and Healthy Families America models.[45] The program was founded by Cincinnati Children's Hospital Medical Center, Cincinnati-Hamilton County Community Action Agency and the United Way of Greater Cincinnati.

Early childhood education

Early childhood care and education encompasses educational and developmental programs for young children, including child

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Three evidence-based home visiting program models that are funded and implemented in Ohio through the Help Me Grow program are described below. All three have been found to decrease health disparities.

The Nurse-Family Partnership* offers home visits by registered nurses for low-income, first-time mothers and their babies. Visits begin during pregnancy and continue until the child turns two. The program aims to improve prenatal, birth and early childhood outcomes. Demonstrated benefits of the model include:
- Improved well-being
- Improved family functioning
- Reduced risky health behaviors
- Reduced child maltreatment[46]

Healthy Families America* serves overburdened families at risk for adverse childhood experiences (ACEs). Beginning either prenatally or right after birth, a family support worker provides home visiting services for 3-5 years. Research identified improved parenting as a benefit.[47]

Parents as Teachers is an early childhood parent education and family support program beginning at or before birth. Services continue until kindergarten. Educators teach parents about early childhood development and effective parenting strategies. The program may also involve child developmental screenings and linkages to community resources. Benefits identified in research include:
- Improved cognitive skills
- Increased school readiness
- Improved child development[48]

*Funded by MIECHV

care, preschool and pre-kindergarten (pre-K). Infants and children of all ages can be served by child care, but preschool and pre-K serve mostly 3 and 4 year-old children. The terms preschool and pre-K are often used interchangeably. These programs tend to focus on ensuring children are prepared for kindergarten with age-appropriate learning in pre-literacy and numeracy, as well as social-emotional development.

Benefits of high-quality early childhood education

High-quality early childhood education has significant benefits for individuals and society. Longitudinal studies of high-quality programs show that, as adults, high-quality program participants have higher earnings, commit fewer crimes, and are more likely to hold a job and to have graduated from high school than adults who did not participate in preschool.[49] Children living in poverty and children whose mothers have lower levels of education experience the most benefit.[50]

High-quality early childhood education programs for disadvantaged children have an economic return on investment of between 7 and 13 percent per year.[51] Savings come from reduced spending on special education, public assistance, crime deterrence and punishment and chronic health conditions. Also, program participants tend to have higher earnings than nonparticipants. Importantly, an intergenerational effect is possible as social mobility becomes more likely with increased income and fewer health and achievement barriers.

However, some studies have found that some benefits related to academic performance lessen over time or "fade out." It is important for high-quality early childhood education to be followed by high-quality education in later years. Other educational benefits seem to remain more consistently, including reductions in special education placement and grade retentions.[52]

Quality of early childhood education

Not all early childhood education programs are equally effective. Programs must be high-quality to produce these positive outcomes. Enrollment in low-quality programs may do more harm than good.[53]

Experts have identified the following core elements of high-quality early childhood education programs:

Figure 4. **Average annual cost of infant and preschool care in Ohio**, 2016
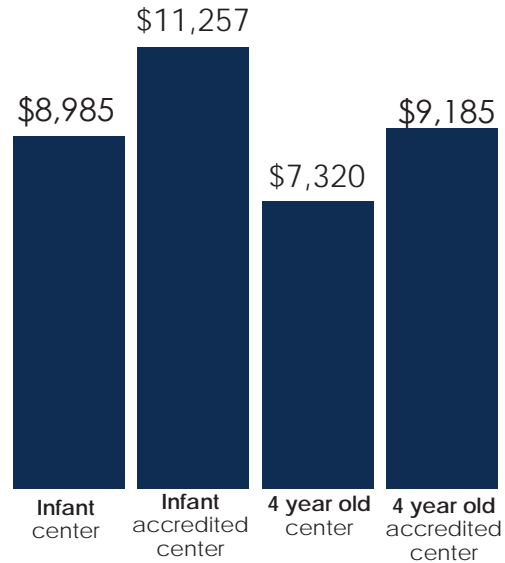
Source: Childcare Aware of America. Childcare in America: 2016 State Fact Sheets.

- Evidence-based curricula
- Professional development and coaching for teachers
- Organized, positive and engaging classrooms[54]

Cost of early childhood care and education

High-quality early childhood care and education is unaffordable for many families. Costs have increased at double the rate of inflation in the past 20 years.[55] In 2016, the average cost of infant care in Ohio in an accredited child care center was $11,257 per year and $8,985 in a non-accredited center. In 2016, the average annual cost for a 4 year-old child in an accredited center was $9,185 and $7,320 in a non-accredited center (see figure 4).[56] Comparatively, the cost of a year of public college tuition in Ohio was $10,204 in 2016[57] – below the cost of enrolling an infant in an accredited child care center.

Early childhood education in Ohio

Children are not required to participate in formal education until they reach the age of compulsory education, which is 6 years old in Ohio. Parents may choose to enroll their children in early learning programs, which may operate privately or receive public funding. To receive public dollars from either the Ohio Department of Education (ODE) or the Ohio Department of Job and Family Services (ODJFS), early learning providers must follow specific rules and regulations. (See Step Up To Quality box)

From 2013 to 2015, only 45 percent of Ohio's 3 and 4 year-old children were enrolled in any public or private-funded, formal early learning program (see figure 5). The proportion of children at or below 200 percent FPL enrolled was 39 percent.[58] Access to quality early childhood education in Ohio varies, with families in urban centers and rural areas limited in their choices. The number of children who can be served in these areas is often far lower than the number of children who are eligible.

Public spending and funding
Due to the proven importance of high-quality early childhood education and its high cost for families, funding is provided for these programs by federal, state and local government (see figure 6). However, funding levels are not currently sufficient to reach all eligible children.

In the National Institute for Early Education Research 2016 State of Preschool Yearbook, Ohio ranked 33rd out of 44 states for its percent of 4 year-olds enrolled in state-funded, public preschool in 2015-2016 (7.8 percent) and 27th in state spending per child ($4,000). However, the report does not include 4 year-olds receiving child care vouchers from ODJFS, and some of these children use vouchers at privately-funded preschools. The District of Columbia serves the highest percentage of 4 year-olds (81.2%) and has the highest spending per child ($16,812).[59] Figure 7 shows Ohio's public preschool per-child spending for years 2002-2016.

Figure 5. **Percent of Ohio and U.S. 3 and 4 year-old children enrolled in a formal early education program by income, 2011-2015**

	Ohio	U.S.
All	45%	47%
Below 200% FPL	39%	40%
At or above 200% FPL	52%	55%

Note: Percentages for all children are from 2013-2015. Percentages for children below and at or above 200% FPL are from 2011-2015.
Source: Population Reference Bureau analysis of data from the U.S. Census Bureau, pooled 2013-15 one-year American Community Survey, as reported by Kids Count Data Center

Social-emotional learning

Social-emotional learning builds skills to engage with others, manage emotions, set and achieve positive goals, show empathy, handle stress, establish and maintain positive relationships and make responsible decisions.[60] Effects are typically strongest with young children, especially when interventions in later years reinforce earlier messages. Strong research evidence has found school-based social-emotional instruction to have the following benefits:

Step Up To Quality
Step Up To Quality (SUTQ) is Ohio's five-star quality rating and improvement system for early care and education programs. It is jointly administered by ODE and ODJFS, and programs funded by both agencies participate. SUTQ provides a consistent definition of quality and recognizes programs that exceed minimum health and safety requirements.

The program and its standards are based on factors which lead to improved outcomes for children, as identified by national research. For example, highly-rated programs require continuing education for teachers and staff, use evidence-based, age-appropriate curricula and make efforts to engage families.[61] Increased staff education requirements are another key component of high-quality rankings, which may be costly for early learning centers to pursue.

The current five-star rating system was implemented in October 2013, but SUTQ was initially launched statewide in 2006. As of July 2017, all early childhood education and special education preschool programs funded by ODE must participate in SUTQ and receive a high-quality rating (three, four or five stars) to maintain state funding. In 2020, licensed child care programs receiving funding from ODJFS will also be required to participate, and they will be required to attain a high-quality rating by 2025. As of September 2017, only 27 percent of child care providers that accept ODJFS child care subsidies were rated, and only 19 percent of programs were rated as high-quality.[62]

An independent evaluation of SUTQ was released in February 2017. The study found that participation in a highly-rated program was associated with higher scores on Ohio's Kindergarten Readiness Assessment, providing evidence that SUTQ is valid and that increasing quality leads to improved outcomes.[63]

Figure 6. Early childhood education funding sources in Ohio (selected programs)

Program	Funding source(s)	Cost per child	Eligibility	Hours per week	Children served
State-funded preschool	State (ODE)	$4,000 in SFY 2016	Age 4, at or below 200% FPL	12.5 hours per week	14,765 children served in SFY 2016[64] *(This would have represented an estimated 22.5% of eligible 4 year-old children in 2015)[65]*
State preschool special education*	State (ODE)	$4,000 in SFY 2016 plus differentiated amount based on district state share index and disability category	Ages 3-5 with a disability	10 hours per week minimum	13,556 children served in SFY 2016[66] *(This would have represented 4.9% of all 3 and 4 year-old Ohio children in 2015)[67]*
Head Start**	Primarily federal	$8,168 in FFY (Includes additional services to children and families)[68]	Ages 3-5 at or below 100% FPL	3.5-6 hours per day, 4-5 days per week	30,664 children served in SFY 2016 (including federal and state funding)[69] *(This would have represented an estimated 25% of eligible children in 2014)[70]*
Child care subsidies (Publicly Funded Child Care) for children ages 0-4***	Federal and state (ODJFS)	Co-payment varies based on a sliding fee scale	At or below 130% FPL (initial eligibility) - Assistance provided during a qualifying parental event (work or school)	Eligibility hours vary based on the qualifying event	Approximately 76,366 children ages 0-4 served in October 2014[71] *(This would represent 11% of all Ohio children ages 0-4 in 2014)[72]*

* Federal and state law require Ohio school districts to offer services to children with certain disabilities, including access to preschool. Federal preschool special education is available to children ages 3-5 including kindergarten.
**Head Start is a federally-funded program operated by local community-based organizations. Established in 1965, Head Start is a comprehensive school readiness program for children, birth to age 5, from low-income families. In addition to early childhood education, Head Start provides health services, parent engagement, parenting education and services for children with disabilities. Data in the table does not include Early Head Start.
***Eligible children up to age 12 can receive publicly-funded child care from ODJFS.
Note: This list is not comprehensive of all funding sources of early childhood education.
Source: Ohio Department of Education Office of Early Learning and School Readiness. "Preschool funding models"

- Increased academic achievement
- Increased high school graduation
- Improved social-emotional skills
- Increased school engagement
- Increased self-confidence
- Improved mental health
- Improved youth behavior[73]

Research has demonstrated the effectiveness of a number of school-based social-emotional learning programs such as the Good Behavior Game, Second Step and Promoting Alternative Thinking Strategies (PATHS).[74]

Social-emotional learning in Ohio
Ohio is one of at least 11 states (including Connecticut, Idaho, Illinois, Kansas, Massachusetts, Maine, Pennsylvania, Vermont, Washington and West Virginia) that has specific goals or standards for social-emotional learning.[75] Standards outline what students should know and be able to do at various stages of development or ages. Ohio's Early Learning and Development Standards: Birth to

Figure 7. Annual state spending per child in public preschool, Ohio and average state spending (2004-2016)
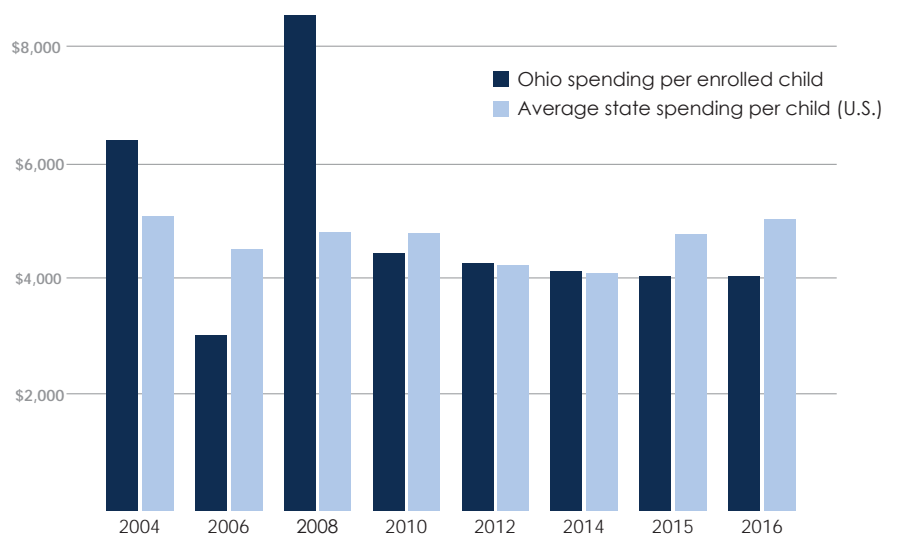
Source: Barnett, Steven et. al. *The State of Preschool 2016*. New Brunswick, NJ: The National Institute for Early Education Research, 2017.

Kindergarten Entry and Ohio's Learning Standards: Kindergarten Through Grade 3 include social-emotional development.

There is no statewide data on how many schools have implemented social-emotional learning programs. However, Ohio schools are required to implement an evidence-based schoolwide system of positive behavioral interventions and support (PBIS). When implemented well, PBIS complements social-emotional learning by encouraging the creation of safe settings and positive climates. See HPIO's forthcoming **fact sheet on PBIS** for more information.

Effective implementation of these strategies can diminish the need for certain disciplinary techniques such as suspensions and expulsions.

See HPIO's forthcoming **fact sheet on suspensions and expulsions** for more information on how these disciplinary polices can lead to:
- Academic failure, grade retention and negative attitudes toward school
- Ten times greater likelihood of dropping out of high school
- Higher chance of justice system involvement and incarceration[76]

Examples of local early childhood education initiatives

Cuyahoga County, Cleveland, Columbus, Dayton/Montgomery County and Cincinnati have taken steps to increase access to high-quality pre-K and kindergarten readiness. Programs in Cincinnati and Dayton/Montgomery County are especially notable, as they utilize funding from public levies approved by voters in November 2016.

Launched in August 2007, **Cuyahoga County's Universal Pre-Kindergarten (UPK)** initiative was the first local program in Ohio to expand high-quality pre-K access. UPK provides funding to centers to enhance quality and offers scholarships to low- and moderate-income families. It is funded by a public-private partnership. With a recent decision by the county to allocate $10 million in funding to the program and an additional commitment of nearly $12.9 million in private donations,[77] it is now serving over 4,600 children of ages 3-5.[78]

In March 2014, a public-private partnership launched **PRE4CLE in Cleveland** (part of Cuyahoga County) to expand high-quality preschool slots and increase the number of high-quality rated providers. PRE4CLE is part of **Cleveland's Plan for Transforming Schools**, which aims to reinvent public education in Cleveland. Cleveland providers that choose to participate in PRE4CLE are eligible for funding from UPK. As of December 2016, there were 4,277 children enrolled in high-quality preschools, out of approximately 11,800 children of ages 3-5 in Cleveland, representing 36 percent.[79]

The **Early Start Columbus** initiative began in 2014. The goals of this initiative are that by 2020, all Columbus children will have access to high-quality pre-k and be prepared when entering kindergarten. Nearly 500 children are served due to investments from the state and the City of Columbus.[80]

Dayton is the first Ohio city to offer every one of its nearly 2,000 4 year-olds access to affordable and quality preschool.[81] In November 2016, voters approved a 0.25 percent income tax increase which will generate $4.3 million annually for expanded preschool access.[82] Passage of this income tax increase will enable full funding for eight years. All families are eligible for tuition assistance, but the amount received depends on household income, family size and their selected program's quality rating, with higher amounts allocated for the highest-rated providers.[83]

Cincinnati voters approved a five-year property tax levy in November 2016 which will generate $48 million for the Cincinnati Public Schools, including $15 million to expand high-quality preschool access for 3 and 4 year-old children living at or below 200 percent FPL.[84] Grants will be awarded to preschool providers working to achieve and maintain high-quality ratings. This funding is expected to increase the number of Cincinnati children in preschool to 6,000. With approximately 9,200 3 and 4 year-old children in Cincinnati,[85] 65 percent of these children are expected to be served by year five of the levy.

Policy options to enhance early learning in Ohio

State agencies and policymakers

1. Increase the number of Ohio children served by high-quality child care, preschool, and pre-K by:
   - Expanding eligibility criteria for publicly-funded programs,
   - Increasing state funding for early learning to provide access for more 3 and 4 year-old children and/or
   - Exploring the possibility of more innovative funding mechanisms such as pay-for-success financing (see HPIO's fact sheet on pay-for-success financing).
2. Increase the number of Ohio children served by evidence-based home visiting programs by:
   - Expanding eligibility criteria and/or
   - Increasing state funding for Help Me Grow to provide services for more children and families
3. Evaluate the impact of home visiting and high-quality early childhood education on spending in other publicly-funded systems, such as child protection, juvenile justice, corrections, law enforcement, K-12 special education and Medicaid.
4. Encourage community-based partnerships linking early childhood providers, K-12 schools and physical, mental and behavioral health systems, and other entities serving children.
5. Support ongoing training and technical assistance to encourage integration of social-emotional learning programs into academic instruction using Ohio's K-3 standards for social and emotional development.
6. Develop professional standards and training for early childhood educators and administrators that emphasize trauma-informed principles.
7. Recognize and incorporate brain development research when developing state academic and accountability requirements for early learning.
8. Create incentives to encourage early childhood care and education programs to participate in SUTQ and achieve high-quality ratings.
9. Work with local communities implementing innovative early learning initiatives to understand how the state can support these efforts and learn from successful strategies.

Early learning providers

10. Develop partnerships with health systems and local mental health providers to increase access to additional behavioral health services in early learning sites.
11. Integrate trauma-informed strategies into early childhood education programs to support children who have experienced trauma.
12. Provide staff with professional development, support and resources to reduce staff stress levels.
13. Engage parents in meaningful ways that build parent connection to their children's education and to other parents.
14. Provide ongoing professional development and technical support in developmentally-appropriate classroom management, brain development strategies, trauma/trauma-informed care and social-emotional learning.

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For more information, see our **"Intersections between education and health" online resource page**, which will be continually updated throughout 2017.

Authors

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Rebecca Carroll, MPA, Health Policy Institute of Ohio
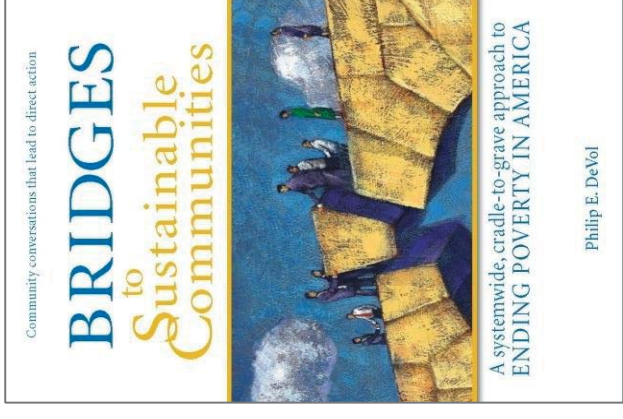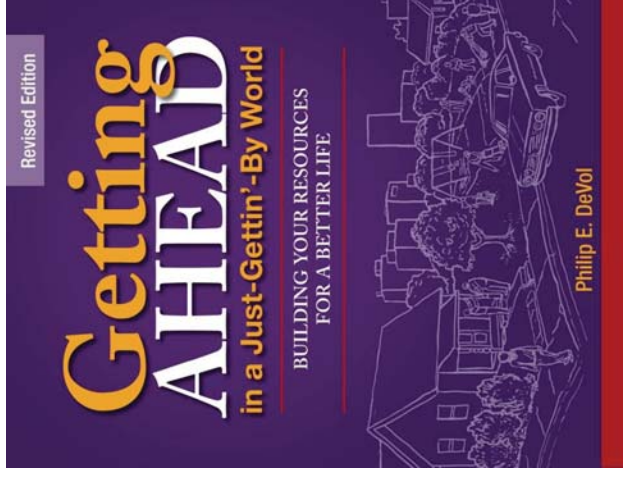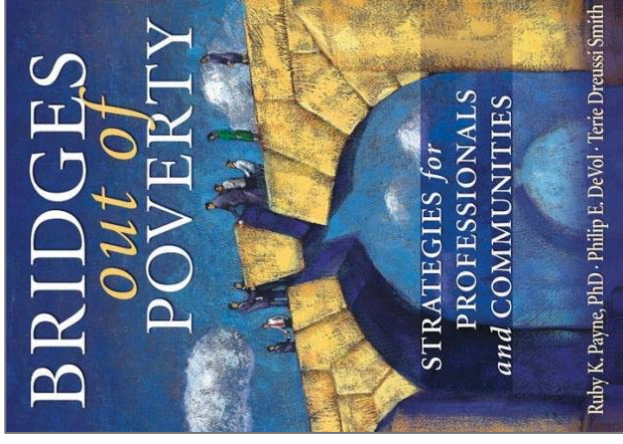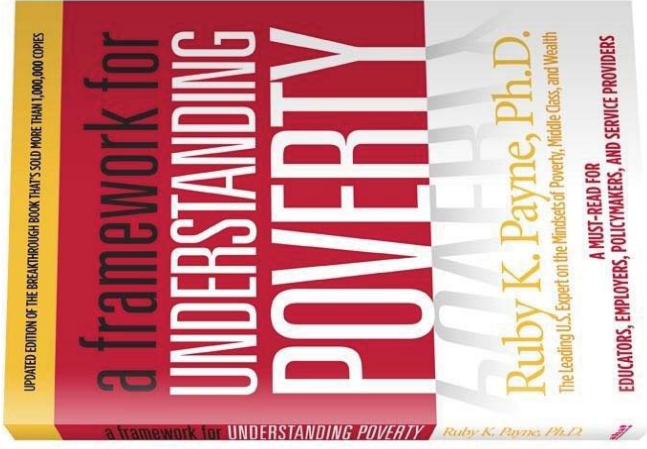
Building Bridges Communities
Where Everyone Can Live Well

Philip DeVol

Instability - poverty: the common denominator?

- Early childhood
- Education (K-12 and Post-secondary)
- Employers
- Faith-based initiatives
- Family services
- Food
- Government
- Health
- Housing
- Legal
- Mental Health
- Social Services
- Substance abuse
- Transportation
- Workforce Development

Bridges is not a program.

It is a common language; concepts and tools

Mental models of class
Causes of poverty
Definition of poverty

We engage:

All classes and races
All sectors
All political persuasions

Healthier Buckeye Councils Ohio House Bill 64
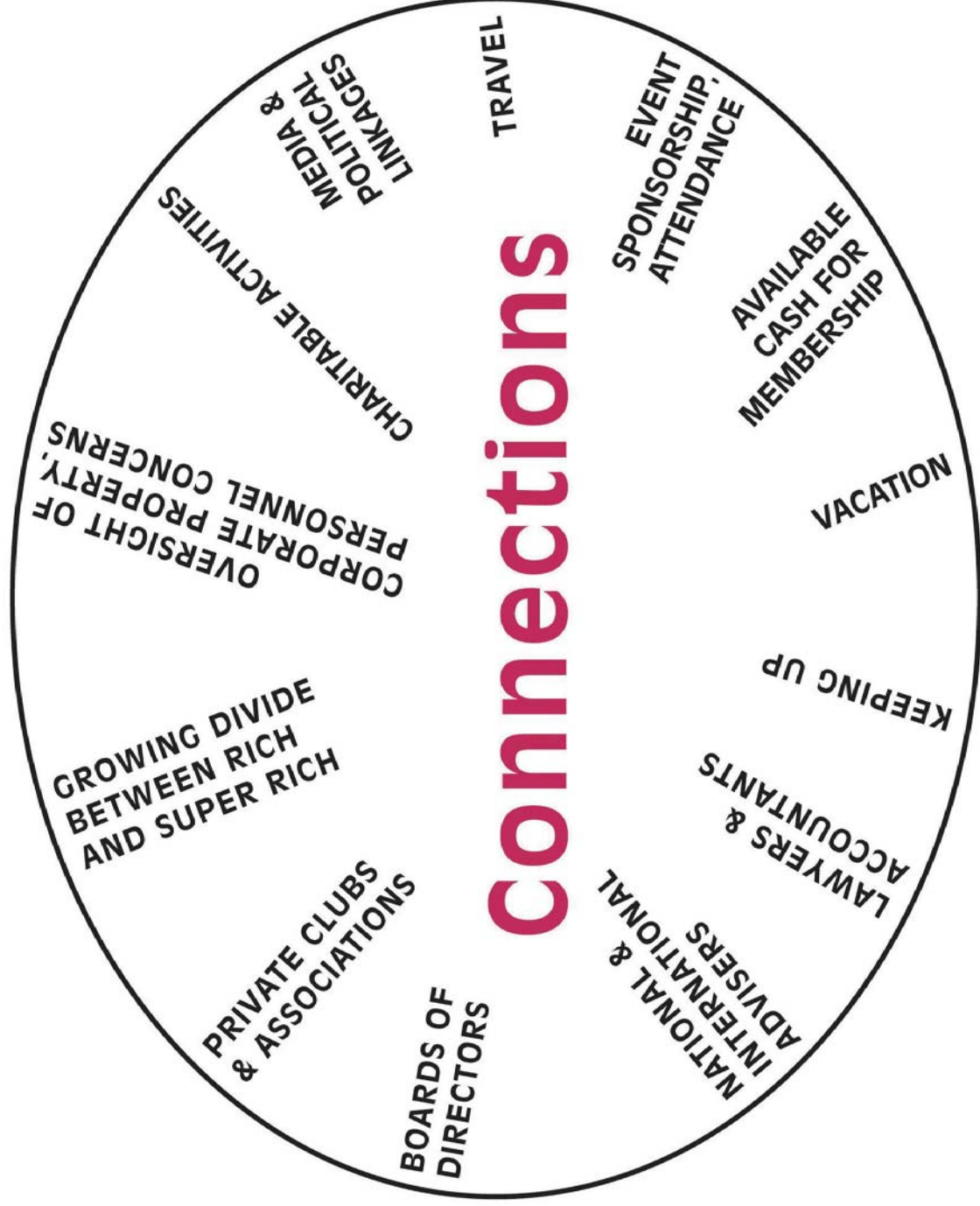
Speaker Pro Tempore Ron Amstutz

Representative Tim Derickson Chairman, Community and Family Advancement Committee

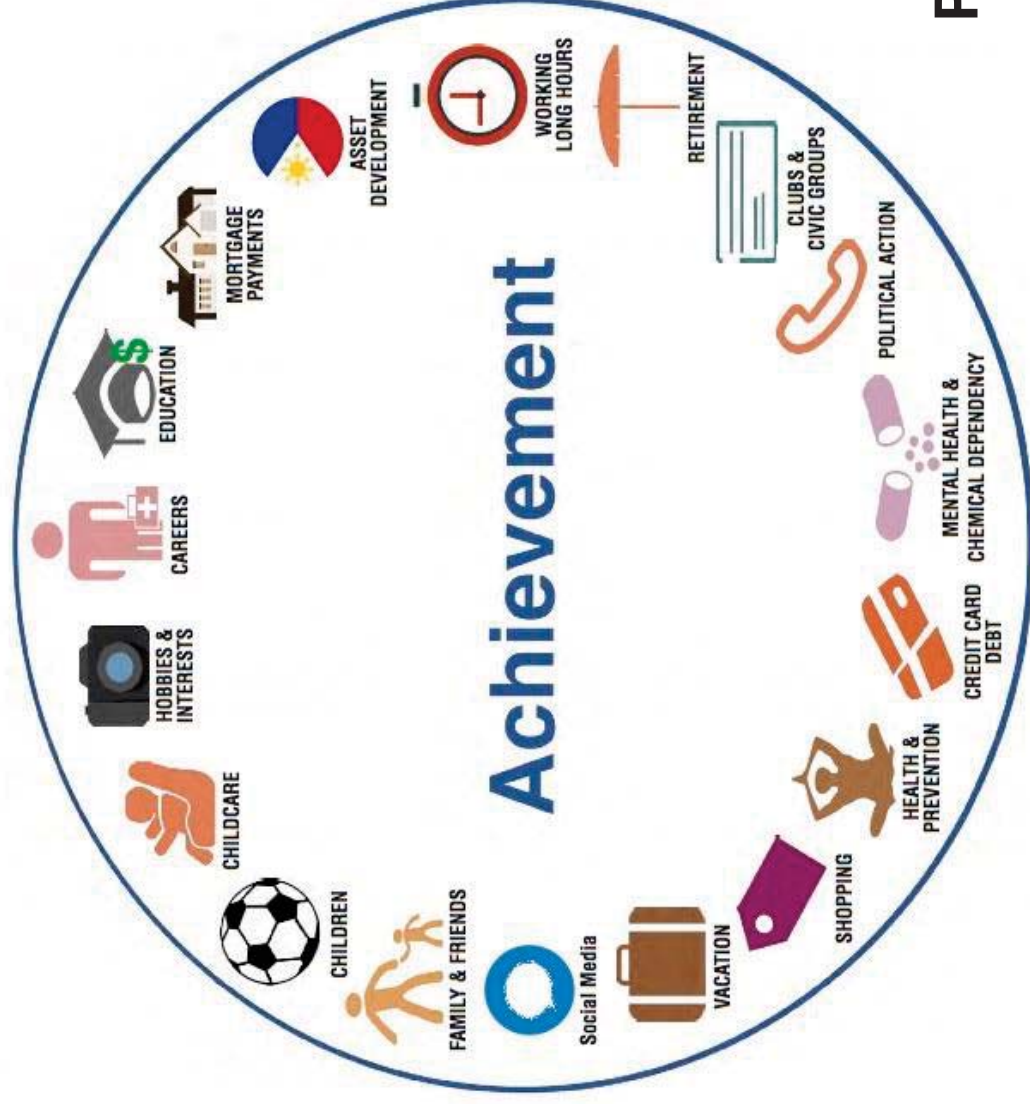Gene Krebs, former Member of the House

HBC Grant Awards

Belmont County $334,000	Hardin/Auglaize, Van Wert $945,157	Washington County $513,000
Butler County $667,994	Lucas County $749,580	Some Bridges Work
Cuyahoga County $748,520	Marion County $170,882	Athens County $485,000
Fairfield County $402,685	Ottawa County $85,872	Highland County 723,242
Fayette County $342,837	Summit County $437,761	Huron County $204,962
		Lorain County $187,225
		Preble County $411,835
		Richland County $749,163
		Sandusky County $561,734

Mental Model of Wealth

Connections

- TRAVEL
- SPONSORSHIP, EVENT ATTENDANCE
- AVAILABLE CASH FOR MEMBERSHIP
- VACATION
- KEEPING UP
- LAWYERS & ACCOUNTANTS
- NATIONAL & INTERNATIONAL ADVISERS
- BOARDS OF DIRECTORS
- PRIVATE CLUBS & ASSOCIATIONS
- GROWING DIVIDE BETWEEN RICH AND SUPER RICH
- OVERSIGHT OF CORPORATE PROPERTY, PERSONNEL CONCERNS
- CHARITABLE ACTIVITIES
- MEDIA & POLITICAL LINKAGES

Mental Model of Middle Class

Achievement

ASSET DEVELOPMENT
WORKING LONG HOURS
RETIREMENT
MORTGAGE PAYMENTS
CLUBS & CIVIC GROUPS
EDUCATION
POLITICAL ACTION
CAREERS
MENTAL HEALTH & CHEMICAL DEPENDENCY
HOBBIES & INTERESTS
CREDIT CARD DEBT
CHILDCARE
HEALTH & PREVENTION
CHILDREN
SHOPPING
FAMILY & FRIENDS
VACATION
Social Media

Page 5

Mental Model for Poverty
Analytical categories outside
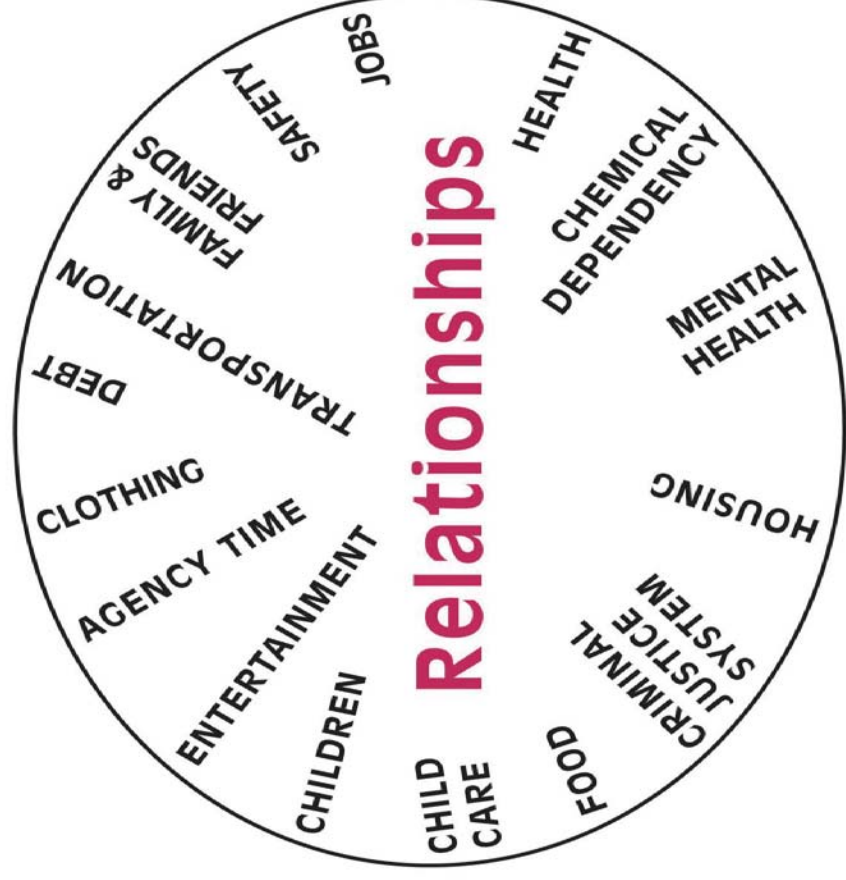
Concrete,
Abstract

Tyranny of the Moment,
Long View

Problem-solvers
Proactive problem-solvers

Powerless,
Powerful

Math doesn't work,
Financial security

Unstable,
Predictable

The diagram shows a circle labeled "Relationships" in the center, surrounded by categories: JOBS, SAFETY, FAMILY & FRIENDS, TRANSPORTATION, DEBT, CLOTHING, AGENCY TIME, ENTERTAINMENT, CHILDREN, CHILD CARE, FOOD, CRIMINAL JUSTICE SYSTEM, HOUSING, MENTAL HEALTH, CHEMICAL DEPENDENCY, HEALTH.

Page 3

Scarcity – Tyranny of the Moment

- "When your bandwidth is loaded…you're just more likely to not notice things, you're more likely to not resist things you ought to resist, you're more likely to forget things, you're going to have less patience, less attention to devote to your children when they come home from school."

Scarcity: When Having Too Little Means So Much.
Sendhil Mullainathan, Eldar Sharif (2013)

Community Sustainability Grid

A Comprehensive Planning Tool for Bridges Steering Committees

	Individual Behavior	Human and Social Capital in the Community	Exploitation	Political/ Economic Structures
Individual Action				
Organizational Action				
Community Action				
Policy				**Page 18**

Address All Causes of Poverty

Resources

	Motivation	Integrity	Hidden Rules	Relationships	Support System	Physical	Spiritual	Mental	Emotional	Financial
5										
4										
3										
2										
1										

Pages 13 - 16

RESOURCES

	Getting-By Resources	Getting Ahead Resources
Hidden Rules		
Integrity		
Motivation		
Spiritual		
Role Models		
Language		
Physical		
Social		
Mental		
Emotional		
Financial		

Welcome to Self-Sufficiency
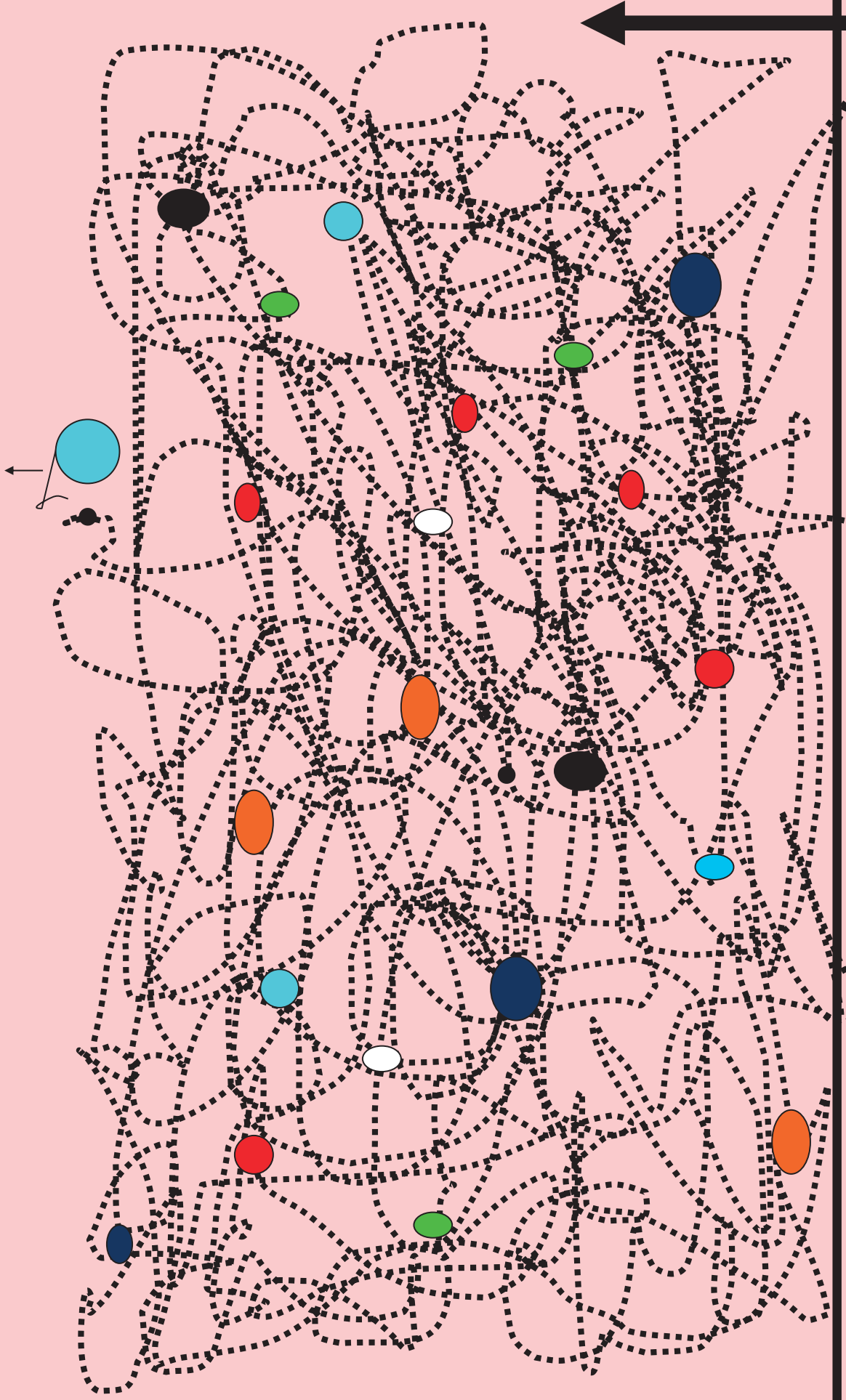
The Path to Self-Sufficiency Starts Here

Shrinking Middle Class:
Share of households by income range
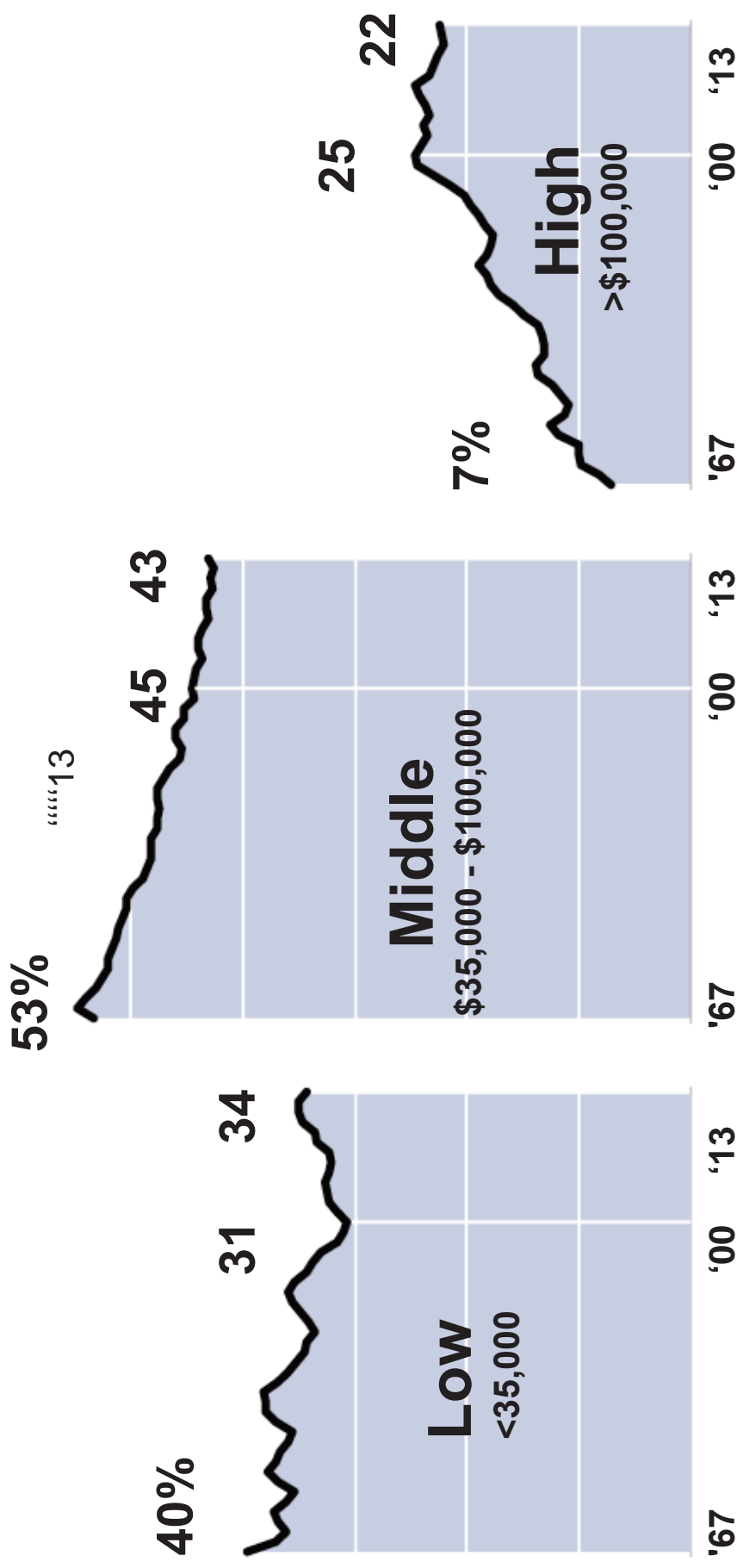
Low
<35,000

40%

31   34

'67   '00   '13

Middle
$35,000 – $100,000

53%

'''''13

45   43

'67   '00   '13

High
>$100,000

7%

25   22

'67   '00   '13

Tracking emerging recovery in private sector

The private sector saw a net gain of 1.26 million jobs between February 2010 and 2011. During the same period the public sector lost almost a quarter of a million jobs.
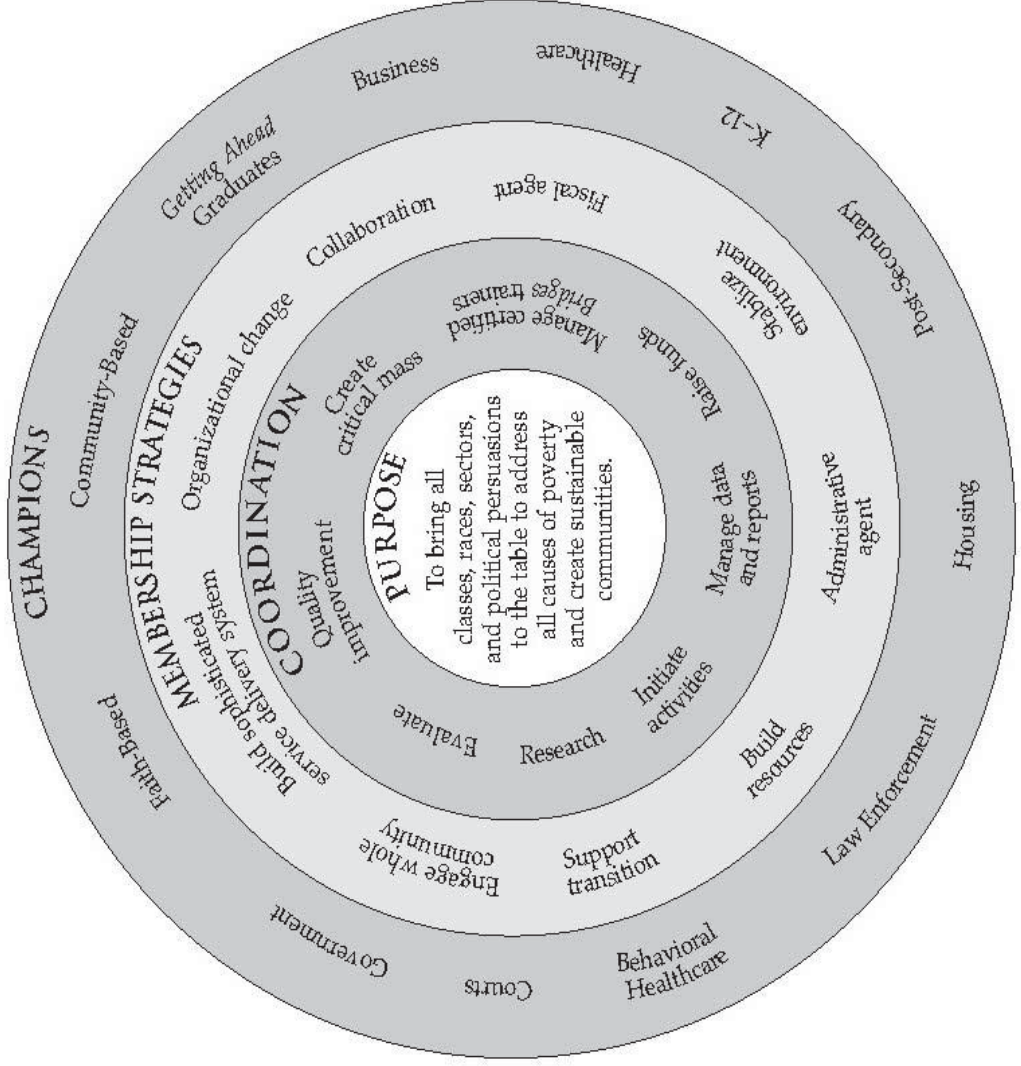
	Wages	Percent of job loss	Percent of recent job growth
Lower-wage Industries	$9.03 - $12.91	23%	49%
Mid-wage industries	$12.92 - $19.04	36%	37%
Higher-wage industries	$19.05 - $31.40	40%	14%

NELP National Employment Law Project, Data Brief, February 2011
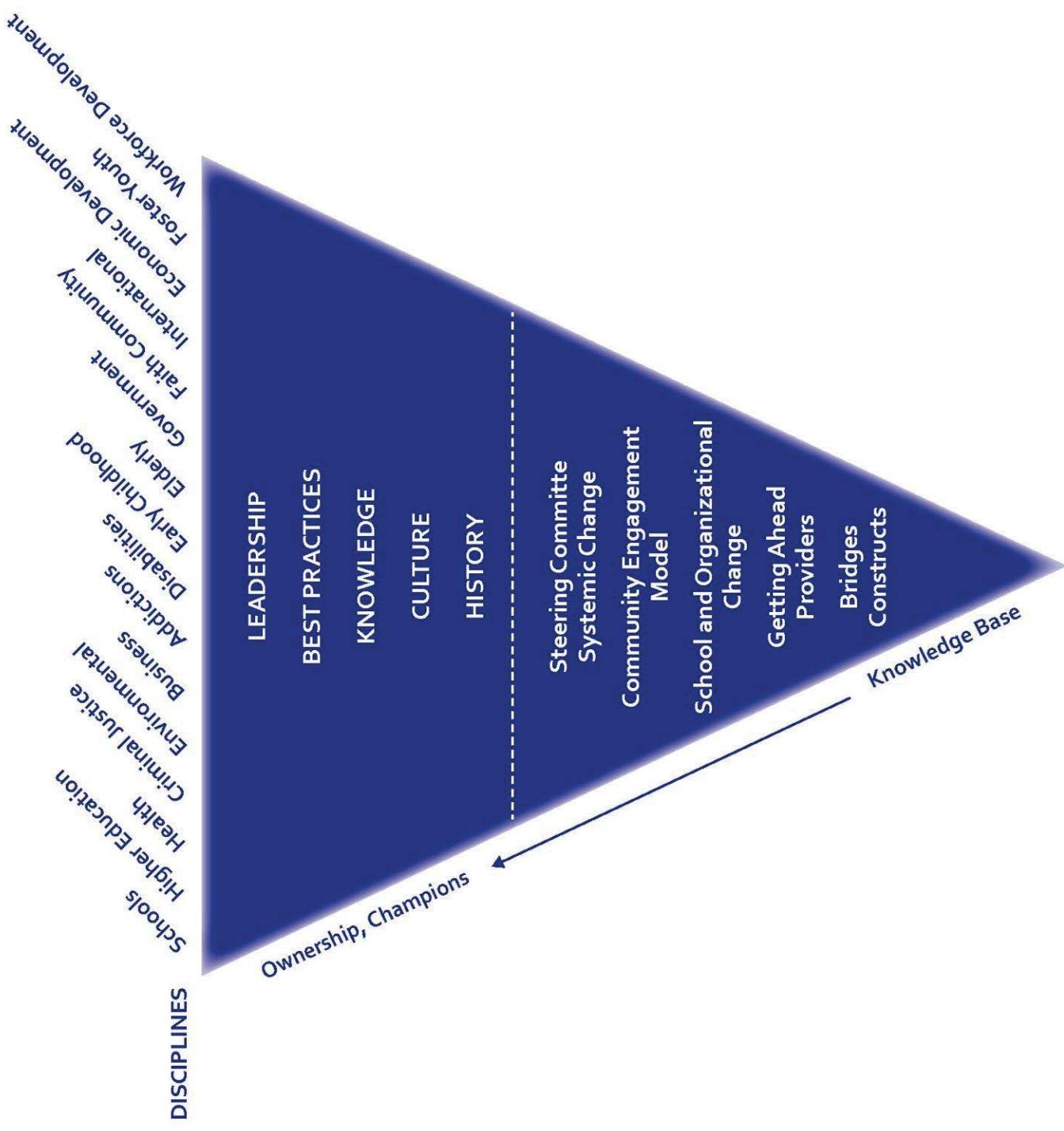www.nelp.org/page/-/Justice/2011/UnbalancedGrowthFeb2011.pdf?nocdn=1

Bridges Steering Committee

PURPOSE

To bring all classes, races, sectors, and political persuasions to the table to address all causes of poverty and create sustainable communities.

COORDINATION
- Quality improvement
- Create critical mass
- Manage certified Bridges trainers
- Stabilize environment
- Raise funds
- Manage data and reports
- Initiate activities
- Research
- Evaluate
- Engage whole community
- Support transition
- Build resources

MEMBERSHIP STRATEGIES
- Organizational change
- Collaboration
- Fiscal agent
- Administrative agent
- Build sophisticated service delivery system

CHAMPIONS
- Community-Based
- Getting Ahead Graduates
- Business
- Healthcare
- K-12
- Post-Secondary
- Housing
- Law Enforcement
- Behavioral Healthcare
- Courts
- Government
- Faith-Based

Methodology: Innovation

DISCIPLINES

Schools
Higher Education
Health
Criminal Justice
Environmental
Business
Addictions
Disabilities
Early Childhood
Elderly
Government
Faith Community
International
Economic Development
Foster Youth
Workforce Development

LEADERSHIP

BEST PRACTICES

KNOWLEDGE

CULTURE

HISTORY

Steering Committe Systemic Change

Community Engagement Model

School and Organizational Change

Getting Ahead Providers

Bridges Constructs

Knowledge Base

Ownership, Champions

Economic Platform, 2007

POLICY CONSIDERATIONS to ADDRESS POVERTY

Learn from Bridges communities; policy development from the bottom up

Engage all classes, races, sectors, political persuasions

Identify barriers, opportunities, and successful innovations

Develop policies that build stability and resources

Address all causes of poverty

Sustainability - take the long view

"Innovators
are often not
the principal agents
of change; early adapters
are."

–Michael Fairbanks

Ohio House of Representatives

THE SPEAKER'S TASK FORCE ON EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

September 14, 2017 Meeting

10:30 AM – Rhodes State Office Tower, 29ᴛʜ Flr. Room 2925
Columbus, Ohio 43215

Agenda

1. Call to Order

2. Chairman's welcome

3. Presentation from Matt Weyer, PhD, Education Program Senior Policy Specialist for the National Conference of State Legislatures

Dr. Weyer will present information on other states that have had success with closing the achievement gap between poor students and their more fortunate counterparts

4. Presentation from Matt Shafer, Education and Workforce Development Policy Analyst for the Council of State Governments

Mr. Shafer will offer insights into other states' policies aimed at overcoming poverty related achievement discrepancies

5. Discussion

6. Adjournment

Please note: This is a government building. Please make sure to bring a valid ID when checking in with security to receive a Visitor's Badge

About NCSL

☐ Instrumentality of all 50 states and territorial legislatures

☐ Bipartisan

☐ Provides research, technical assistance and opportunities to exchange ideas

☐ Advocates on behalf of legislatures before the federal government

NCSL is committed to the success of state legislators and staff. Founded in 1975, we are a respected bipartisan organization providing states support, ideas, connections and a strong voice on Capitol Hill.

Overview

- Research Base
  - Poverty
    - Effects on literacy, math, social emotional skills and more
  - Opportunity gaps and school readiness
  - High quality Pre-K
    - Benefits for low-income students (short- and long-term)
- Legislative Actions
  - State policies
  - Trends

Defining Poverty

The Minimum Family Income Needed in 2014 to Stay Out of Poverty, by Family Size and Number of Related Children

Size of Family Unit	Number of Related Children Under 18								
	0	1	2	3	4	5	6	7	8 or more
1 (an unrelated individual)									
Under 65	$12,331								
65 or older	$11,367								
2 Householder: Under 65	$15,871	$16,337							
65 or older	$14,326	$16,275							
3	$18,540	$19,078	$19,096						
4	$24,447	$24,847	$24,036	$24,120					
5	$29,482	$29,911	$28,995	$28,286	$27,853				
6	$33,909	$34,044	$33,342	$32,670	$31,670	$31,078			
7	$39,017	$39,260	$38,421	$37,835	$36,745	$35,473	$34,077		
8	$43,637	$44,023	$43,230	$42,536	$41,551	$40,300	$38,999	$38,668	
9 or more	$52,493	$52,747	$52,046	$51,457	$50,490	$49,159	$47,956	$47,658	$45,822

Source: The Ohio Poverty Report (2017). Development Services Agency. Retrieved from: https://www.development.ohio.gov/files/research/p7005.pdf (p.46)

NATIONAL CONFERENCE of STATE LEGISLATURES

Poverty and Achievement

- Currently, approximately one-quarter of all Ohio children aged 0-5 are poor, 43.6% for minorities[1]

- "The income achievement gap is large when children enter kindergarten and does not appear to grow (or narrow) appreciably as children progress through school." 40-50% growth in gap since 1970's.[2]

Trend in 90/10 Income Gap in Reading, 1943-2001 Cohorts

Trend in 90/10 Income Gap in Math, 1943-2001 Cohorts
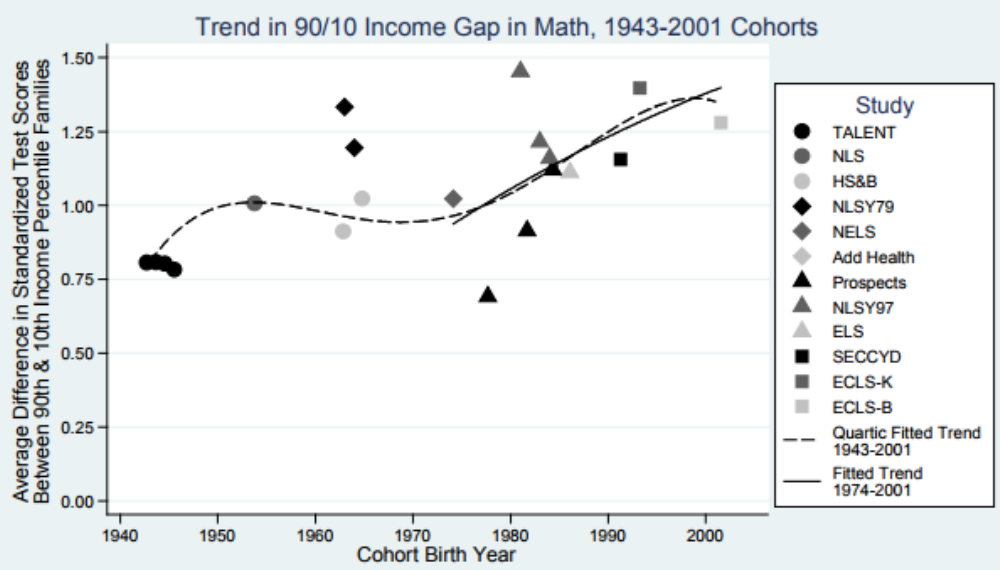
Opportunity Gaps and School Readiness

☐ What does this look like as kids enter kindergarten?

◻ Low-income students are on average 11-13 months behind more affluent peers in math and literacy skills respectively at kindergarten entry[3,4]

◻ These gaps generally persist throughout school[5]

Opportunity Gaps and School Readiness

☐ Low-income students are more likely to:

- ☐ Trail in adaptive school readiness skills and health status.[6]
- ☐ Attend a school that is of lower quality (ineffective and inexperienced teachers, fewer resources, more students living in poverty).[7]
- ☐ Be twice as chronically absent (10% or more).[8]
- ☐ Face hunger, homelessness, housing insecurity and lack of access to quality healthcare.[9]
- ☐ Experience Adverse Childhood Experiences (ACEs) such as abuse, neglect, neighborhood violence and more, leading to toxic stress, and negative health and educational outcomes[10]

Intergenerational poverty

Income Quintile of Children When They Grow Up Relative to Their Parents' Income Quintile
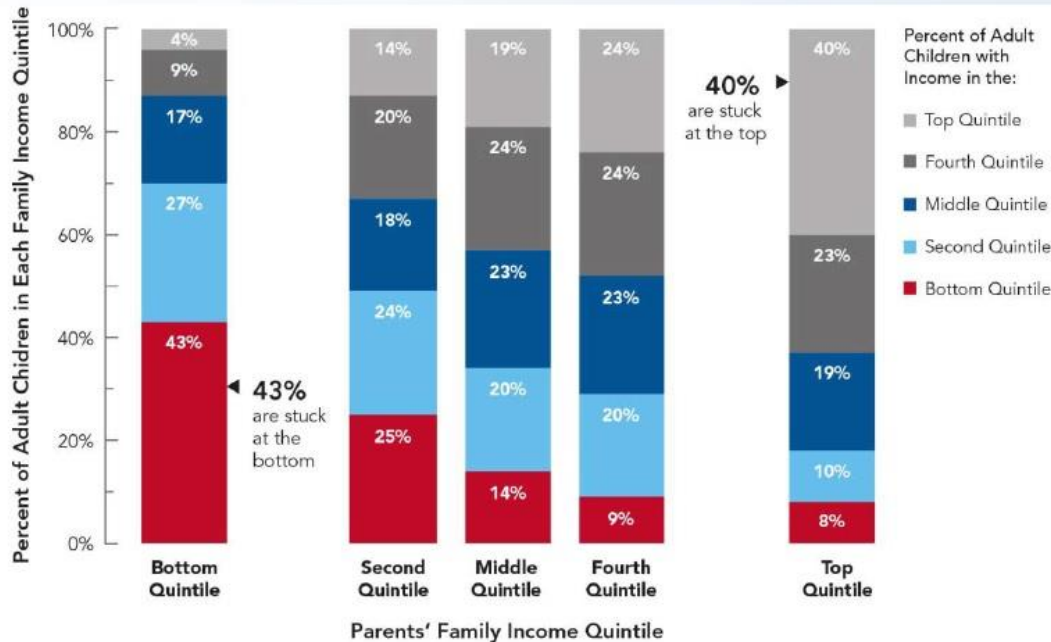
Note: Numbers are adjusted for family size.

Haskins, R. (2017). Opportunity, Responsibility and Security: Reducing Poverty and Increasing Economic Mobility. A Presentation at the Economic Opportunity for Families: A Leadership Forum for State Legislators, June 6, 2017. Denver, CO: National Conference of State Legislatures.

NATIONAL CONFERENCE of STATE LEGISLATURES

High Quality Pre-K

- Especially beneficial for low-income, minority and English learner students

- Larger and longer lasting impacts for disadvantaged children in literacy at K entry, and literacy and math at end of 1st grade[11]

- Enhanced outcomes in math, literacy and attendance and decreased discipline referrals in 4th grade[12]

- Return on investment: from 2.5:1 to 4:1 (conservative estimates)[13] and range up to 13:1[14]

- Can reduce kindergarten entry gap by 27% in math and 41% in reading[15]

Side note: Fadeout

☐ Fadeout/Convergence of Preschool Effects: Hypotheses

  ◻ Children benefit from preschool but then receive redundant instruction in elementary school.

  ◻ Quality of preschool programs is not sufficient to create a large enough impact that will be sustained.

  ◻ Children transition into lower quality elementary school settings.

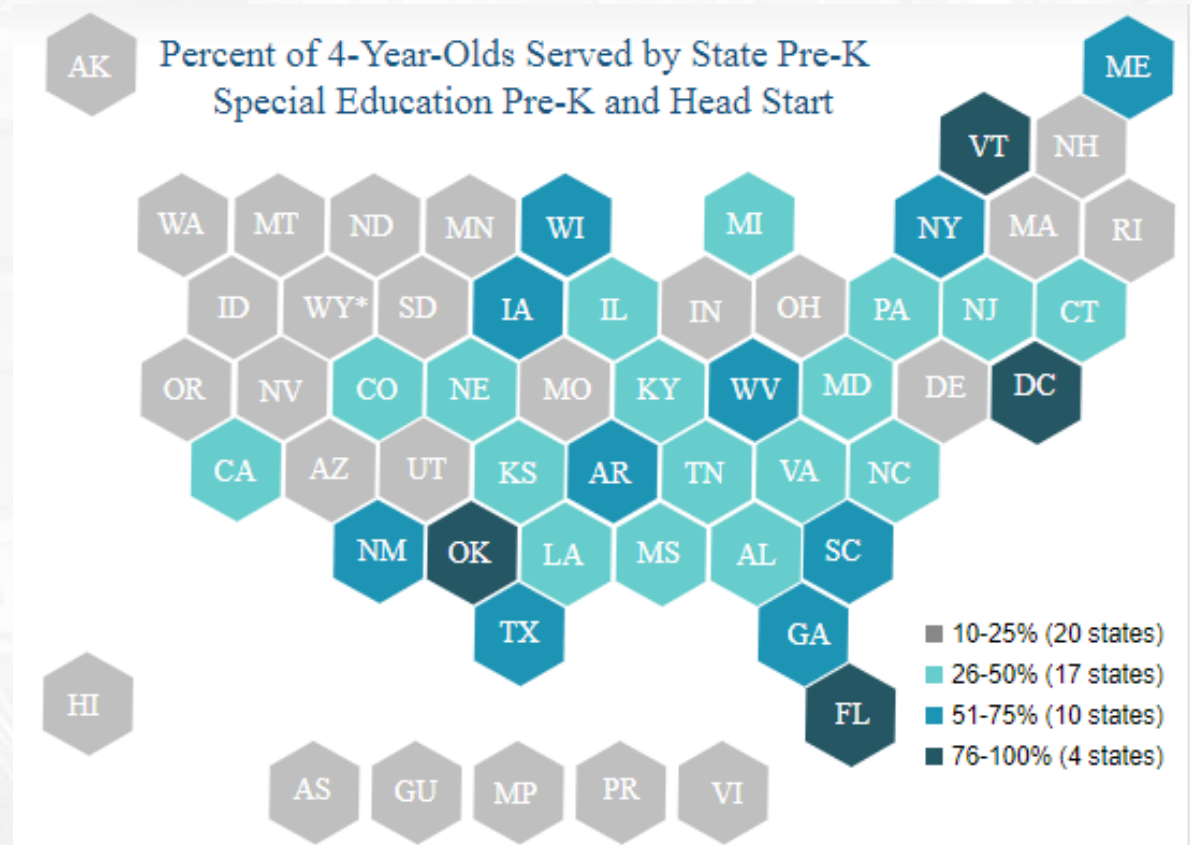 ◻ Children attend kindergarten with many children who did not go to preschool.[16]

Legislative Actions

☐ High quality Pre-K

☐ Quality kindergarten-3rd grade continuum

☐ School turnaround strategy

☐ Trends

☐ Final policy considerations

High Quality Pre-K

☐ State Actions

☐ ESSA options

Percent of 4-Year-Olds Served by State Pre-K Special Education Pre-K and Head Start

- 10-25% (20 states)
- 26-50% (17 states)
- 51-75% (10 states)
- 76-100% (4 states)

High Quality Pre-K

- Identify Gaps
  - Needs assessments
  - Reporting: # and % enrolled in Pre-K
  - Increase access (based on reporting transparency)
- ESSA State Plans (Title I): How SEAs will assist districts and elementary schools to support Pre-K programs.
- Focus on research-based structural and process elements
  - Structural: Observable and can be regulated
  - Process: Interactions and processes occurring in classrooms (harder to measure and regulate)

High Quality Pre-K

□ ESSA state plans :

- Disaggregated data on Pre-K enrollment (Colorado)
- Long-term goals: Readiness assessment in K (Illinois)
- Accountability: Appropriate assessments and screeners (Louisiana and Massachusetts)
- Student-centered: Developmental screening and support for social emotional development (Delaware and Iowa)
- Teacher supports: Early childhood education focused professional development (Arizona and Michigan)

High Quality Pre-K

☐ Legislative Examples:

▫ Virginia House Bill 47 (2016): Establishes a mixed-delivery preschool fund and grant program. Awards community applicants to field-test innovative strategies and evidence-based practices to support a robust system (includes public-private partnerships, P^3).

▫ Washington Senate Bill 5107 (2017): Attempts to reduce barriers to encourage more local participation and support to Pre-K from school districts, local government and higher education institutions (e.g. investments to build capacity and quality, grants and contributions from community sources).

Quality Kindergarten-3rd Grade Continuum

Transitions

- Plan required for Title I preschools (ESSA)
- Activities that increase coordination between Pre-K provider and school district (kindergarten):
    - Systemic procedure for receiving records
    - Communication channels
    - Teacher collaboration
    - Professional development around effective transitions

Full-Day Kindergarten

Required   Not required
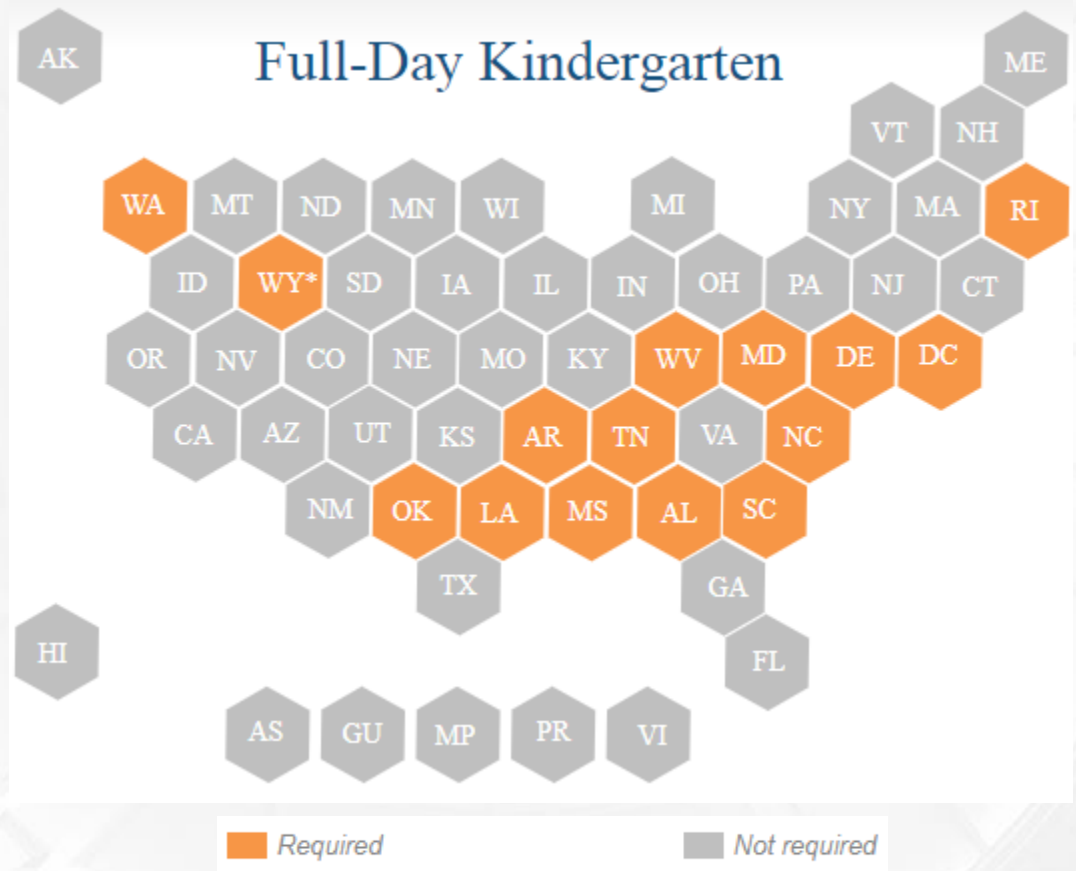
Quality Kindergarten-3rd Grade Continuum

☐ Legislative examples:

▪ North Carolina House Bill 13 (2017): Phases in a cap for the maximum size of K-3 classrooms (K=1:18, 1=1:16, 2 & 3=1:17).

▪ Utah House Bill 168 (2017): Provides grants to public school districts to implement a research-based supplemental enrichment kindergarten program for students experiencing intergenerational poverty

School Turnaround Strategy

- Use early learning as a core school turnaround strategy (Title I schools)
  - Integrate Pre-K through 2nd grade into state accountability system used to identify low-performing schools (ESSA 5th indicator)
  - Pre-K through 3rd grade alignment and capacity building[17]
- [Colorado Senate Bill 17-103](#) (Enacted in 2017)
  - Technical assistance to schools designated for improvement (e.g. Pre-K needs assessment (within neighborhood of school), structural K-3 elements, and assisting with turnaround plan)
  - Enhanced accountability and reporting (e.g. students enrolled in QRIS programs, coordinate with Early Childhood Council, home visiting, K-3 teachers have early childhood credentials, etc.)
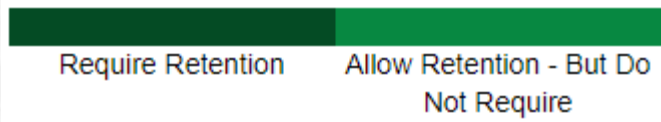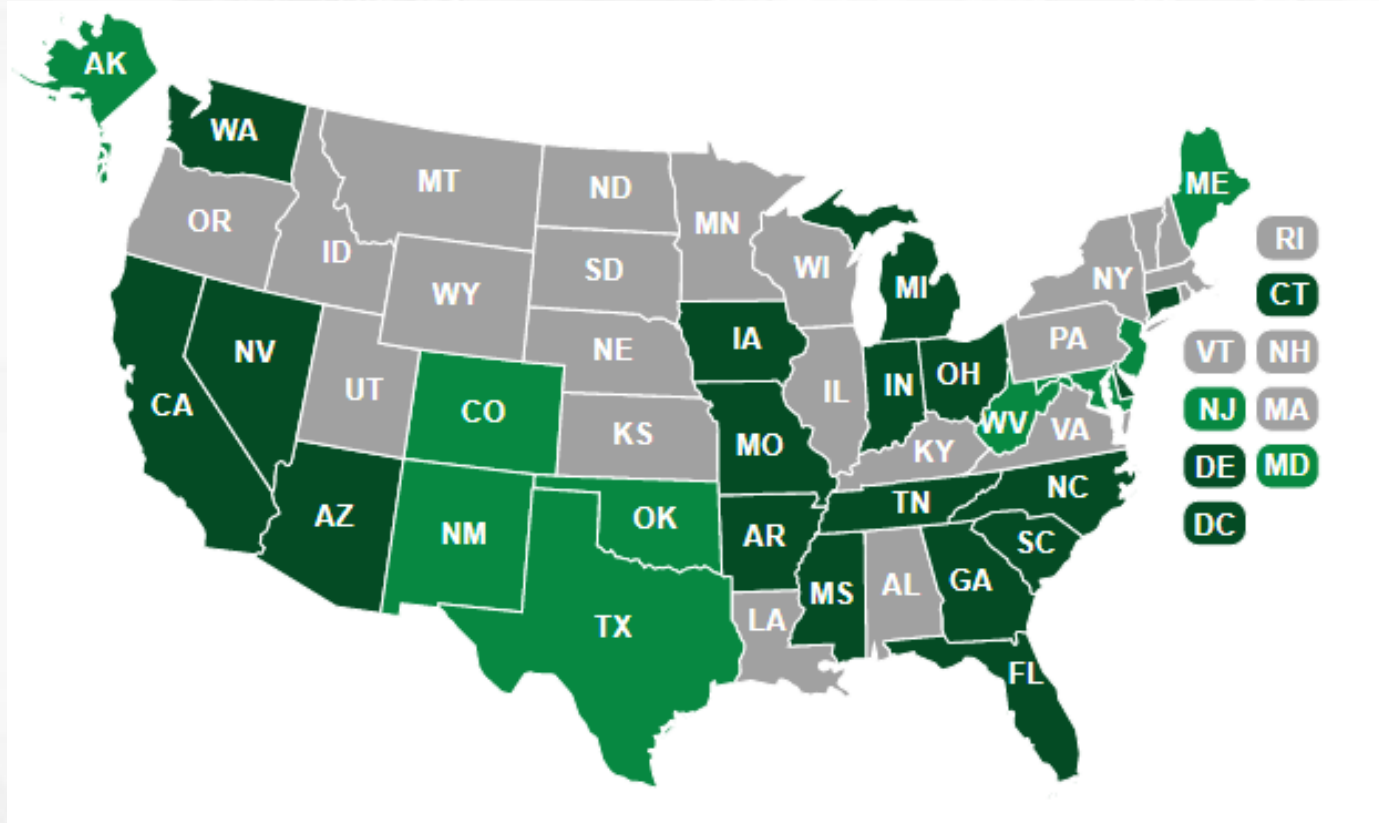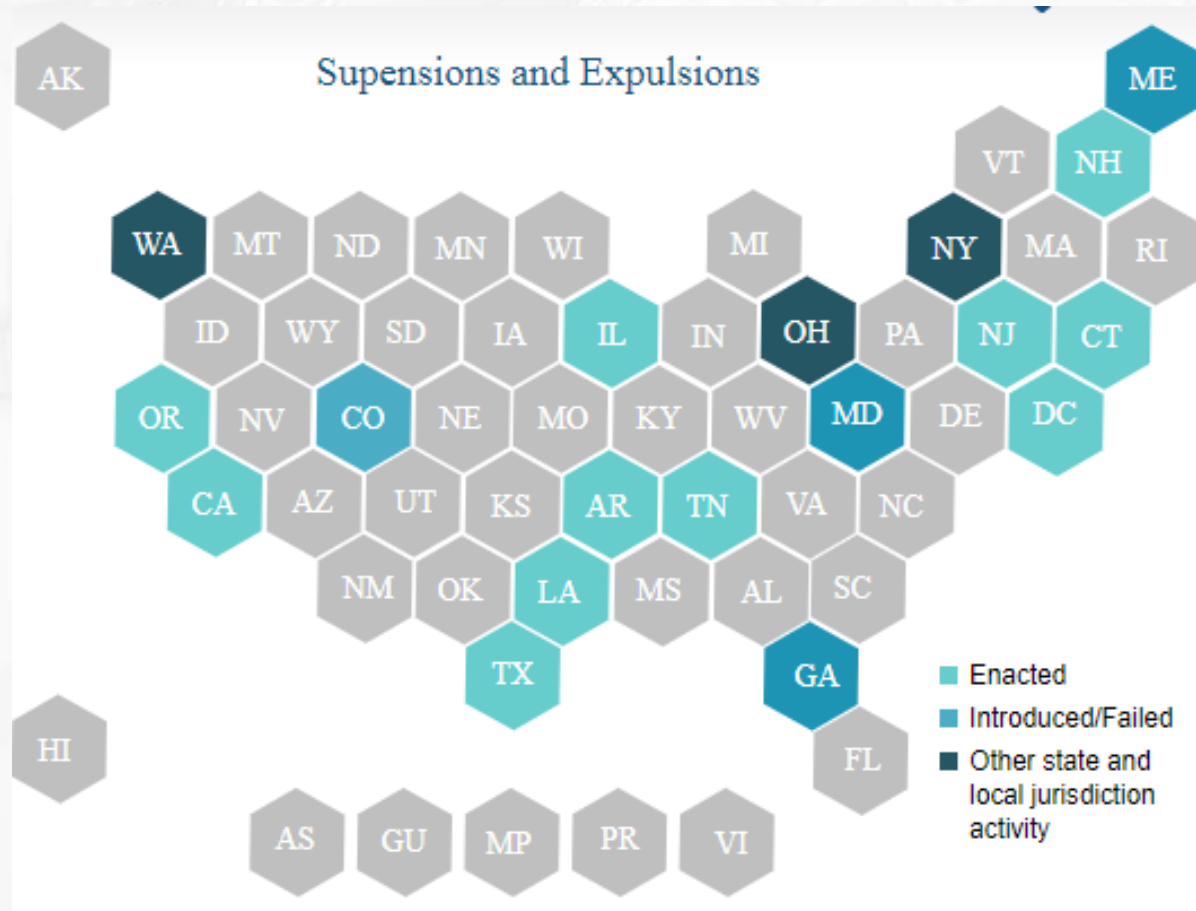
Trends

☐ Third grade reading proficiency

☐ Prohibiting suspension and expulsion in early grades (Preschool-3rd)
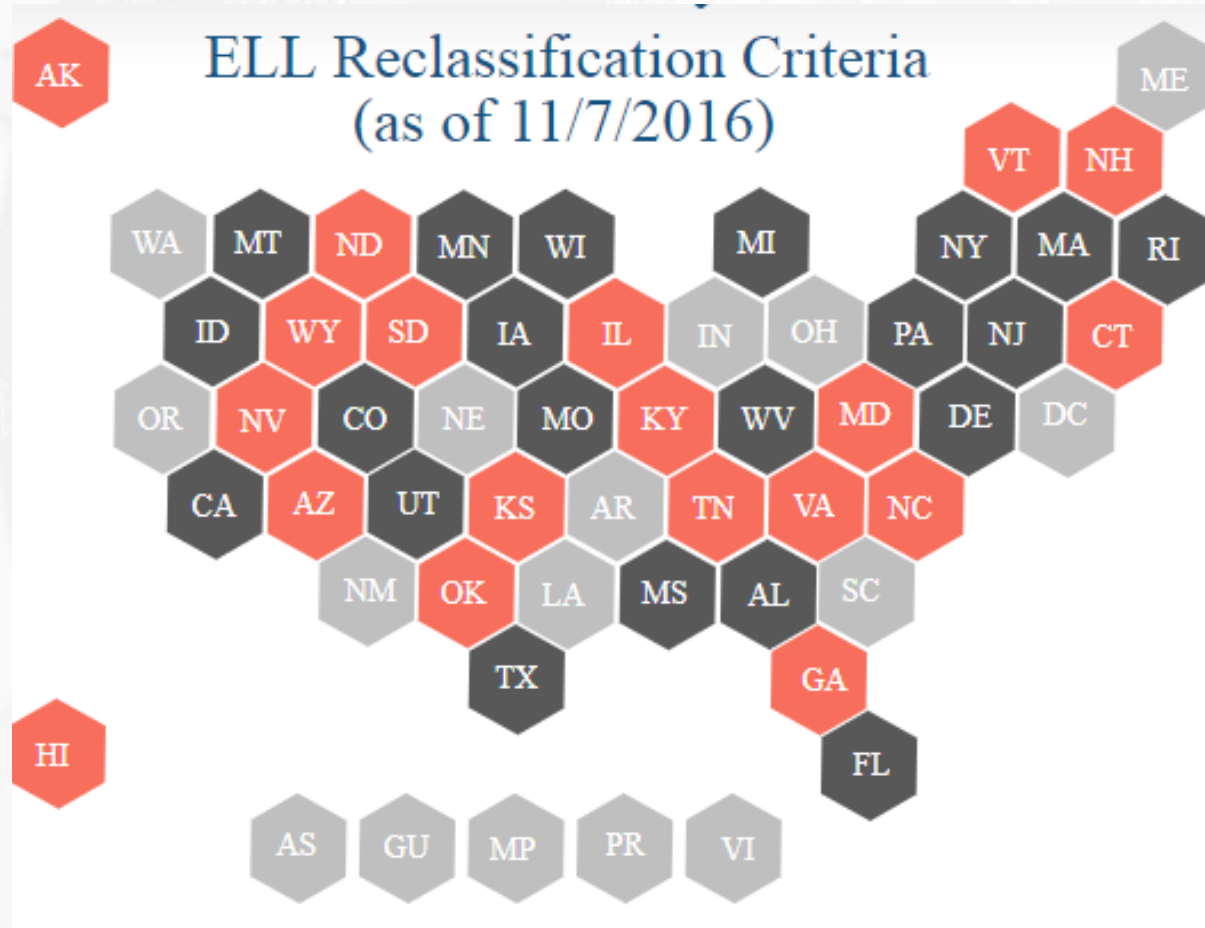
☐ English learner education

Trends: Third Grade Reading

Require Retention   Allow Retention - But Do Not Require

Trends: Prohibiting Suspension and Expulsion

Supensions and Expulsions

Legend:
- Enacted
- Introduced/Failed
- Other state and local jurisdiction activity

English Learner Education

Other Potential Solutions

☐ Equitable access to excellent educators

☐ ESSA 5th indicator

☐ Community schools/wraparound services

☐ Per-Pupil Expenditure Reporting Requirement

Final Thoughts-Key Policy Considerations

☐ No silver bullets

☐ Think comprehensively, but focus on 2-3 priority areas for targeted reform

☐ Think long-term
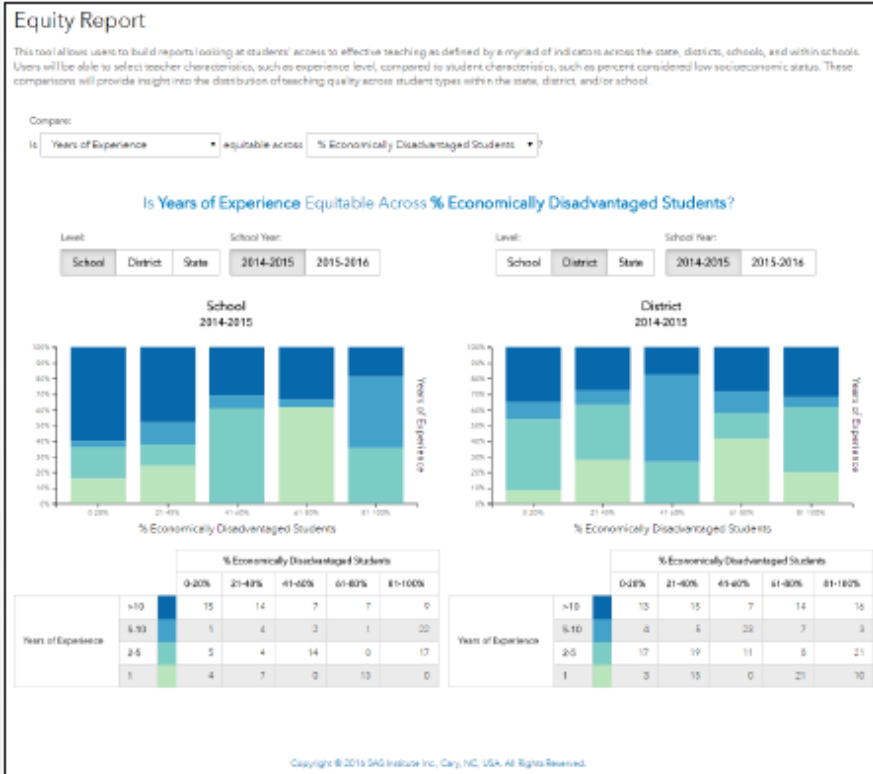
SAS-Data Tools

Figure 1: Teachers Years of Experience compared to % Economically Disadvantaged Students

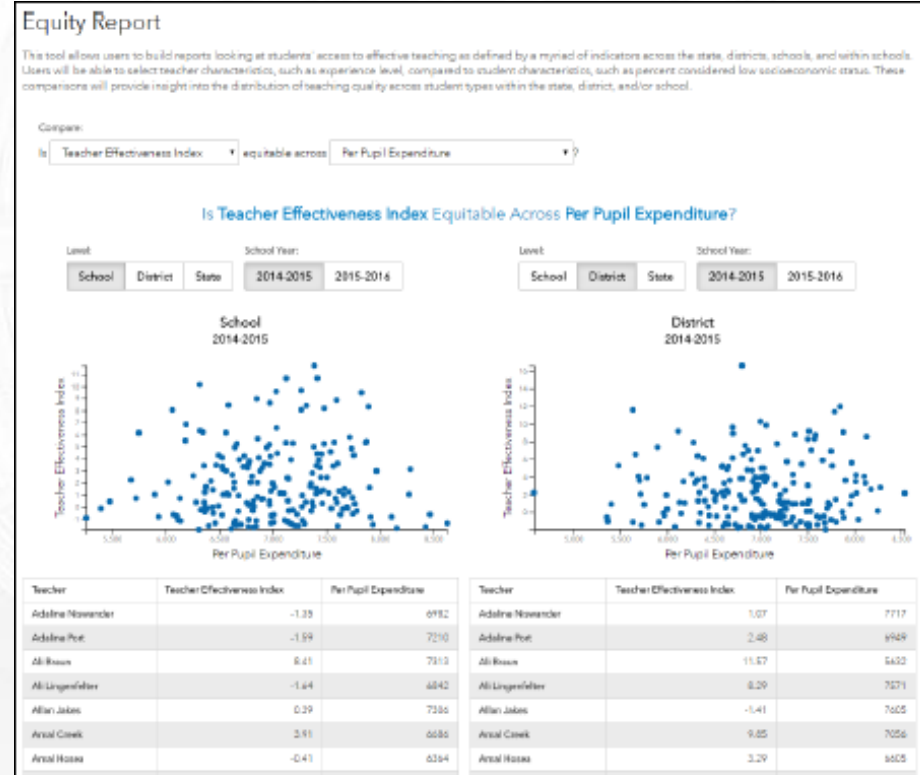Figure 2: Teacher Effectiveness Index Compared to Per Pupil Expenditure

NATIONAL CONFERENCE *of* STATE LEGISLATURES

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http://www.ncsl.org/research/education
/early-learning.aspx

NATIONAL CONFERENCE *of* STATE LEGISLATURES

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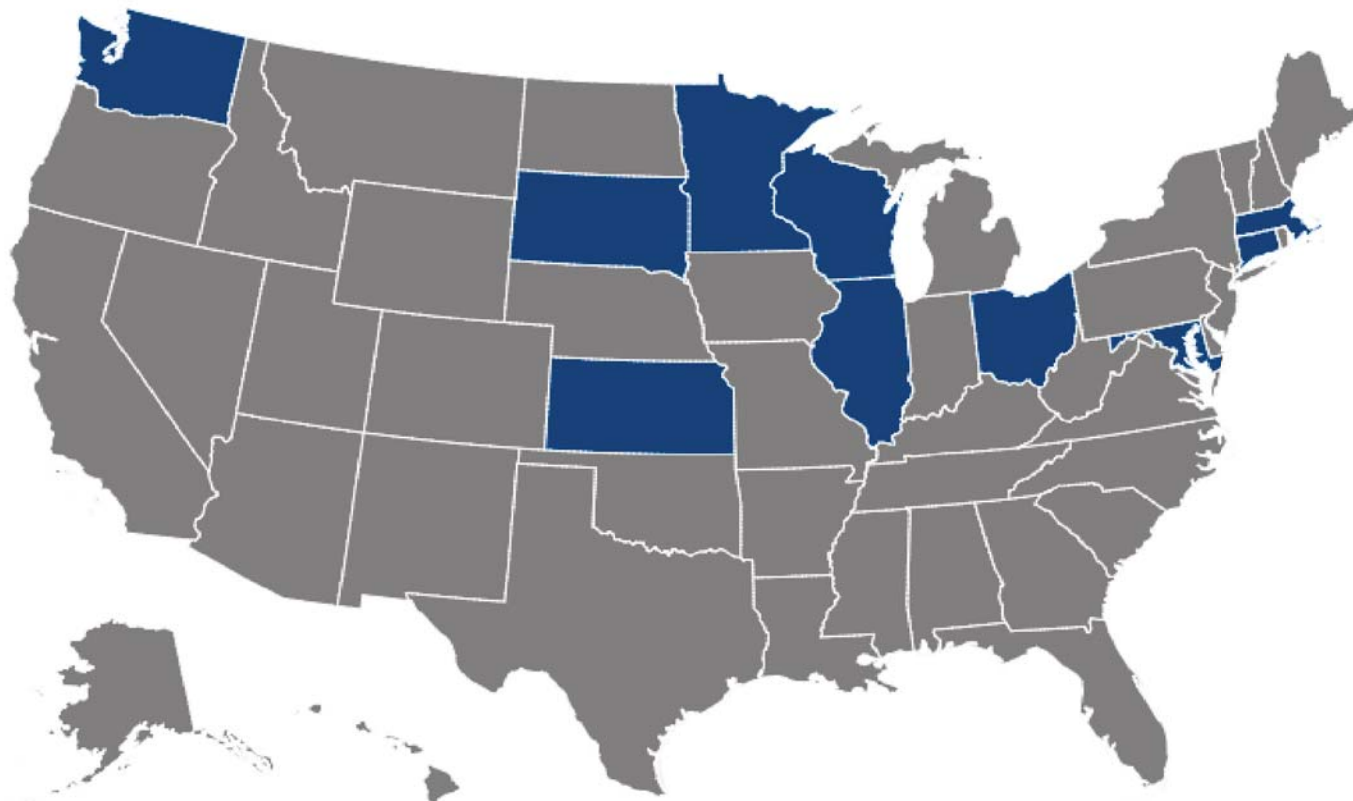
Tackling the Achievement Gap

Examples from Connecticut, Massachusetts, Washington, and Wisconsin

CSG | **The Council of State Governments**

- Founded in 1933
- CSG is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy.
- CSG aims to:
  - · Pursue priorities of member states
  - · Be nonpartisan and inclusive
  - · Be a respected and trusted source for best practices and policy expertise
  - · Convene leader to leader interactions and foster leadership development
  - · Facilitate multistate solutions

State	Task Force	Year Introduced	Branch Initiated	Point of Contact
Connecticut	Achievement Gap Task Force	2010	Legislative	Senator Toni Harp
Illinois	Illinois School Success Task Force	2013	Legislative	Representative William Davis
Kansas	Closing the Achievement Gap Task Force	2012	Executive	Commissioner Randy Watson
Maryland	Task Force on the Education of Maryland's African-American Males	2007	Executive	Vice-President Dunbar Brooks
Massachusetts	Proficiency Gap Task Force	2009	Legislative	Paul Sagan, Chair
Minnesota	INTEGRATION REVENUE REPLACEMENT ADVISORY TASK FORCE	2011	Executive	Commissioner Brenda Cassellius
Ohio	Education-Poverty Task Force	2017	Legislative	Representative Bob Cupp
South Dakota	Native American Student Achievement Advisory Counci	2015	Executive	Representative Shawn Bordeaux
Washington	Educational Opportunity Gap Oversight and Accountability Committee	2011	Legislative	Representative Lillian Ortiz-Self
Wisconsin	State Superintendent's Task Force on Wisconsin's Achievement Gap	2014	Executive	State Superintendent Tony Evers

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Connecticut: Achievement Gap Task Force

- Outside the Schoolhouse
  - Family economic stability
  - Affordable housing
  - Family engagement
  - Early care and education
  - Social Emotional Health Prevention and Intervention
  - Hunger and food insecurity

Connecticut: Achievement Gap Task Force

- Inside the Schoolhouse
    - Administrator and teacher hiring and retention in under-performing schools
    - English language learners
    - Use of curriculum in closing achievement gaps in low-performing schools
    - Role of time in closing achievement gap
    - Creativity and innovation and achievement gap synopsis
    - Chronic absence
    - Reading
    - School climate and the achievement gap
    - Find the missing advanced placement students

Connecticut: Achievement Gap Task Force

- Inside Higher Education
  - Leaders that close the gap: Administrator Preparation and Development
  - Highly effective teacher preparation programs
- Inside State Government
  - Students in state care

Connecticut: Minority Teacher Recruitment Task Force

- Minority Teacher Recruitment Task Force
  - Students of color are less likely to drop out of high school and more likely to pursue college if they have at least one minority teacher (Institute of Labor Economics)
  - Goal to hire 1,000 minority teachers by 2021
- Interagency Council for Ending the Achievement Gap

Connecticut: Legislative Action

- PA 10-11 (2010)
  - Creates task force
- PA 11-85 (2011)
  - Directs task force to develop master plan
  - Implement fair and equitable funding formula
  - Permits local school boards to increase number of school days in each year and hours in each day
- PA 12-116 (2012)
  - Increased per-pupil funding for certain schools
  - Created intensive K-3 reading intervention program
  - Required schools and districts to devise academic improvement plans
  - Required the commissioner to select up to 25 schools that must have turnaround plans

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Massachusetts: Proficiency Gap Task Force

- Introduced in 2009
- Four Recommendations
    - Assessment Objectives
    - Operational Structure
    - Interventions
    - Best Practices

Massachusetts: Diversity Task Force

- Developed in 2013
- Two goals
  - Increase the diversity of the educator workforce
  - Decrease the disproportionate number of suspensions and expulsions of students of color
    - Black students received 43% of out-of-school suspensions and 39% of expulsions although they only made up 8.7% of the students enrolled.
- Ten Recommendations

Massachusetts: Gateway Cities Education Agenda

- Developed in 2013
- Focused on students of color, students living in poverty, students with disabilities, and ELLs.
- Targets "gateway cities"
- Goals
  - Improve third-grade reading proficiency
  - Provide support for ELLs
  - Prepare students for 21st century workforce

Massachusetts: Legislative Action & Budget Measures

- SB 224 (2010)
  - Turnaround process
  - Teacher dismissal
  - Charter Schools
- Budget Measures
  - $15 million in early childhood education programs
  - Adult college transition
  - Funding to public universities and colleges to avoid tuition and fee increases.
  - Requirements and funding for teacher training in math and science.
  - Funding for a nonprofit organizations

Washington: Educational Opportunity Gap Oversight and Accountability Committee

- First convened in 2009
- Yearly policy recommendations
- Topics regularly appearing on committee's reports
  - Educators of color
  - Enhance cultural competence
  - Family and community engagement initiatives.
  - ELL's
  - Disciplinary Actions

Washington: Legislative Action

- SB 6002 (2014)
- Legislature including funding for "strategies to close the opportunity gap" in state's appropriations bill
- Funding for
    - Alternative instruction for expelled students.
    - Professional development content for cultural competence.
    - ELL task force
    - Professional standards board examination of language acquisition principles.
    - Cultural competence standards for career and technical education courses.
    - Cultural competence in the state's teacher and administrator evaluation program.

Wisconsin: Agenda 2017

- Task force convened in 2014 to address achievement gaps with target goals to achieve by 2017
- Focus areas include:
    - Effective instruction
    - Student-teacher relationships
    - Family and community engagement
    - School and instructional leadership

Additional Strategies: Year Round Education

- Combating the "summer slide"
- As of February 2014, 4.1 percent of all public schools and 8.4 percent of charter schools are operating on a year-round calendar cycle.
- Virginia
  - 7.7 million in grants to 66 schools in 2016 awarded for year round schooling
- North Carolina
  - Provides step-by-step guidance on how to implement year-round education.

CSG **The Council of State Governments**

Additional Strategies: Higher Education

- Wisconsin: Emergency grants.
  - Wis. Stat § 36.66
- Minnesota: Childcare grants.
  - Minn. Stat. § 136A.125

Overarching Themes

- Professional development for teachers in low-performing schools and districts.

- Recruit and retain teachers and administrators of color.

- Assisting English language learners (ELLs) and ELL teachers through special programs and extra training.

- Housing and food insecurities.

- Expanding early childhood education programs.

- Alternative disciplinary actions to suspensions or expulsions, as they disproportionately affect students of color.
  - CSG Justice Center Report: Breaking School Rules

The Council of State Governments

THE SPEAKER'S TASK FORCE ON
EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

September 28, 2017 Meeting

10:30 AM — Verne Riffe Center, 31st Flr. West Room BC
Columbus, Ohio 43215

Agenda

1. Call to Order

2. Chairman's welcome

3. Presentation from Ohio's Superintendent of Public Instruction, Paolo DeMaria

4. Presentation from Dr. Howard Fleeter, Consultant to the Ohio Education Policy Institute

5. Discussion

6. Adjournment

Please note: This is a government building. Please make sure to bring a valid ID when checking in with security to receive a Visitor's Badge

Task Force on Education and Poverty

Paolo DeMaria

Superintendent of Public Instruction

Overview of Presentation

Setting the Stage: Poverty Matters

Step 1: Identify and Acknowledge Achievement Gaps

Step 2: Find and Understand Success

Step 3: Causes and Improvement Strategies

Poverty Matters

Daily Impacts of Poverty

Economic instability

Adverse health issues

Food insecurity

Housing instability and homelessness

Impacts of Poverty on Students

Stress

Trauma

Readiness

Ohio | Department of Education

21%

of Ohio's children live in poverty.

2015 U.S. Census, Small Area Income and Poverty Estimates

Students who meet at least 1 of 4 conditions are reported as Economically Disadvantaged:
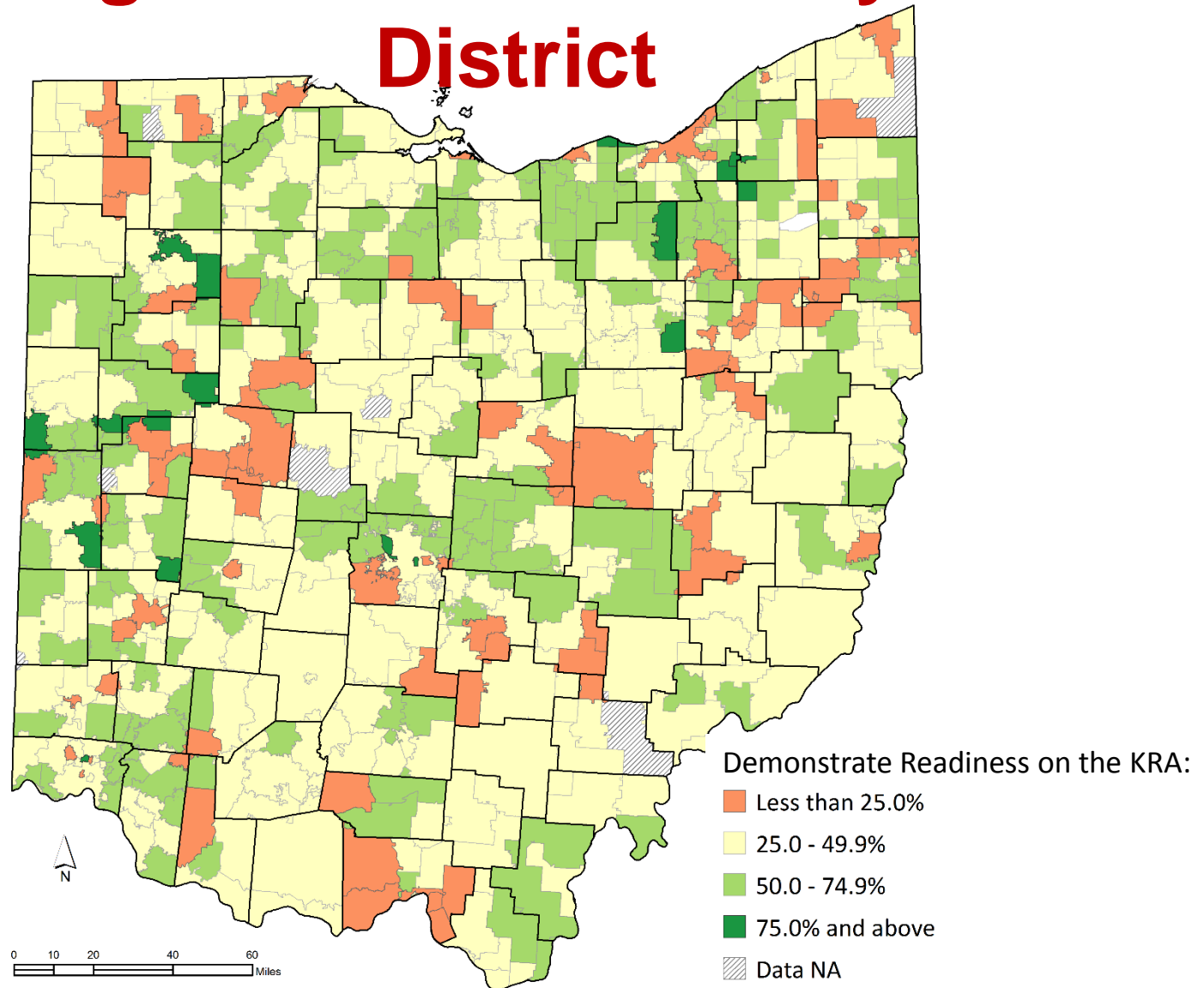
1) Eligibility for free or reduced-price lunch
2) Resident of a household in which a member is eligible for free or reduced-price lunch
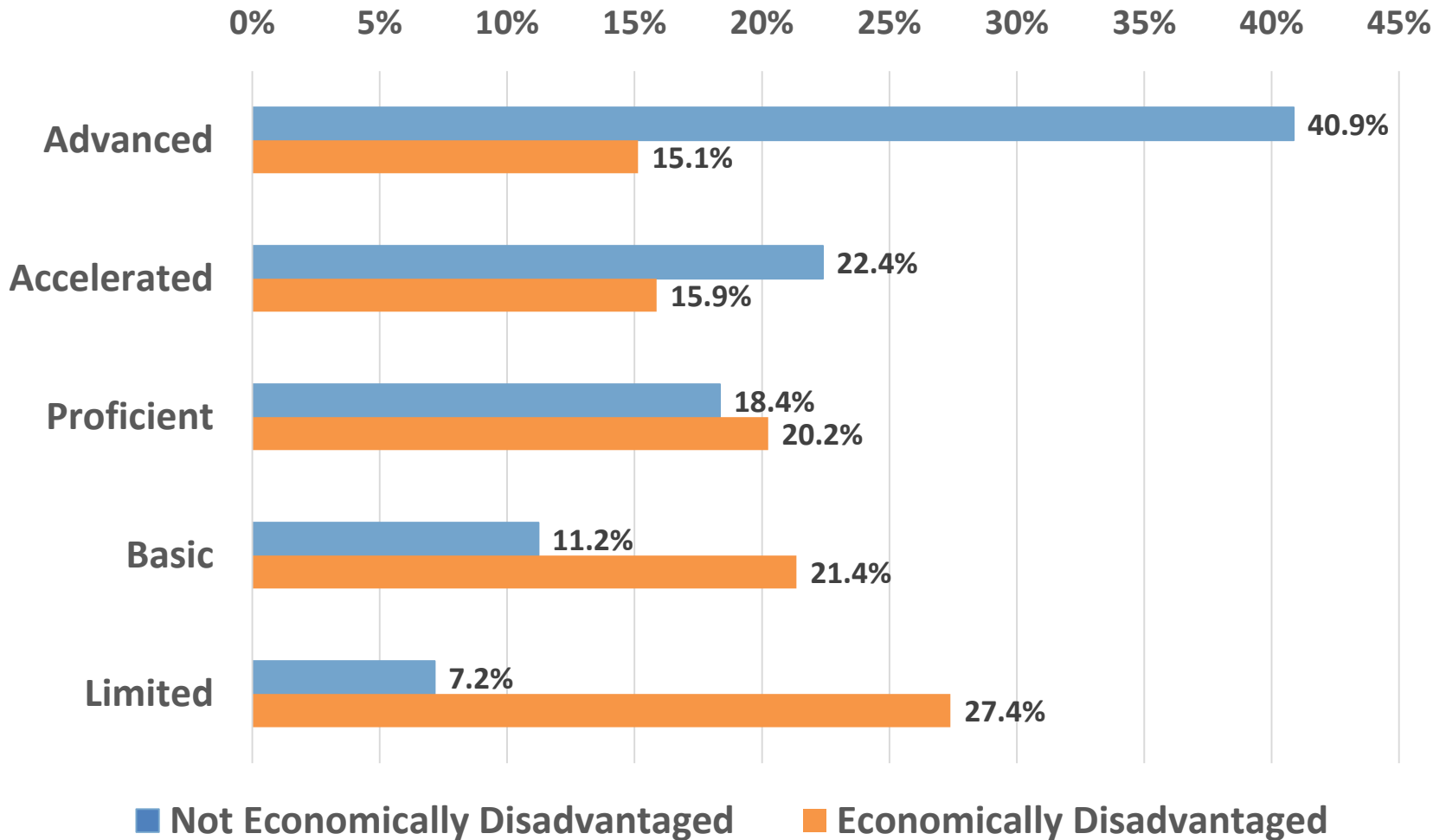3) Receiving public assistance
4) Title I application

50.9%

2016-2017

Ohio | Department of Education

Step 1: Identify and Acknowledge Achievement Gaps

Kindergarten Readiness by School District

Demonstrate Readiness on the KRA:
- Less than 25.0%
- 25.0 - 49.9%
- 50.0 - 74.9%
- 75.0% and above
- Data NA

0 10 20 40 60 Miles

N

Third Grade Achievement
English Language Arts

4-Year Graduation Rate
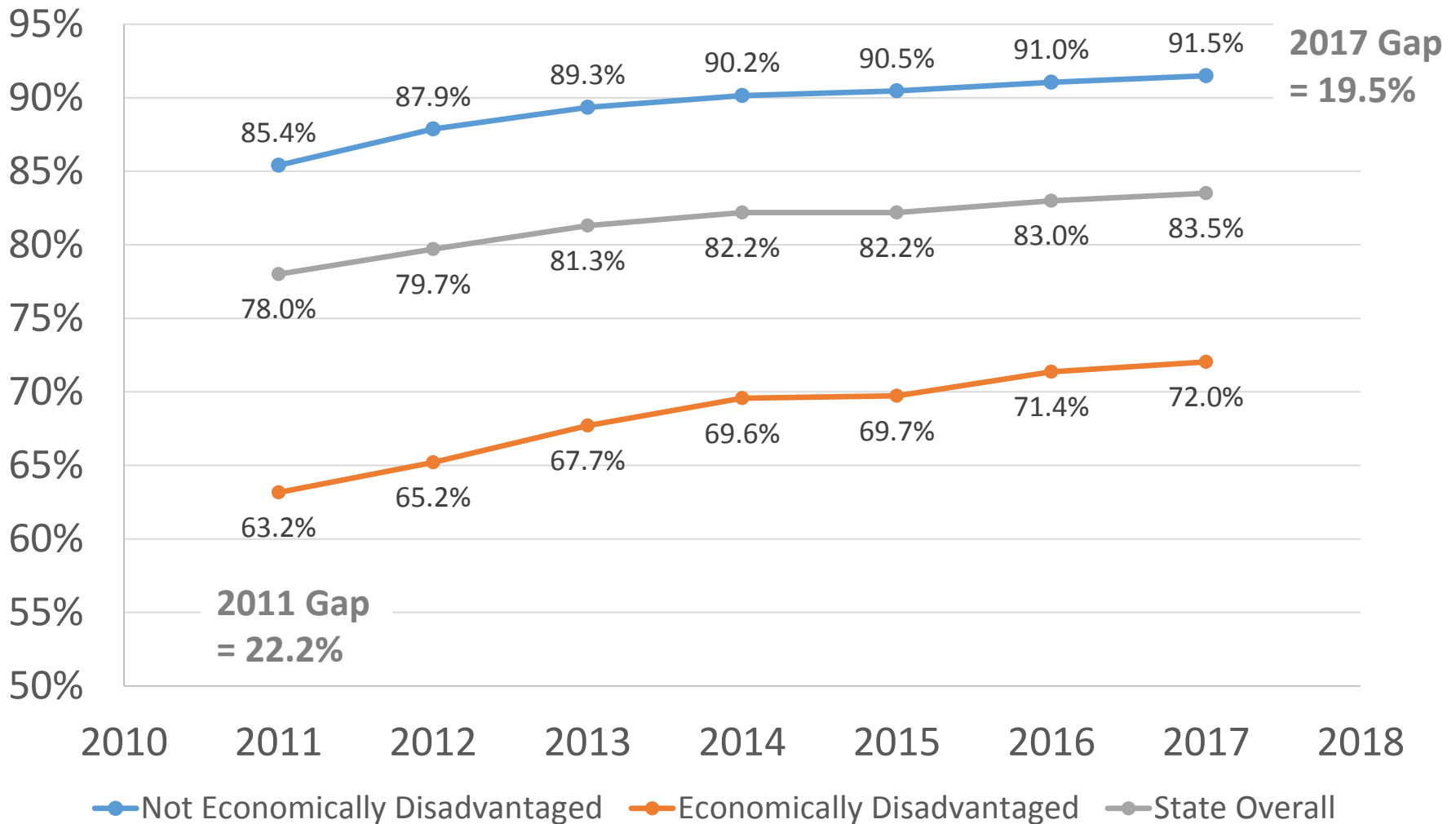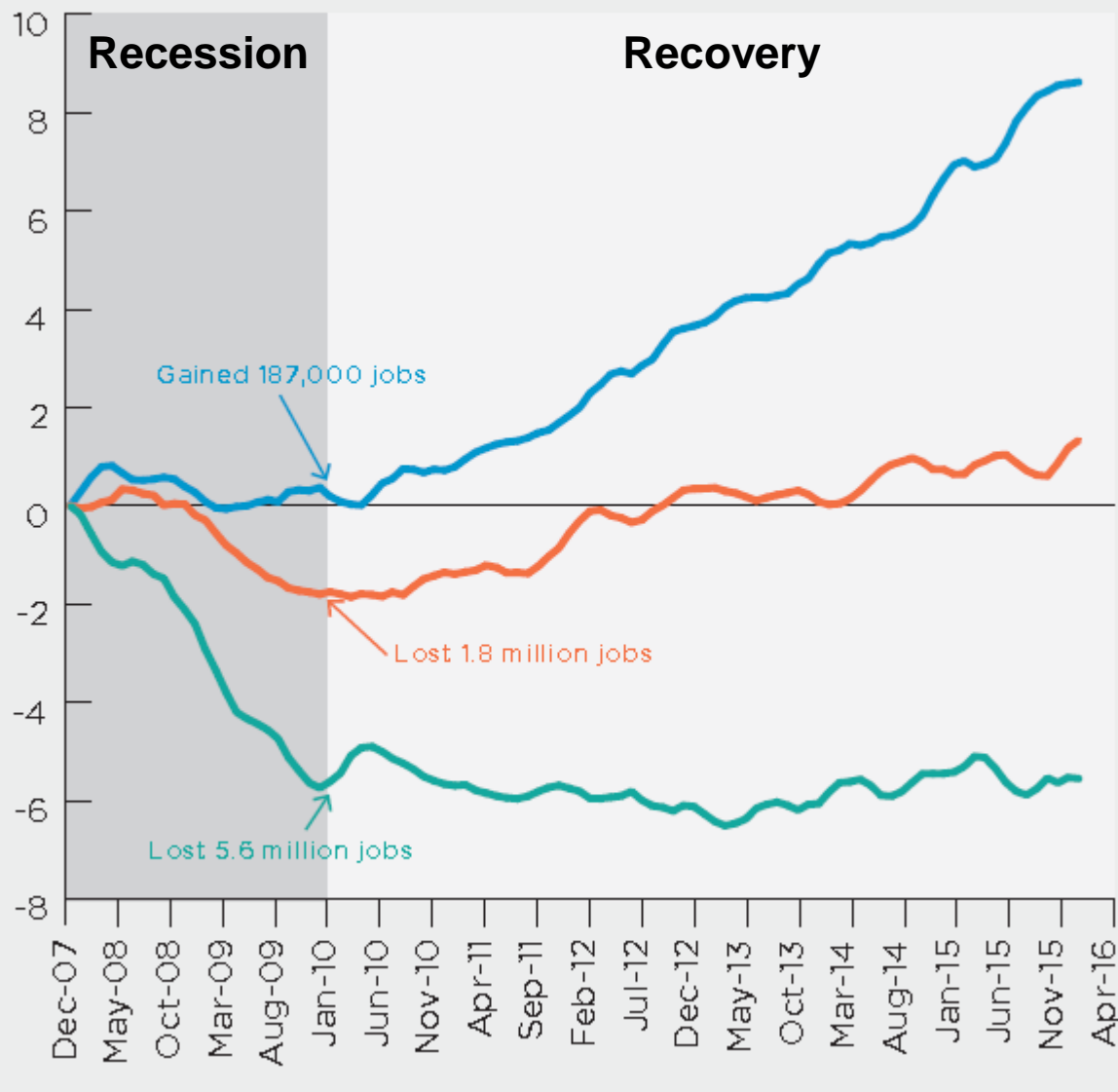
Georgetown University Center on Education and the Workforce

Step 2: Find and Understand Success

Third Grade Achievement English Language Arts

Bar chart comparing achievement levels between Not Economically Disadvantaged (blue) and Economically Disadvantaged (orange) students.

Achievement Level	Not Economically Disadvantaged	Economically Disadvantaged
Advanced	40.9%	15.1%
Accelerated	22.4%	15.9%
Proficient	18.4%	20.2%
Basic	11.2%	21.4%
Limited	7.2%	27.4%

■ Not Economically Disadvantaged ■ Economically Disadvantaged
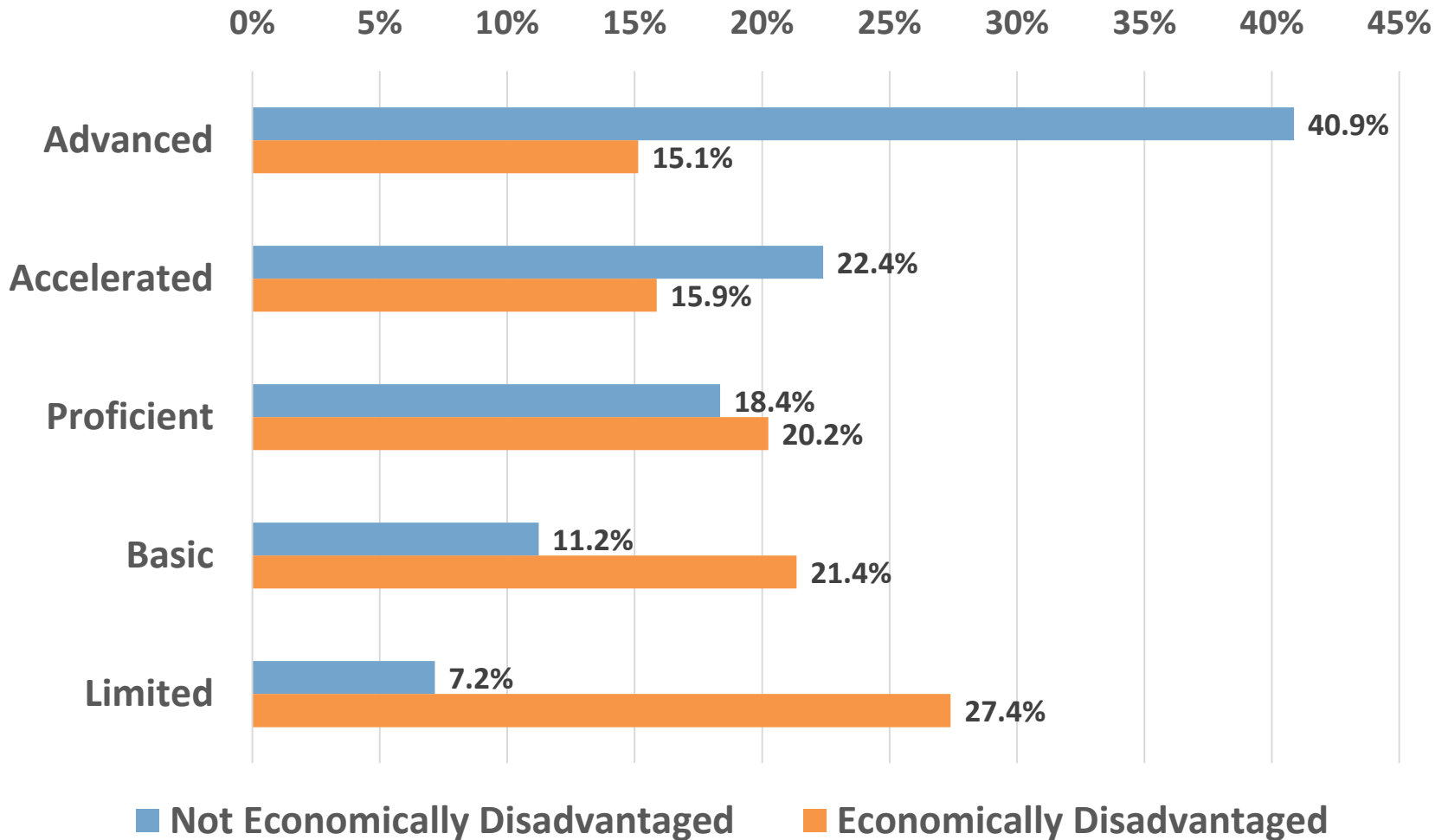
Achievement Successes
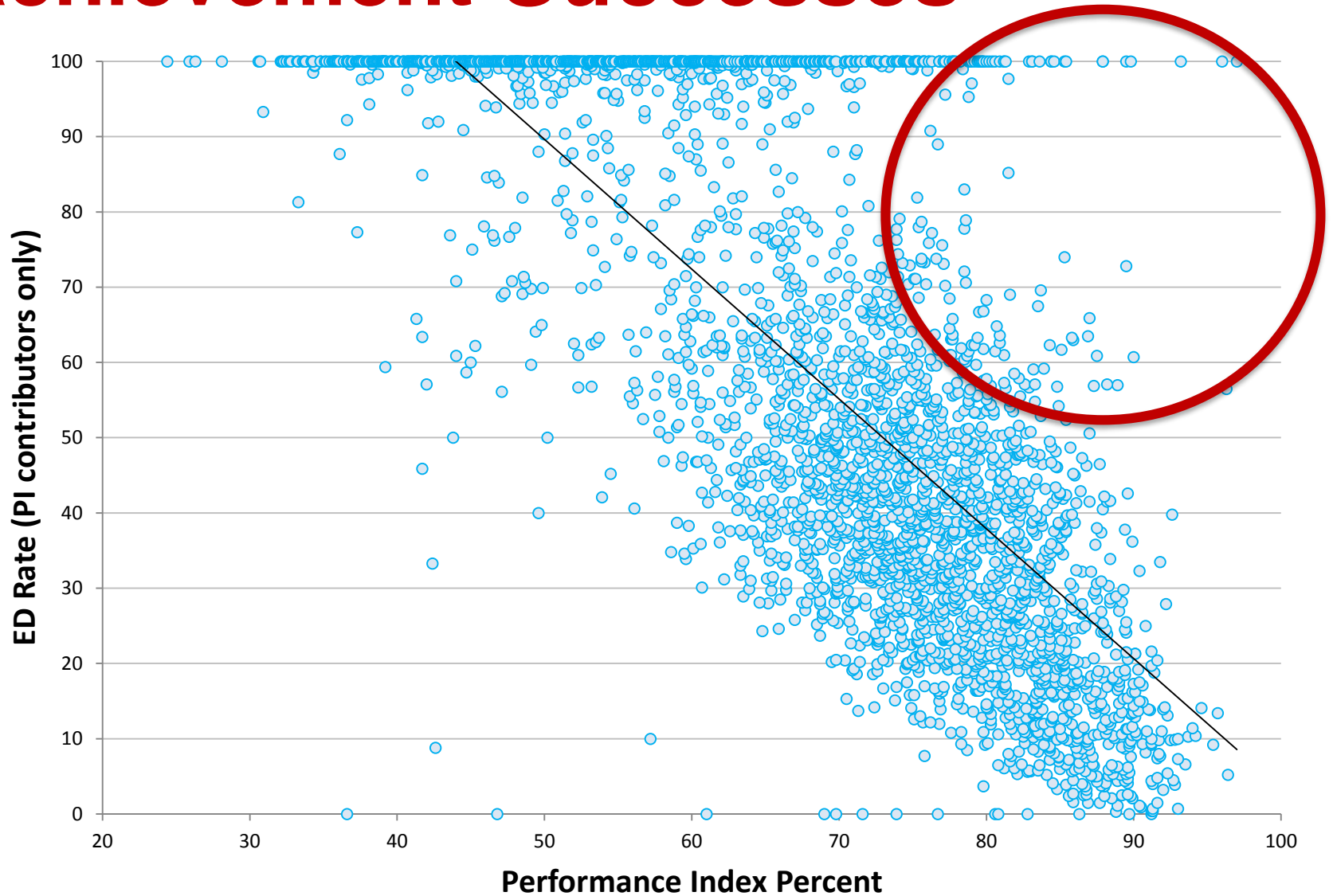
Growth by Economically Disadvantaged 2016 School Data

Growth Index

Percentage Economically Disadvantaged

East Garfield Elementary School
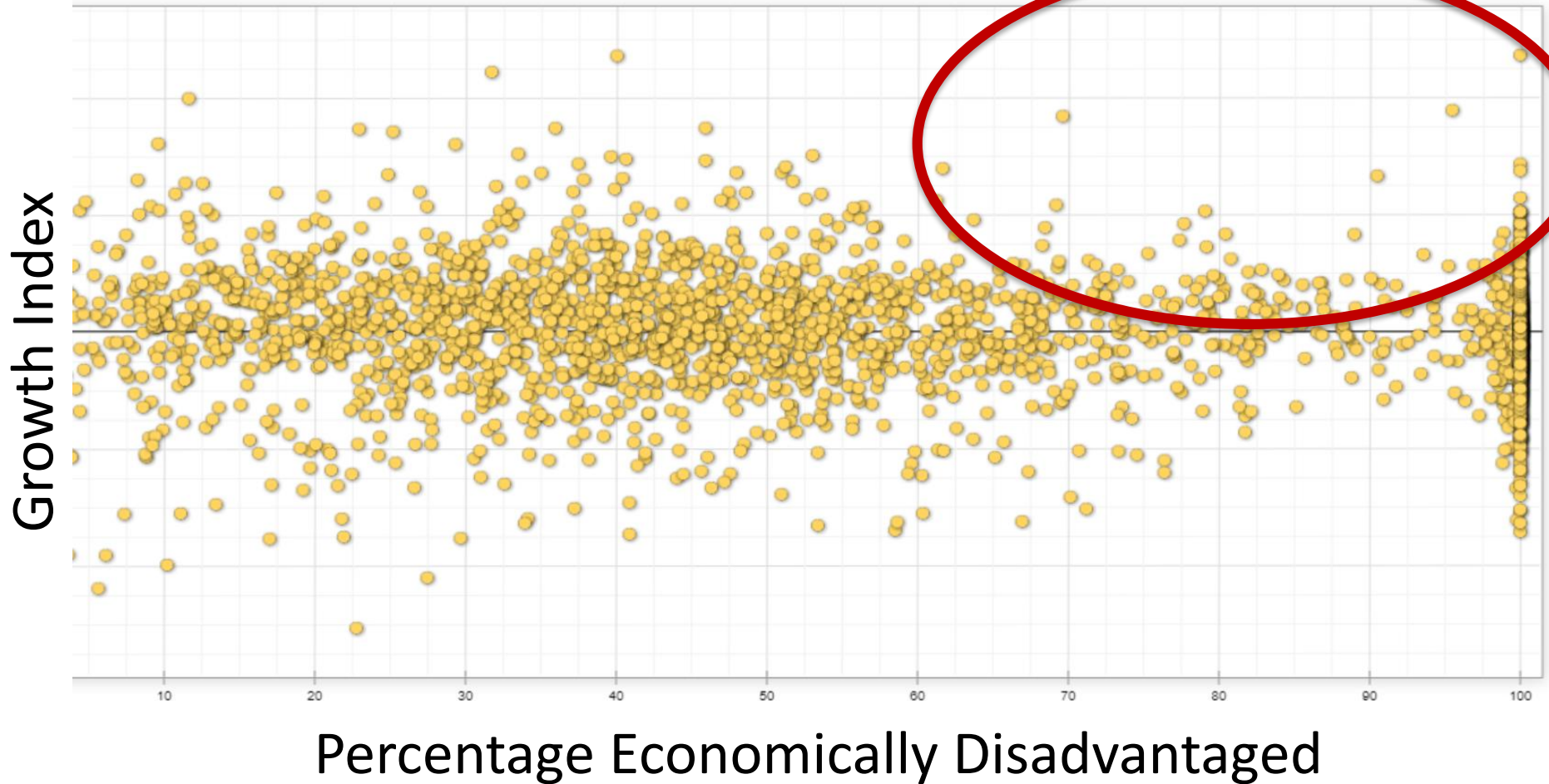
| Overview | Achievement | Progress | Gap Closing | Graduation Rate | K-3 Literacy | Prepared for Success |

SCHOOL GRADE
Coming in 2018

SCHOOL DETAILS

VIEW DISTRICT
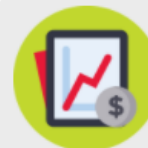
Financial Data
These measures answer several questions about spending and performance. How much is spent, the source of the revenue and how do these measures compare across districts?

VIEW DATA

Achievement
The Achievement component represents the number of students who passed the state tests and how well they performed on them.

Performance Index
93.2%...A

Indicators Met
100.0%...A

COMPONENT GRADE

A

VIEW MORE DATA

VIEW GIFTED DATA

Progress
The Progress component looks closely at the growth that all students are making based on their past performances.

Value-Added
Overall..A
Gifted...NR
Lowest 20% in Achievement...NR
Students with Disabilities...A

COMPONENT GRADE

A

VIEW MORE DATA

Gap Closing
The Gap Closing component shows how well schools are meeting the performance expectations for our most vulnerable populations of students in English language arts, math and graduation.

Annual Measurable Objectives
100.0%...A

COMPONENT GRADE

A

VIEW MORE DATA

Graduation Rate
The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four or five years.

Graduation Rates
This school is not evaluated for graduation rate because there are not enough students in the graduating class.

COMPONENT GRADE

Not Rated

VIEW MORE DATA

K-3 Literacy
The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

K-3 Literacy Improvement
71.6%...B

COMPONENT GRADE

B

VIEW MORE DATA


Prepared for Success
Whether training in a technical field or preparing for work or college, the Prepared for Success component looks at how well prepared Ohio's students are for all future opportunities.

COMPONENT GRADE

Not Rated

VIEW DATA

Kindergarten Readiness by School District

Demonstrate Readiness on the KRA:
- Less than 25.0%
- 25.0 - 49.9%
- 50.0 - 74.9%
- 75.0% and above
- Data NA
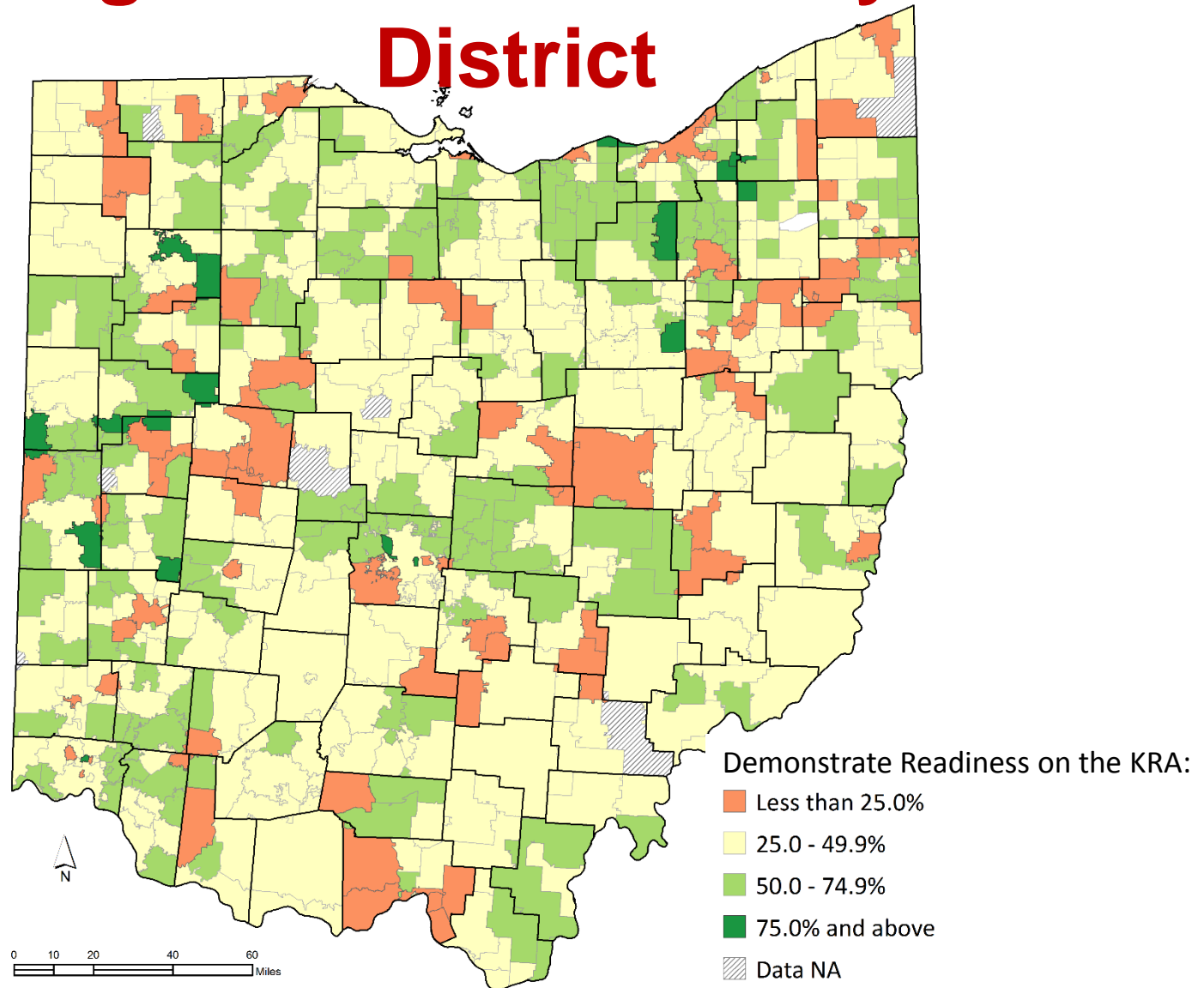
Schools Changing the Narrative

Laurelville Elementary School
Logan Elm Local Schools

Elmwood Place Elementary School
St. Bernard-Elmwood Place City
School District

Step 3: Causes and Improvement Strategies

Improvement References

- "Back from the Brink: How a Bold Vision and a Focus on Resources Can Drive System Improvement." (Baroody, Rho, and Ali)

- "An Ethic of Excellence: Building a Culture of Craftsmanship with Students." (Berger)

- "Learning to Improve: How America's Schools Can Get Better at Getting Better." (Bryk)

- "School Reform from the Inside Out: Policy, Practice, and Performance." (Elmore)

- "Failure is Not an Option: How Principals, Teachers, Students and Parents from Ohio's High-Achieving, High-Poverty Schools Explain Their Success." (Hagelskamp and DiStasi)

- "How to Change 5000 Schools: A Practical and Positive Approach for Leading Change at Every Level." (Levin)

- "Needles in a Haystack: Lessons from Ohio's high-performing urban high schools." (Suffren, Wallace, and Meyer)

Impacts of Poverty on Students

Stress

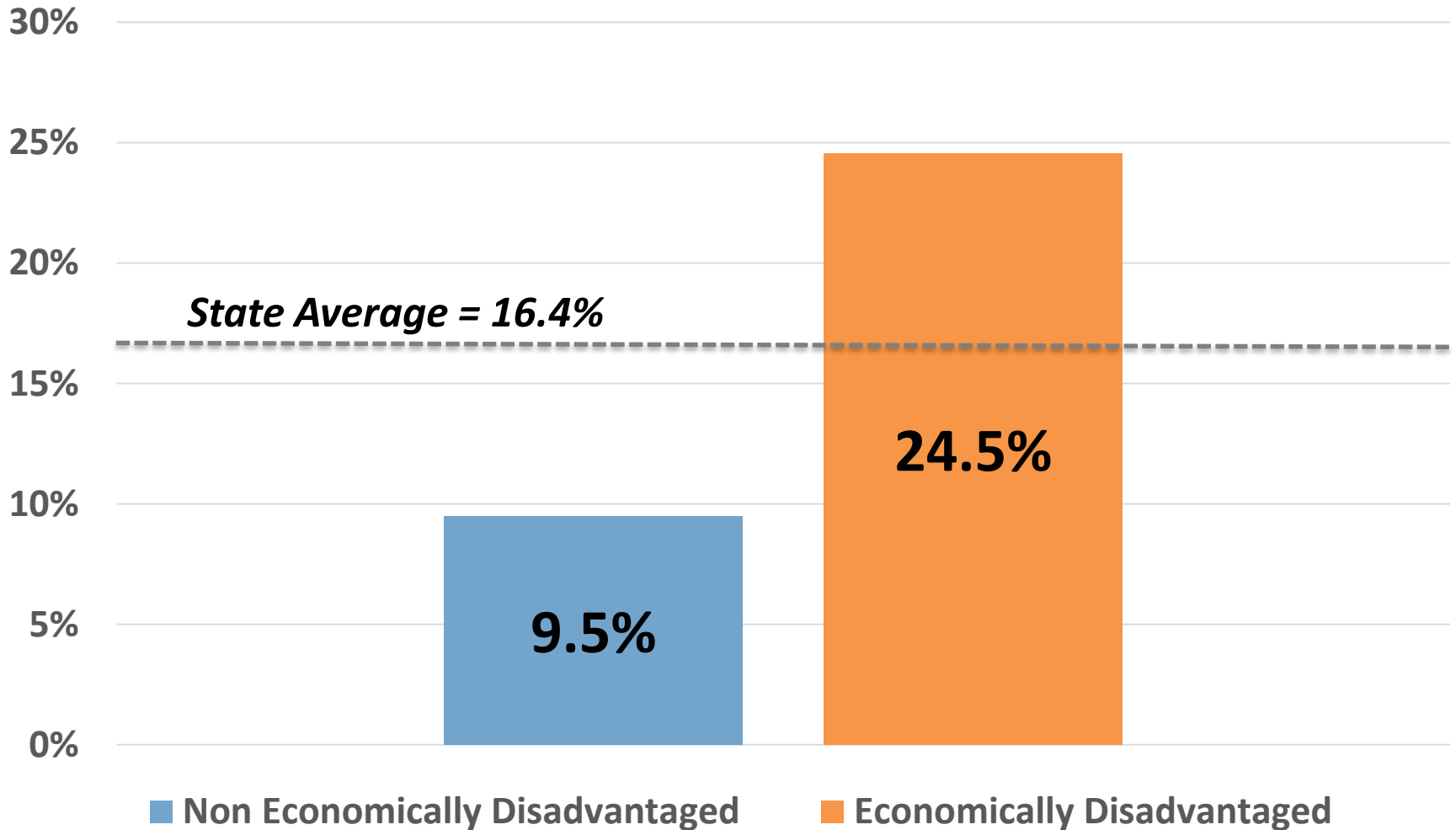Trauma

Readiness

Lessons Learned

Student Supports

School Practices

Lessons Learned: Student Supports

- Health/mental health needs
- Caring adults (mentors and coaches)
- Social services
- Social/emotional skills
- Other basic needs

Student Supports: Chronic Absenteeism

State Average = 16.4%

- Non Economically Disadvantaged: 9.5%
- Economically Disadvantaged: 24.5%

Lessons Learned: Leadership

- Strong and effective leadership

- Leadership autonomy

- Empower schools to hire and retain the best talent available

- Data analysis

Lessons Learned: Instruction

- Rigorous standards and aligned curriculum
- High quality instruction designed for all students' success
- Engaged learning (career-focused programs, project-based learning)
- Early childhood programs
- Positive Behavior Intervention and Supports (PBIS)

Lessons Learned: Climate and Culture

- Positive school culture

- Caring adults (mentors and coaches)

- Trauma informed practices

- Parent and community involvement and outreach

Ohio Improvement Process (OIP)
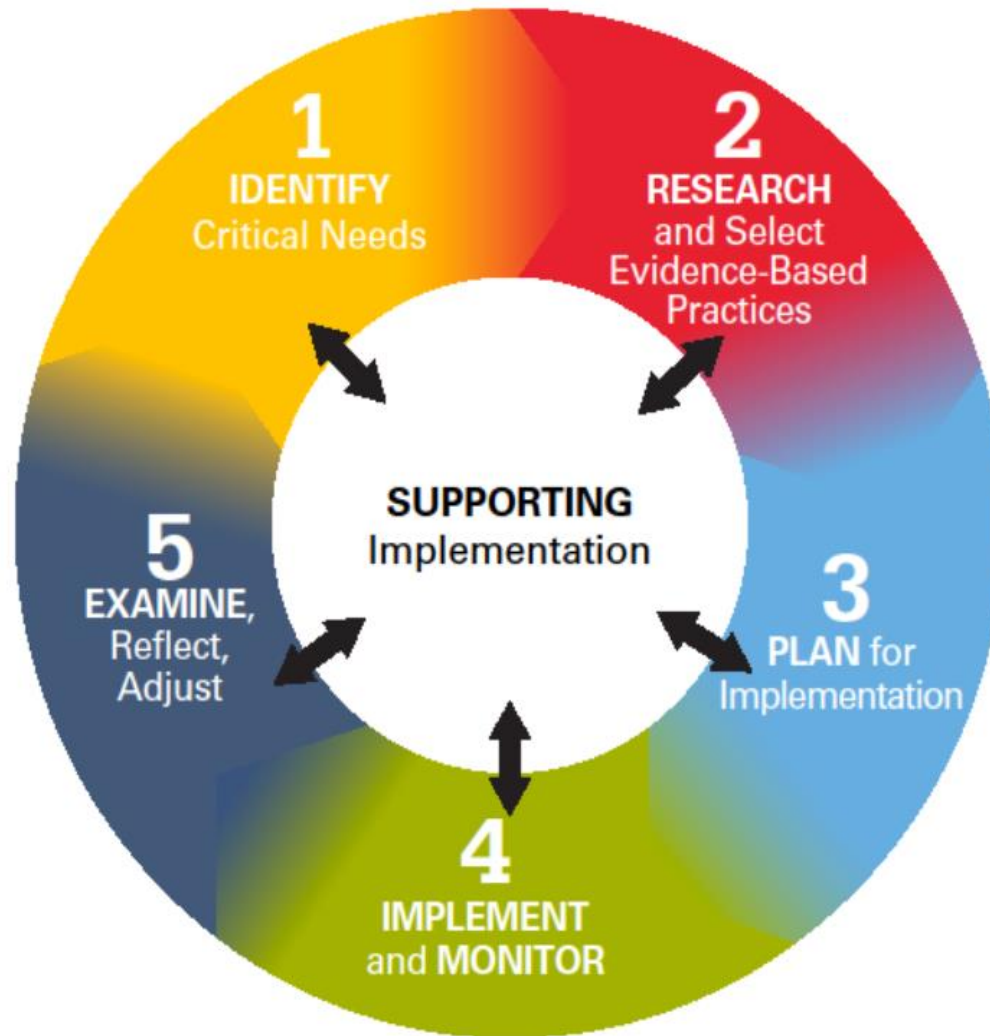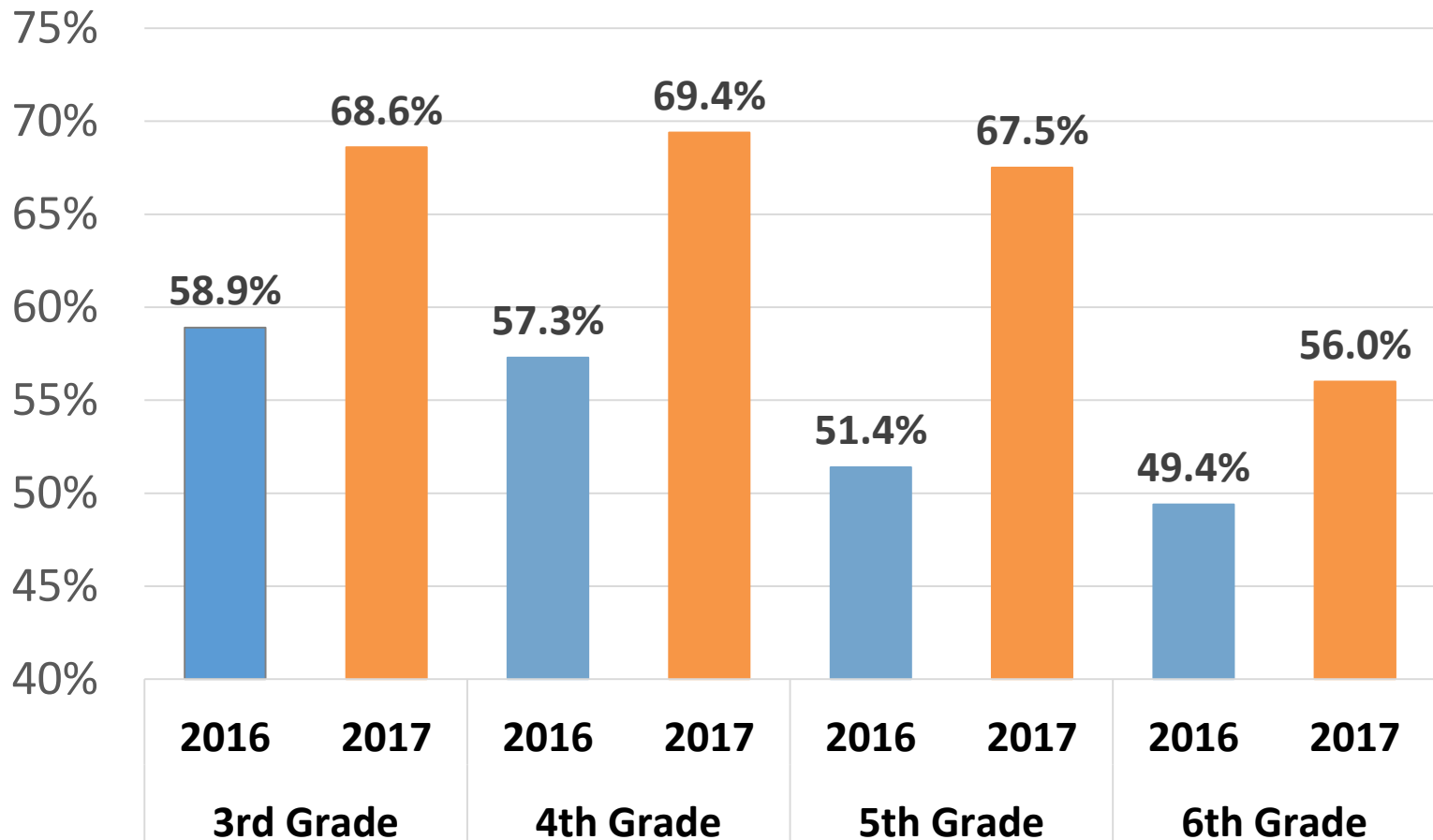
Conclusion

Areas of Focus

- Leadership quality

- State support tools and technical assistance

- Evidence-based clearinghouse

- Professional development and coaching

- Continued adherence to OIP

- Peer-to-peer networks

Ohio | Department of Education

Questions?

Analysis of FY17 Ohio School District Report Card Data and Related Issues

Presentation to Task Force on Education and Poverty

Dr. Howard Fleeter

Ohio Education Policy Institute

September 28, 2017

OEPI Analysis of School District Report Card Data

- For the past several years OEPI has analyzed report card data looking particularly at the relationship between educational outcomes and district socioeconomics.

- The results of this analysis have consistently shown that test performance is highly and negatively correlated with poverty.

- The analysis has also consistently shown a persistent achievement gap between economically-disadvantaged and non-disadvantaged students.

OEPI Analysis of School District Report Card Data

- Our studies are far from the first to uncover these relationships. The link between socioeconomics and student performance was first noted in the landmark Coleman Report in 1966.

- It is also imperative to note that our analysis should NOT be interpreted as indicating that low-income or minority students cannot learn or that the schools and districts that serve these students are "bad" schools.

- Rather, our findings are intended to highlight the challenges faced by low-income students and the schools that serve them, as well as the critical need facing Ohio policymakers to effectively address this issue.

A. Performance Index

- The Performance Index (PI) is a comprehensive measure of the performance of Ohio's students on the standardized tests administered in grades 3 through high school.

- The PI takes into account the performance of all students in a district at the different performance levels (Advanced Plus, Advanced, Accelerated, Proficient, Basic, and Limited), rather than just showing the number or percent of students who achieve proficiency.

- OEPI analysis compares Performance Index scores to the percent of economically disadvantaged students (generally those at or below 185% of Federal Poverty Level) in each district.

FY17 Performance Index vs. % of Economically Disadvantaged Students

FY17 Performance Index Range	# of Districts	Total ADM	% Economically Disadvantaged Students
Performance Index between 50 and 70	27	309,168	87.4%
Performance Index between 70 and 80	60	188,764	73.1%
Performance Index between 80 and 85	86	203,215	57.9%
Performance Index between 85 and 90	152	293,636	43.8%
Performance Index between 90 and 95	137	301,286	35.0%
Performance Index between 95 and 100	80	234,358	23.1%
Performance Index greater than 100	65	179,024	12.6%
Statewide Total	**607**	**1,709,452**	

FY17 Performance Index vs. % of Economically Disadvantaged Students
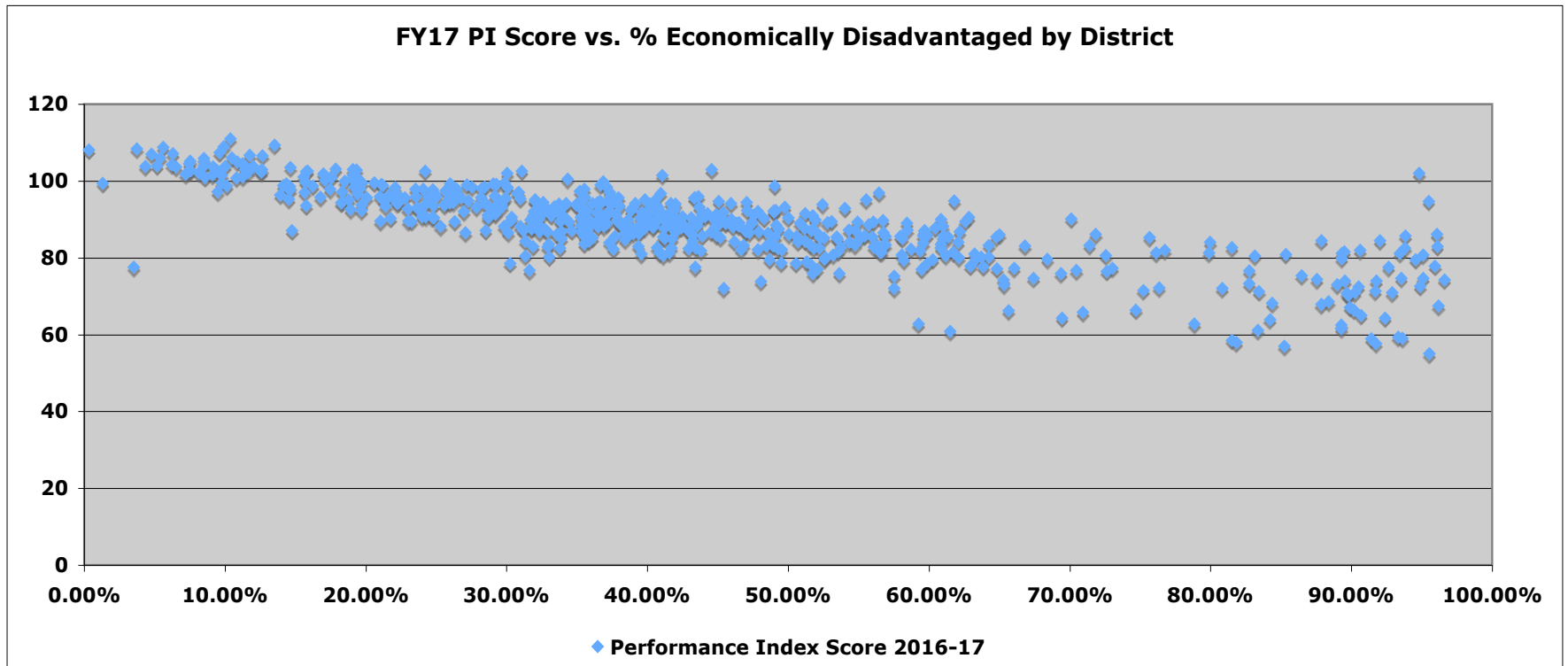
FY17 PI Score vs. % Economically Disadvantaged by District

ODE Grade** Performance Index** % Economically Disadvantaged Students In District

8.5%	17.4%	39.0%	73.3%	90.4%	48.9%
A	B	C	D	F	State Avg.

OEPI Grade - Performance Index - % Economically Disadvantaged Students In District

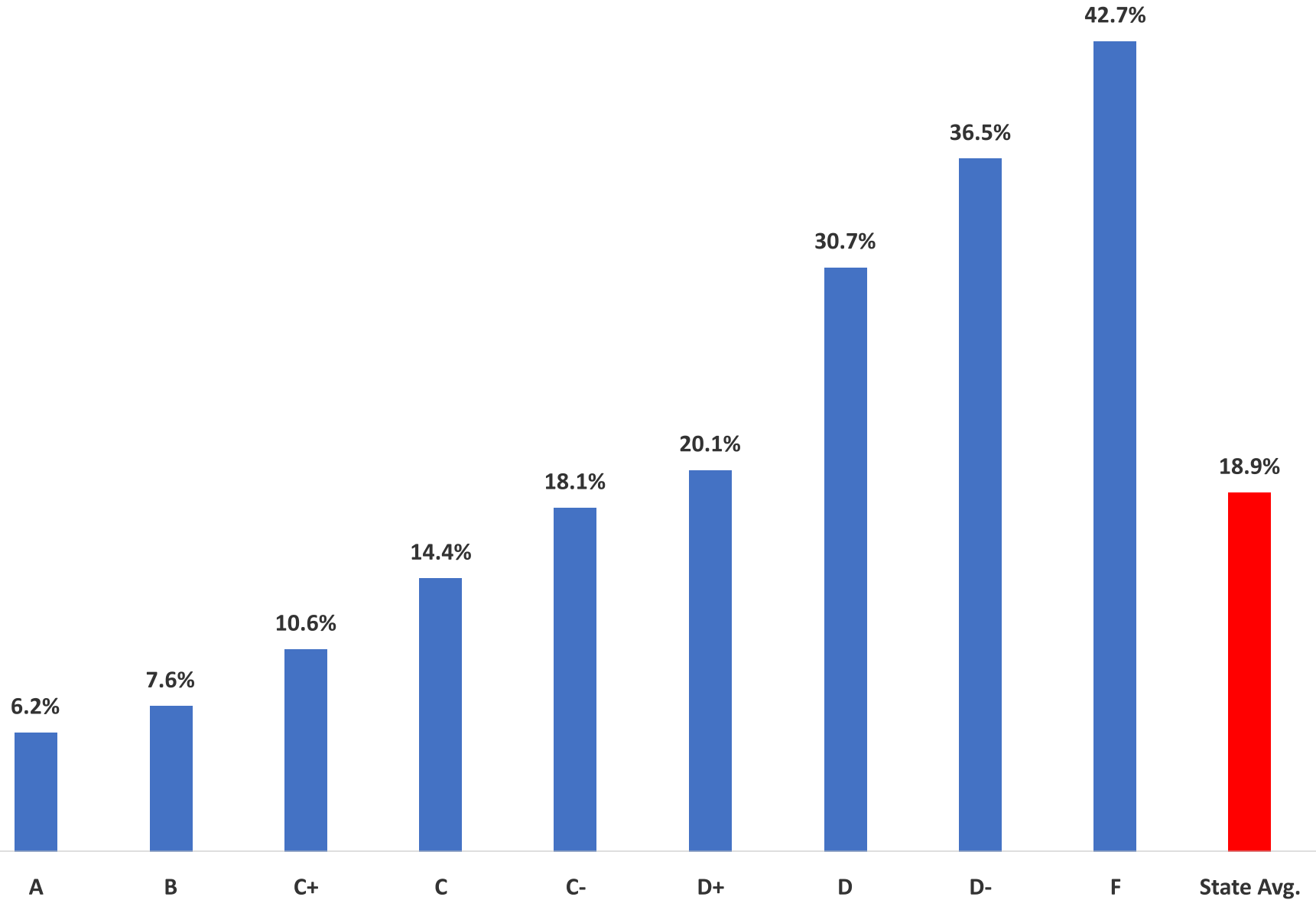| Grade	A	B	C+	C	C-	D+	D	D-	F	State Avg.
%	8.5%	17.4%	30.8%	39.2%	50.9%	58.5%	78.5%	85.7%	90.4%	48.9%
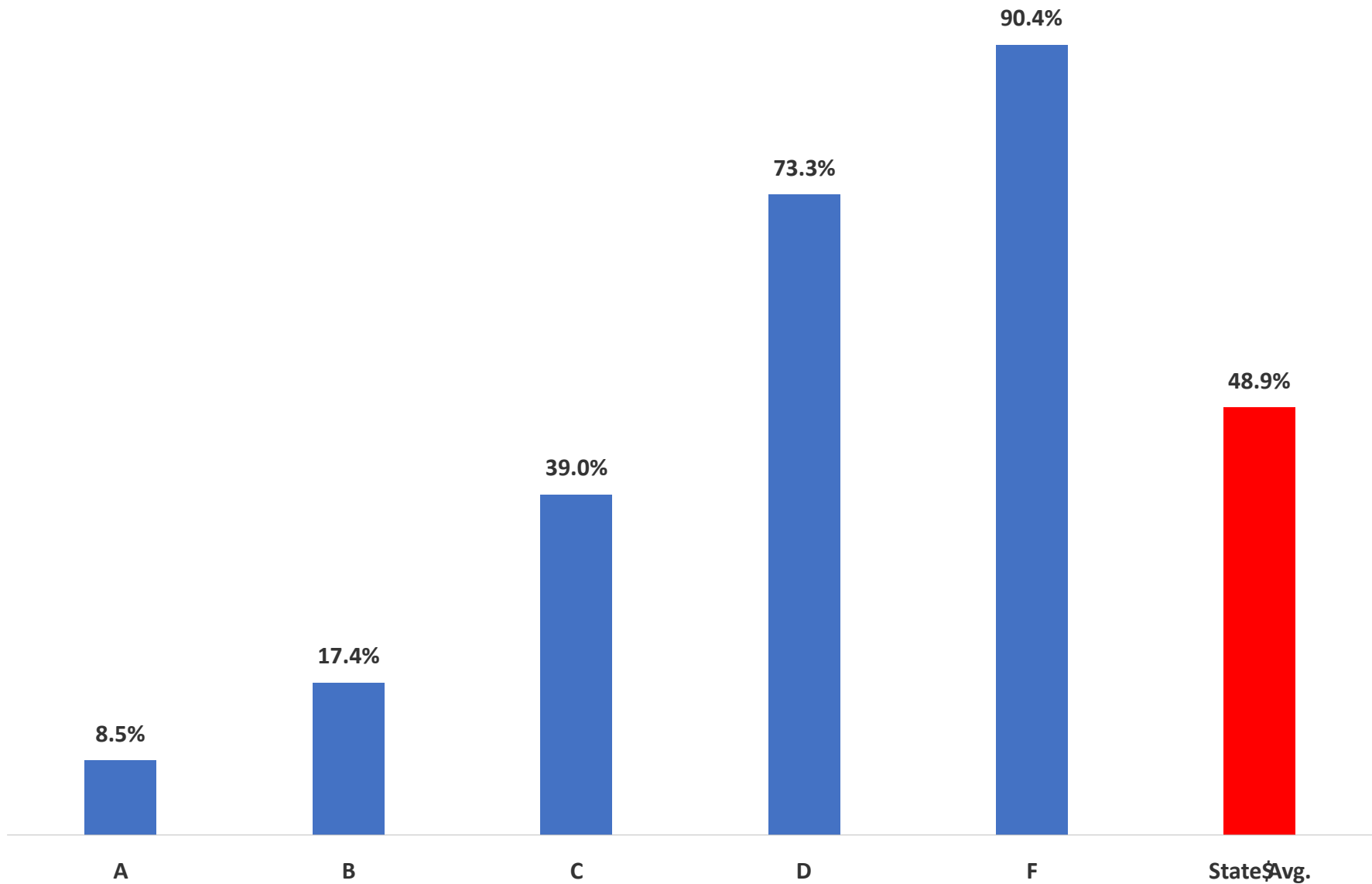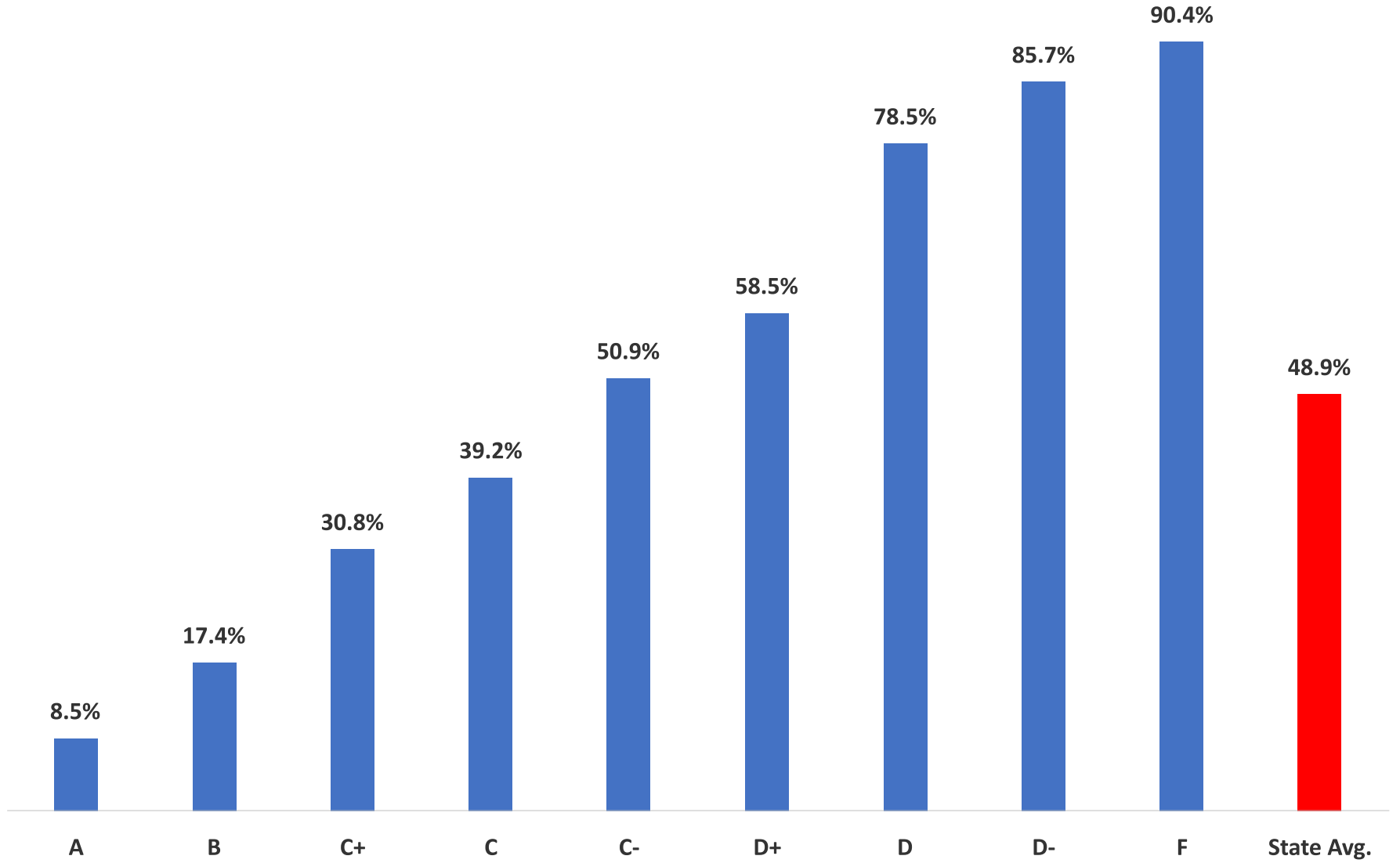
Main Findings: PI Scores vs. % of Economically Disadvantaged Students

1. Despite the fact that performance index scores increased in 572 of 607 school districts from FY16 to FY17, the achievement gap between high poverty and low poverty districts remains persistent and dramatic.

2. Of the lowest 100 performing districts on performance index score, **89 of them are above the statewide average** of economically disadvantaged students.

3. 55 of those districts have economically disadvantaged levels of 70% or higher.

4. Of the top 100 districts based on performance index score, **99 districts are below the 48.9% statewide average** of economically disadvantaged students.

5. 88 of those districts have economically disadvantaged levels of less than 30%.

Main Findings: PI Scores vs. % of Economically Disadvantaged Students

6.   The lowest performing school districts in Ohio according to the Performance Index have nearly 7 times as many economically disadvantaged students on average than do the highest performing districts in the state (top and bottom 65 districts).

7.   124 districts received a grade of A or B on the Performance index in FY17. **Only 2** of these districts have more than the state average percentage of economically disadvantaged students (48.9%). Another 5 districts have between 40% and 50% econ. disadvantaged students.

8.   Meanwhile, 77 of these 124 high performing districts (62%) have fewer than 20% economically disadvantaged students.

9.   Districts receiving an F on the Performance index have more than 10 times the percentage of economically disadvantaged students than do the districts receiving an A on the Performance Index.

OEPI Grade - Performance Index - % Census Poverty

A	B	C+	C	C-	D+	D	D-	F	State Avg.
6.2%	7.6%	10.6%	14.4%	18.1%	20.1%	30.7%	36.5%	42.7%	18.9%

OEPI Letter Grade 2015 Median Income

Grade	Median Income
A	$59,218
B	$49,537
C+	$39,562
C	$35,905
C-	$32,416
D+	$31,463
D	$28,628
D-	$27,472
F	$24,067
State Avg.	$33,795

OEPI Grade - Performance Index - % Total Minority Students In District

Grade	Percentage
A	22.5%
B	16.2%
C+	12.9%
C	14.8%
C-	13.2%
D+	19.7%
D	49.8%
D-	72.1%
F	84.4%
State Avg.	26.5%
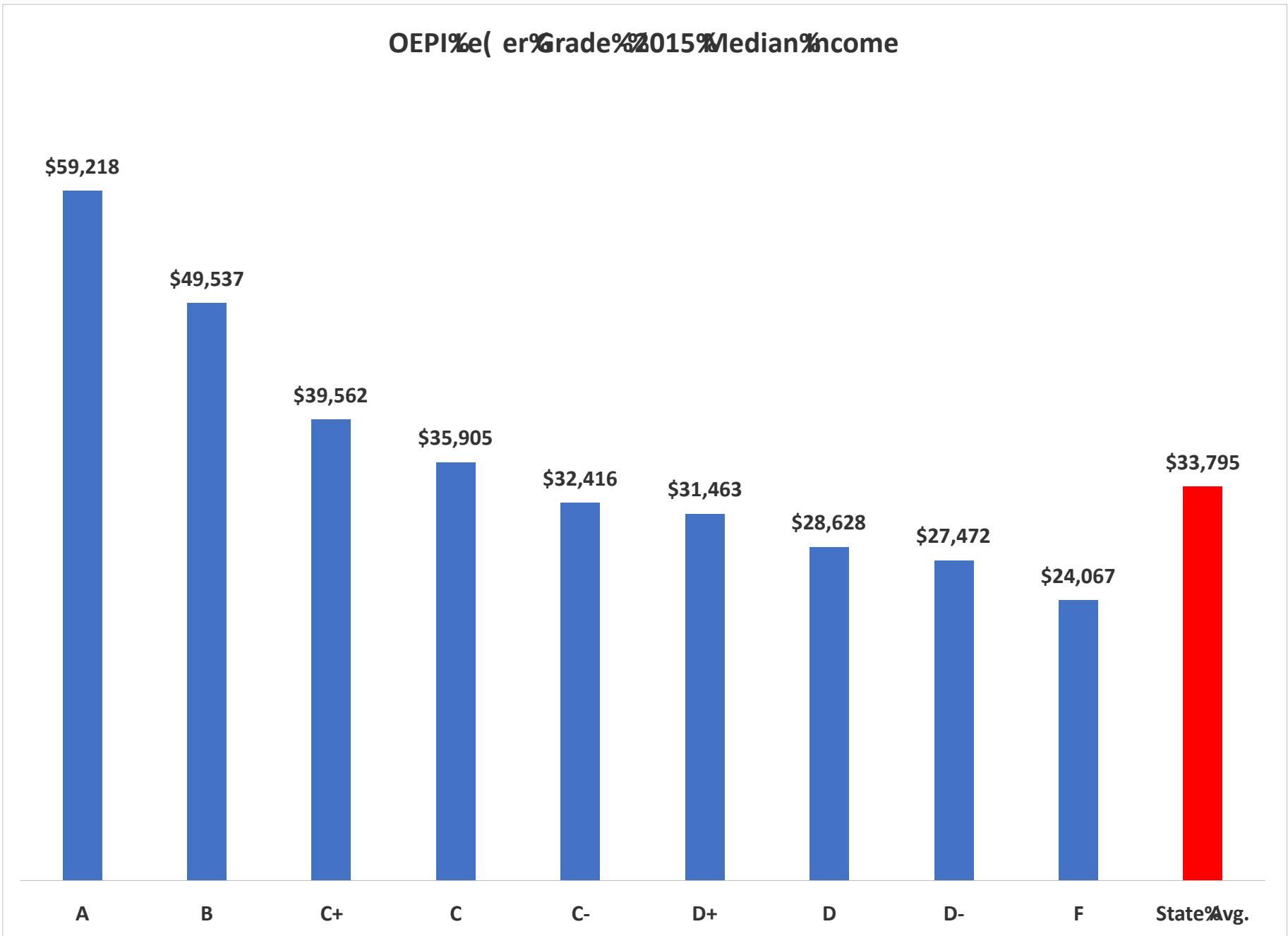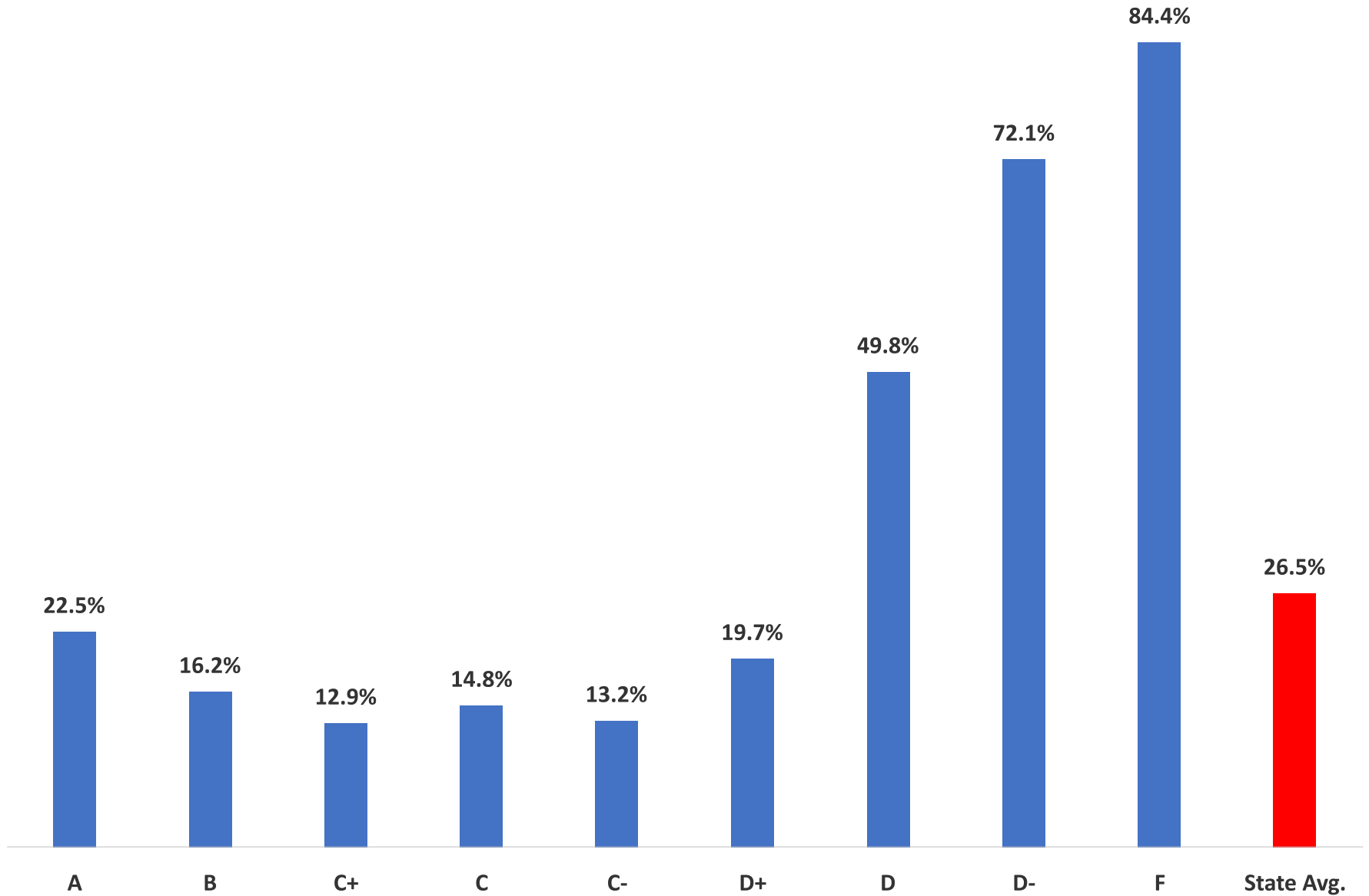
OEPI Grade - Performance Index - % African American Students In District
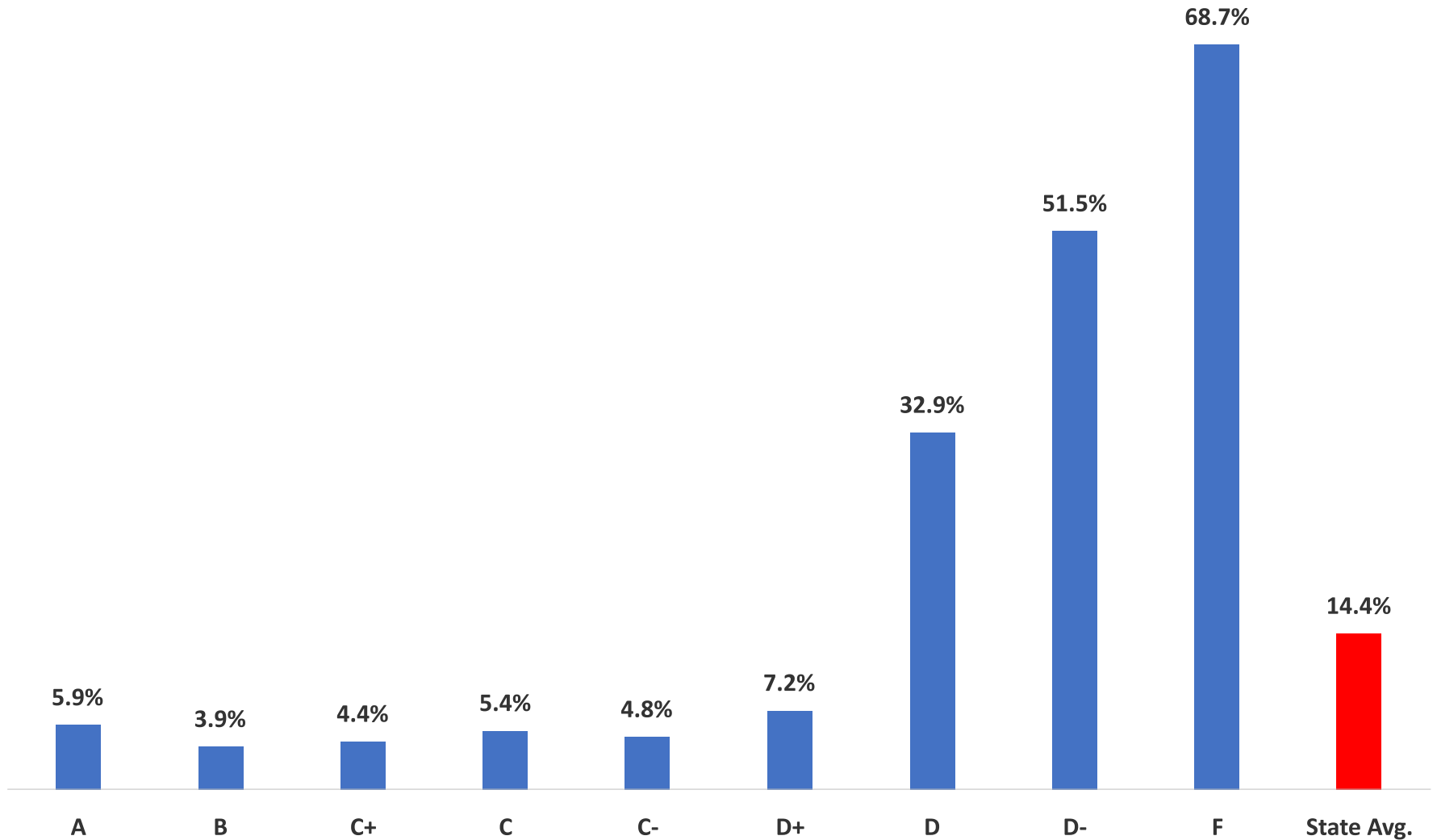
Additional Findings Relating to the Performance Index & Socioeconomics

10. Districts receiving an F on the Performance index have nearly 7 times the percentage of students in poverty (at or below 100% of Federal poverty level) than do the districts receiving an A on the Performance Index.

11. Districts receiving an A or B on the Performance index have more than double the median income than do the districts receiving an F on the Performance Index. 92 of the top 100 districts on the performance index are above the statewide median income of $33,795.

12. Districts receiving a D or F on the Performance index have more than 3 times the percentage of minority students as do the districts receiving an A, B, or C on the Performance Index.

13. At 32.2%, districts receiving a D or F on the Performance index have nearly 7 times the percentage of African American students as do the districts receiving an A, B, or C on the Performance Index (4.7%).
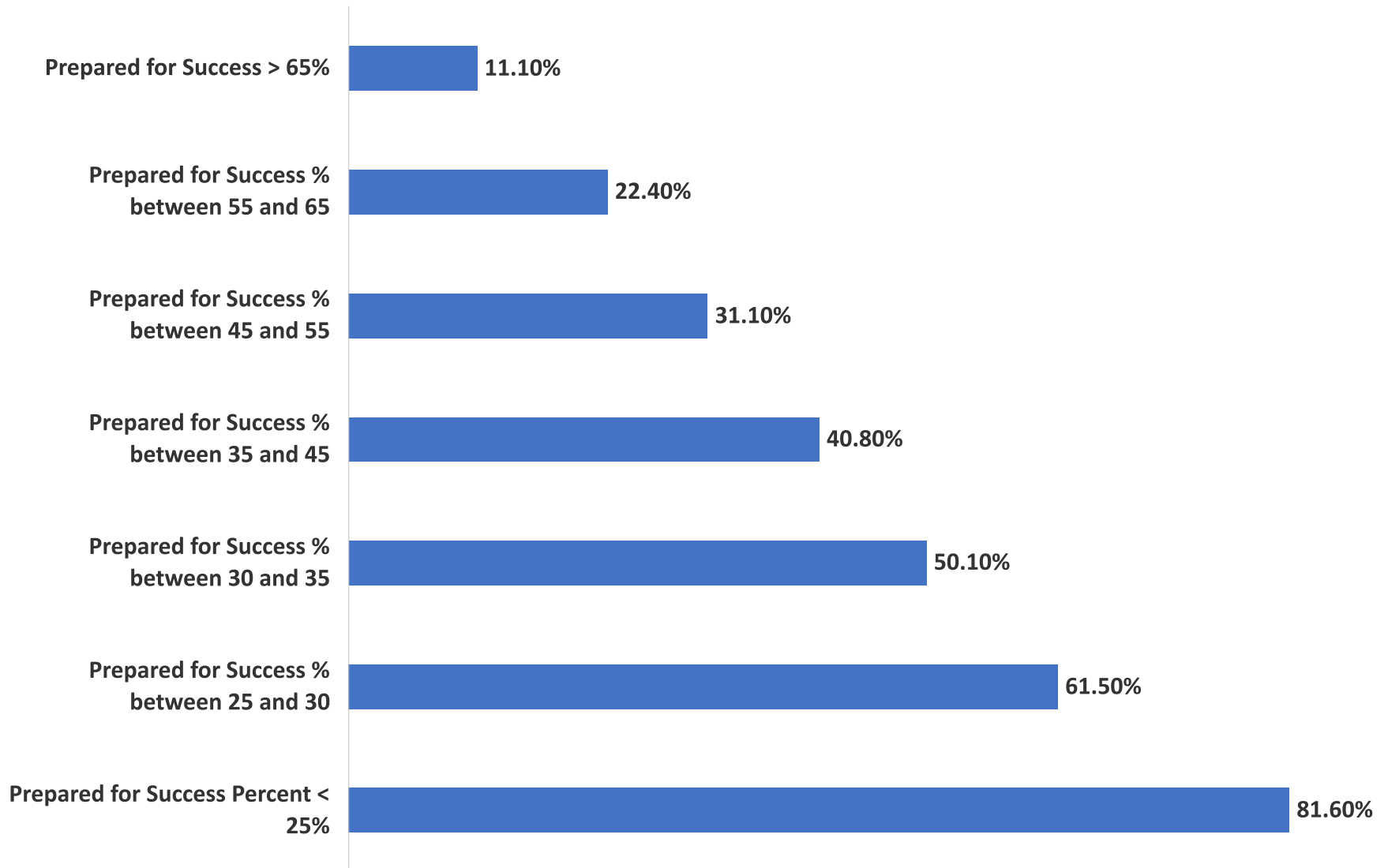
B. Prepared for Success Measures

The Prepared for Success measures include the following college and career readiness components:

- % of high school students participating in ACT
- % of high school students scoring remediation free on ACT
- % of high school students participating in SAT
- % of high school students scoring remediation free on SAT
- % of high school students graduating with an Honors diploma
- % of high school students graduating with an industry-recognized credential
- % of high school students participating in one or more AP courses
- % of high school students receiving an AP score of three or higher
- % of high school students participating in one or more International Baccalaureate (IB) courses
- % of high school students receiving an IB score of four or higher
- % of high school students with at least three Dual Enrollment (college) credits

FY17 Prepared for Success Percentage vs. %Economically Disadvantaged Students

Prepared for Success Percentage Range	# of Districts	% Economically Disadvantaged Students	Average PI Score
Prepared for Success Percent < 25%	91	81.6%	68.5
Prepared for Success % between 25 and 30	86	61.5%	82.2
Prepared for Success % between 30 and 35	81	50.1%	85.9
Prepared for Success % between 35 and 45	154	40.8%	89.9
Prepared for Success % between 45 and 55	90	31.1%	93.4
Prepared for Success % between 55 and 65	53	22.4%	96.2
Performance Index greater than 65%	52	11.1%	102.4
Statewide Total	**607**		

FY17 Prepared For Success Results vs. Economically Disadvantaged Percent

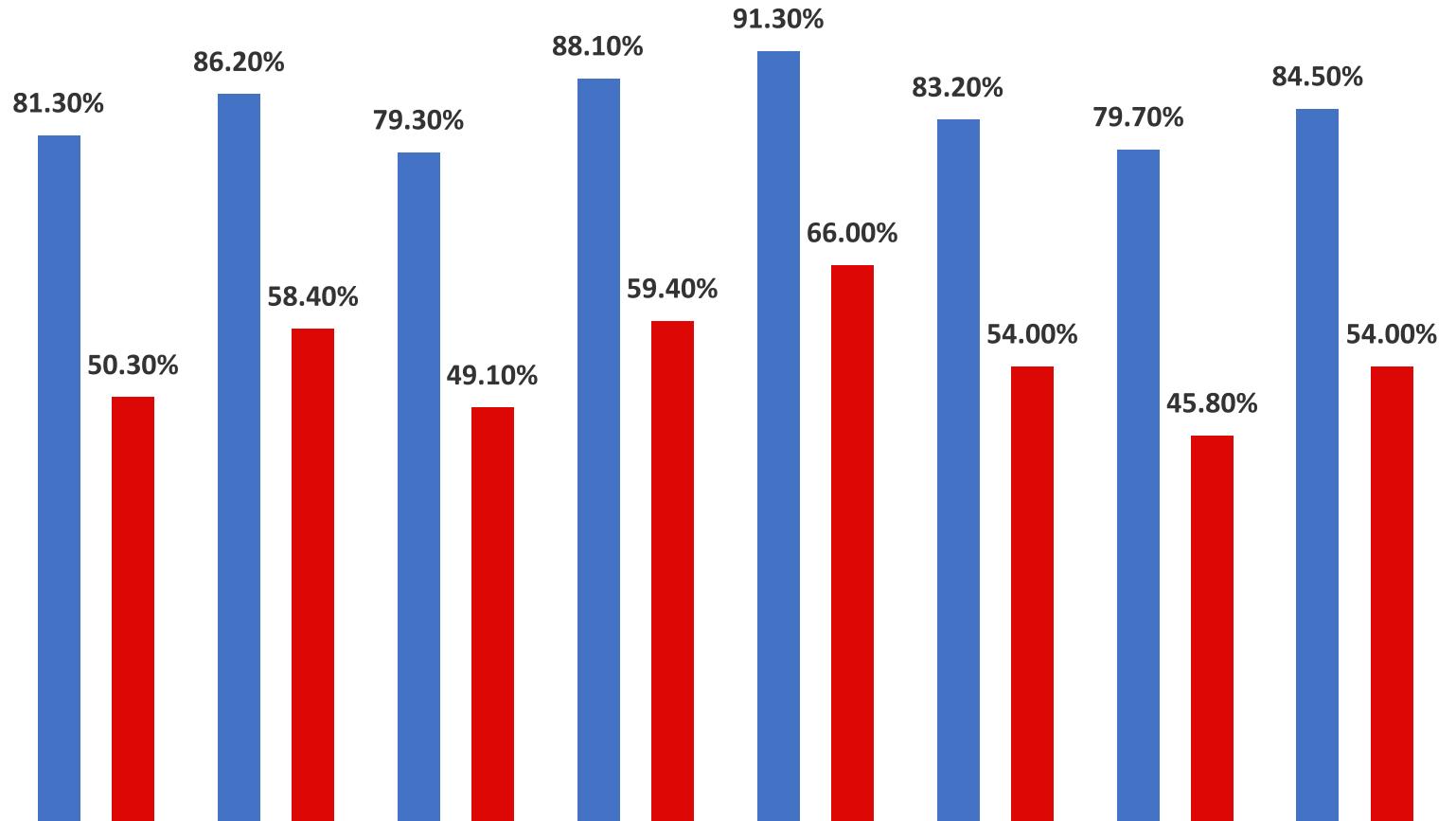| Category	Percent
Prepared for Success > 65%	11.10%
Prepared for Success % between 55 and 65	22.40%
Prepared for Success % between 45 and 55	31.10%
Prepared for Success % between 35 and 45	40.80%
Prepared for Success % between 30 and 35	50.10%
Prepared for Success % between 25 and 30	61.50%
Prepared for Success Percent < 25%	81.60%

Findings Relating to Prepared for Success Measures

1. 119 fewer districts received a grade of C on Prepared for Success in FY17 than in FY16, while 123 more districts received Prepared for Success grades of D and F in FY17.

2. The lowest performing school districts in Ohio according to the Prepared for Success measures (districts less than 25% of students PFS) have nearly 8 times as many economically disadvantaged students on average than do the highest performing districts in the state (districts with more than 65% of students PFS).
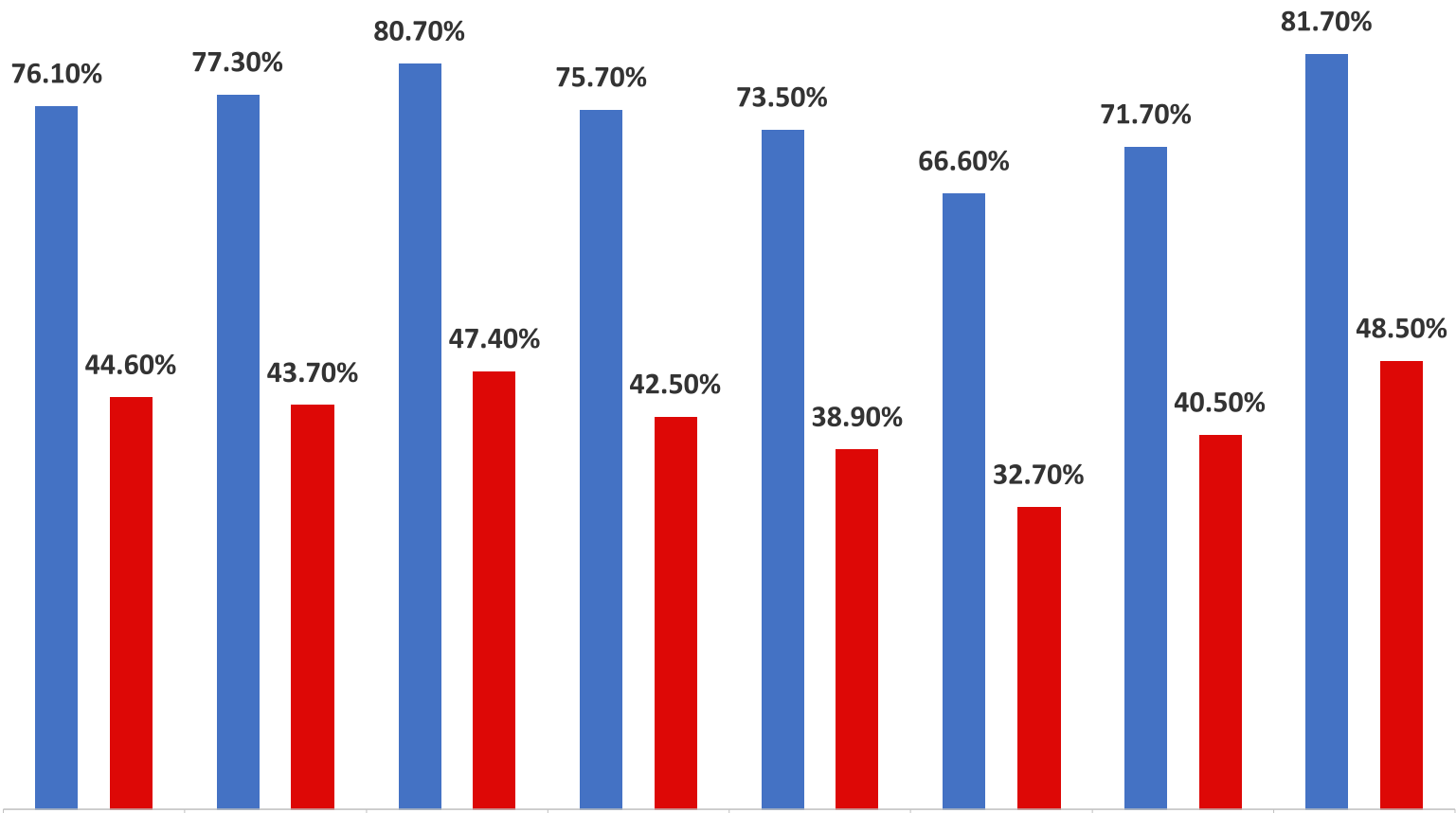
C. Test Results by Demographic Group

- OEPI has also analyzed the FY17 Report Card data by student demographic group instead of by district.

- The following slides provide a comparison of the performance of economically disadvantaged and non-disadvantaged students on Ohio's 3rd-8th grade through proficiency tests and on the high school end-of-course exams.

- The graphs compare the percentage of disadvantaged and non-disadvantaged students that achieve a level of proficiency or better on each test.

- The graphs show a pronounced achievement gap on every test in every grade. *On 20 of the 26 tests the difference in proficiency rates between disadvantaged and non-disadvantaged students is 30 percentage points or more.*

Test Results Non Economically Disadvantaged & Disadvantaged Grades 3-5

	Reading 3rd Grade	Mathematics 3rd Grade	Reading 4th Grade	Mathematics 4th Grade	Social Studies 4th Grade	Reading 5th Grade	Mathematics 5th Grade	Science 5th Grade
Non Dis.	81.30%	86.20%	79.30%	88.10%	91.30%	83.20%	79.70%	84.50%
Disadvantaged	50.30%	58.40%	49.10%	59.40%	66.00%	54.00%	45.80%	54.00%

Test Results Non Economically Disadvantaged & Disadvantaged Grades 6-8

	Reading 6th Grade	Mathematics 6th Grade	Social Studies 6th Grade	Reading 7th Grade	Mathematics 7th Grade	Reading 8th Grade	Mathematics 8th Grade	Science 8th Grade
Non Dis.	76.10%	77.30%	80.70%	75.70%	73.50%	66.60%	71.70%	81.70%
Disadvantaged	44.60%	43.70%	47.40%	42.50%	38.90%	32.70%	40.50%	48.50%

Test Results Non Economically Disadvantaged & Disadvantaged High School

	Government High School	History High School	Physical Scie High School	English I High School	English II High School	Algebra I High School	Geometry High School	Math I High School	Math II High School	Biology High School
Non Dis.	82.10%	83.50%	27.40%	75.80%	70.70%	63.30%	58.70%	65.50%	51.80%	77.30%
Disadvantaged	57.80%	53.00%	16.80%	42.60%	38.60%	28.60%	24.90%	22.50%	15.90%	43.50%

Ohio Test Results 2016-2017 - Non Economically Disadvantaged vs. Disadvantaged
Variance 3rd - 7th Grade

Ohio Test Results 2016-2017 - Non Economically Disadvantaged vs. Disadvantaged
Variance 8th - High School

Category	Value
8th Grade Reading	33.9%
8th Grade Mathematics	31.2%
8th Grade Science	33.2%
High School Government	24.3%
High School History	30.5%
High School Physical Science	10.6%
High School English I	33.2%
High School English II	32.1%
High School Algebra I	34.7%
High School Geometry	33.8%
High School Math I	43.0%
High School Math II	35.9%
High School Biology	33.8%
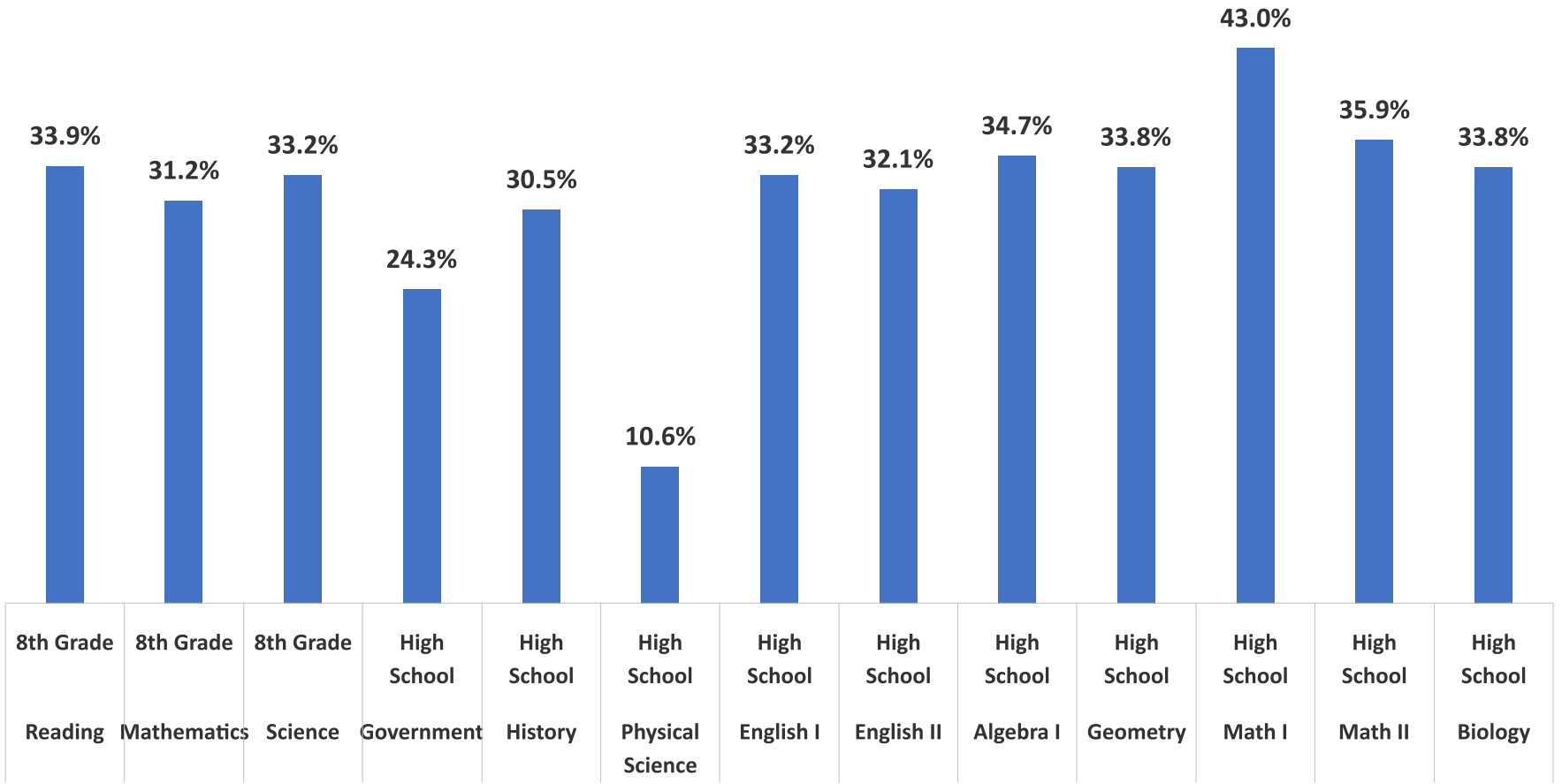
Achievement Gap by Race and Ethnicity

- While all race and ethnicity student subgroups demonstrate an achievement gap between economically disadvantaged and non-disadvantaged students, the achievement gap tends to be larger for minority students than for white students.

- This is particularly true in elementary grades as the following graph shows.
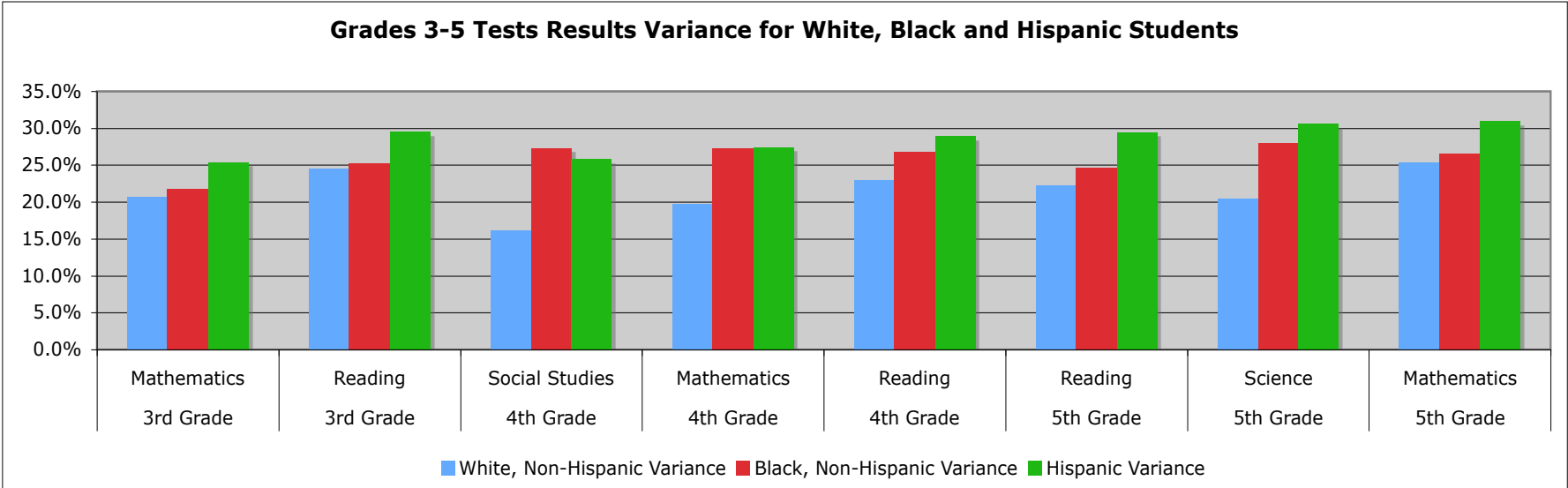
FY17 vs. FY16 Test Results Comparison by Economic Disadvantagement

- When the FY17 test results are compared to the FY16 test results, economically disadvantaged students showed more improvement on all but one test (5th grade math) in Grades 3-6 than did non-disadvantaged students.

- However, economically disadvantaged students showed less improvement on 7th and 8th grade tests, while there is little pattern on the high school end-of-course test results (most likely because these tests are so new).

2016-1017 Test Results Increase vs. 2015-2016 Grades 3-7
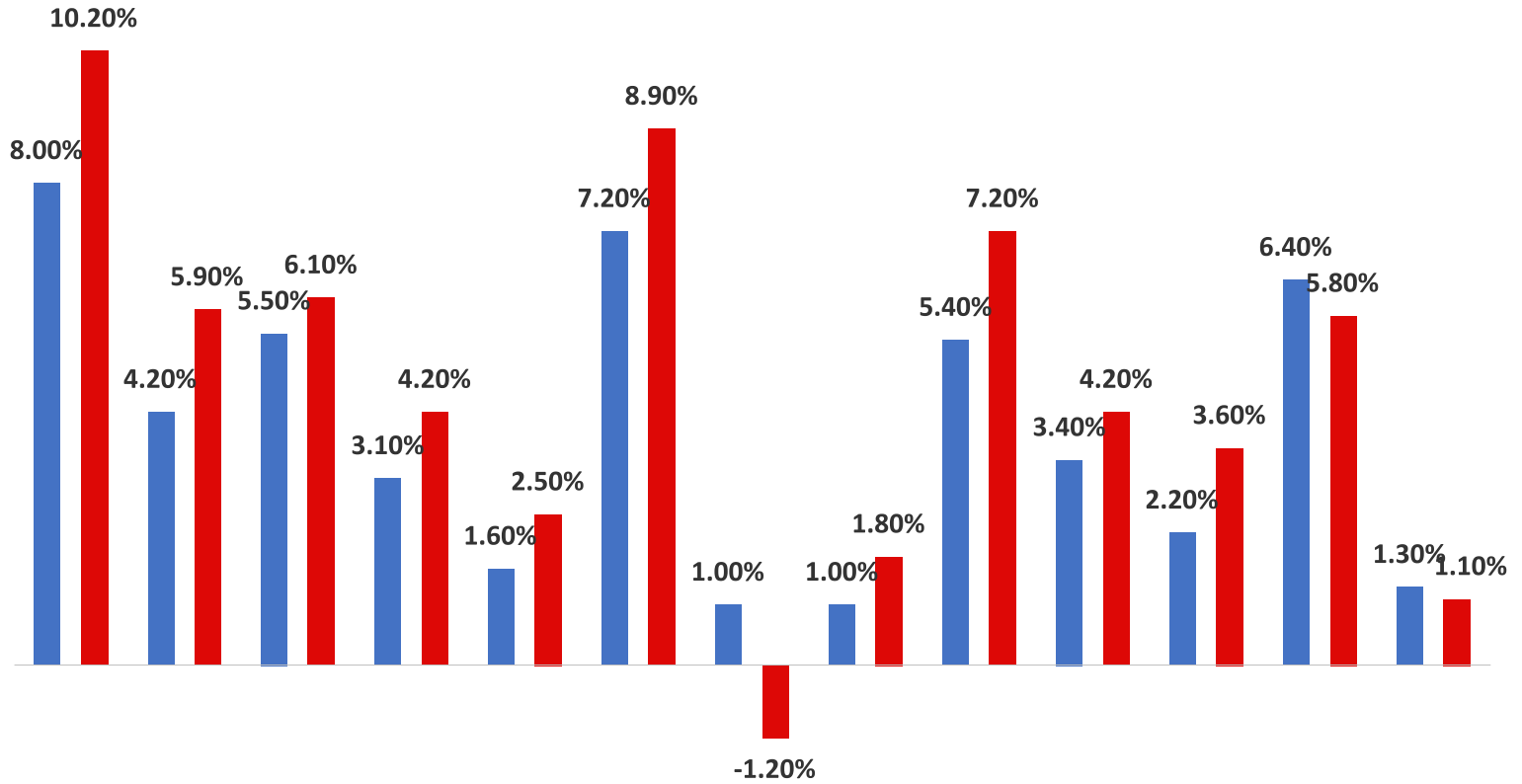
|	Reading 3rd Grade	Math 3rd Grade	Reading 4th Grade	Math 4th Grade	Soc. Stud. 4th Grade	Reading 5th Grade	Math 5th Grade	Science 5th Grade	Reading 6th Grade	Math 6th Grade	Soc. Stud. 6th Grade	Reading 7th Grade	Math 7th Grade
■ Non Dis. Variance	8.00%	4.20%	5.50%	3.10%	1.60%	7.20%	1.00%	1.00%	5.40%	3.40%	2.20%	6.40%	1.30%
■ Dis. Variance	10.20%	5.90%	6.10%	4.20%	2.50%	8.90%	-1.20%	1.80%	7.20%	4.20%	3.60%	5.80%	1.10%

2016-1017 Test Results Increase vs. 2015-2016 Grades Grade 8 & High School
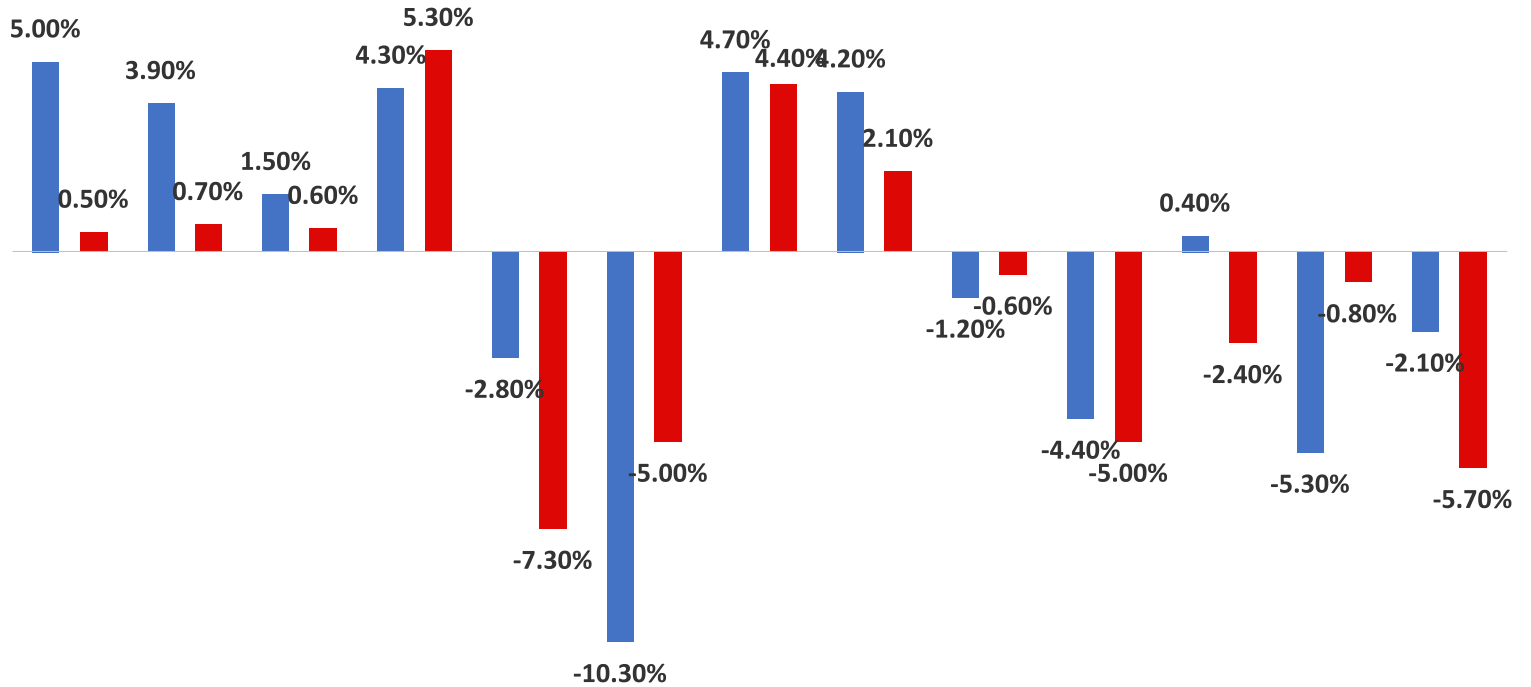
	Reading 8th Grade	Math 8th Grade	Science 8th Grade	Govt. High School	History High School	Phys. Sci. High School	English I High School	English II High School	Algebra I High School	Geom. High School	Math I High School	Math II High School	Biology High School
Non Dis. Variance	5.00%	3.90%	1.50%	4.30%	-2.80%	-10.30%	4.70%	4.20%	-1.20%	-4.40%	0.40%	-5.30%	-2.10%
Dis. Variance	0.50%	0.70%	0.60%	5.30%	-7.30%	-5.00%	4.40%	2.10%	-0.60%	-5.00%	-2.40%	-0.80%	-5.70%

Policy Options for Closing the Achievement Gap

- Improve kindergarten readiness by increasing Pre-K and early childhood education opportunities for economically disadvantaged children.

- Nobel Prize-winning Economist James Heckman has conclusively shown that early childhood investments are effective, with the largest returns coming from the earliest interventions (see the Heckman Curve).

Policy Options for Closing the Achievement Gap

- Early childhood investments are not a magic bullet, however, and additional support (both academically and for "wrap-around" services") must continue to be provided once children enter the K-12 system.

- Research by Johns Hopkins University has shown that low-income children can lose more than 2 months in reading achievement over summer vacation while higher income children do not. Investments in summer programs can help eliminate "summer slide".

Expenditure Patterns Across Ohio School Districts

- Expenditures per pupil vary widely across Ohio's 600+ school districts.

- Many observers reference unadjusted (or "unweighted") expenditure per pupil data when drawing conclusions about which districts spend more and which spend less.

- However this measure is faulty as it does not take into account differences in the types of students that each district must educate.

Expenditure Per Equivalent Pupil

- However, the Ohio Department of Education computes a second expenditure measure which also appears on the local Report Cards.

- This measure (Expenditure per Equivalent Pupil) adjusts expenditures for differences in student needs by weighting pupils who are economically disadvantaged, limited English proficient, and/or in need of special education services.

- By adjusting for differences in spending across districts **caused by characteristics of the students as opposed to the operations of the district,** an "apples to apples" measure of spending is generated which reflects the resources that Ohio's school districts have available to spend on the typical student.

OEPI Expenditure Per Equivalent Pupil

- While the ODE methodology for computing the Expenditure per Equivalent Pupil is generally sound, the base poverty weight of 0.1 is too low relative to the additional cost of poverty as estimated by national researchers.

- OEPI has therefore computed an alternate Expenditure per Equivalent Pupil measure using a 0.3 base weight for poverty. (Note that due to current data limitations, FY15 is the most recent year for which this measure can be computed.)

FY15 Expenditure Per Equivalent Pupil Comparison

| Typology Group	ODE Unweighted FY15 Expenditure Per Pupil	ODE Weighted Equivalent Expenditure Per Pupil	OEPI Adjusted 2 Equivalent Expenditure Per Pupil
1. Poor Rural	$9,960	$8,153	$7,418
2. Rural	$10,022	$8,437	$7,904
3. Small Town	$9,575	$8,231	$7,894
4. Poor Small Town	$9,767	$7,905	$7,132
5. Suburban	$10,710	$9,009	$8,686
6. Wealthy Suburban	$11,723	$10,070	$9,958
7. Urban	$11,347	$8,619	$7,386
8. Major Urban	$14,093	$9,866	$8,046
Statewide Average	**$10,985**	**$8,885**	**$8,116**

Notes:

ODE Expenditure Per Equivalent Pupil uses a base poverty weight of 0.1

OEPI "Adjusted 2" Expenditure Per Equivalent Pupil uses a base poverty weight of 0.3

FY15 OEPI Expenditure Per Equivalent Pupil Comparison

FY15 Expenditure Per Pupil Range	Unweighted # of Districts	OEPI Weights # of Districts
$12,500 and above	65	14
$10,000 - $12,500	255	46
$9,000 - $10,000	185	59
$8,000 - $9,000	95	141
$7,000- $8,000	7	217
$6,000- $7,000	0	118
$5,000- $6,000	0	12
Total*	**607**	**607**

FY15 OEPI Expenditure Per Equivalent Pupil by Typology

FY15 OEPI Expenditure Per Equivalent Pupil by Typology Group
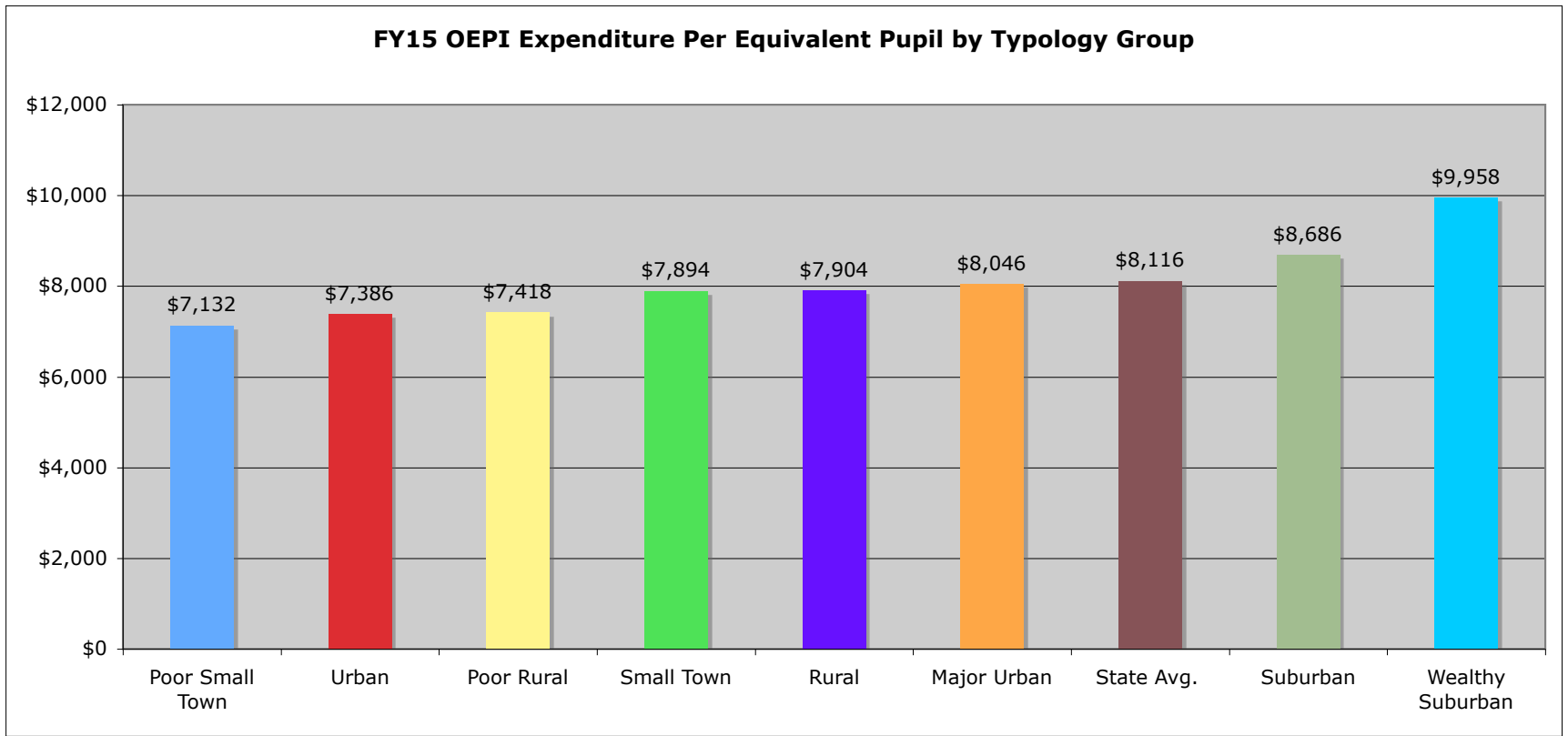
Expenditure Per Equivalent Pupil Analysis

- Once differences in pupil costs are accounted for, urban districts are shown to spend the 2nd lowest on average among Ohio's school district types

- Additionally, the major urban districts' spending per equivalent pupil is below that of the suburban and wealthy suburban districts, as well as below the state average expenditure.

Funding for Economically Disadvantaged Students

- In FY17 actual (post-gain cap) funding for economically disadvantaged students was $402 million.

- In FY99 it was $345 million. This is a 16.5% increase.

- The % of economically disadvantaged students is more than 50% higher now than it was 16 years ago.

- Modifying the poverty aid formula will be difficult until ODE determines how to accurately count the number of economically disadvantaged students in districts that utilize the Community Eligibility Program (CEP) for free and reduced price lunch.

Funding for Economically Disadvantaged Students FY99-FY17

Year	Program	Poverty Aid Amount	% Increase	# of Econ. Disadvant. Students	% Econ. Disadvant. Students
FY99	DPIA	$344,923,775		?	
FY00	DPIA	$337,543,392	-2.14%	?	
FY01	DPIA	$333,118,797	-1.31%	494,829	27.0%
FY02	DPIA	$324,640,211	-2.55%	512,624	28.0%
FY03	DPIA	$315,546,197	-2.80%	535,072	29.1%
FY04	DPIA	$322,838,791	2.31%	544,374	29.5%
FY05	DPIA	$330,423,012	2.35%	575,202	31.3%
FY06	PBA	$361,350,111	9.36%	*597,517*	*32.5%*
FY07	PBA	$408,755,291	13.12%	619,247	33.7%
FY08	PBA	$452,149,545	10.62%	616,031	*33.8%*
FY09	PBA	$470,178,046	3.99%	661,151	36.4%
FY10	ECF	--	--	709,928	40.2%
FY11	ECF	--	--	745,121	42.5%
FY12	Bridge Formula	--	--	758,106	43.6%
FY13	Bridge Formula	--	--	795,120	47.8%
FY14	EDA	$332,697,675*	-29.24%	801,657	46.5%
FY15	EDA	$372,144,220*	11.86%	830,275	48.3%
FY16	EDA	$377,290,978*	1.68%	822,111	48.1%
FY17	EDA	$401,769,653*	6.49%	836,625	48.9%
FY01-17 Change		**$68,650,856**	**20.6%**	**341,796**	**69.1%**

FY17 Report Card Initial Findings

OEPI's initial analysis of the FY17 Ohio School Report Card data again shows evidence of a significant achievement gap. It is absolutely imperative to note that these findings should NOT be interpreted as an indication that specific demographic subgroups of students are not capable of learning, rather simply as an indication that they are currently not learning at the same rate as their peers.

A. Performance Index

1. Despite the fact that performance index scores increased in 572 of 607 school districts from FY16 to FY17, the new report card data shows that the achievement gap between high poverty and low poverty districts remains persistent and dramatic.

2. The lowest performing school districts in Ohio according to the Performance Index have nearly 7 times as many economically disadvantaged students on average than do the highest performing districts in the state (top and bottom 65 districts). ODE generally defines Economically Disadvantaged students as those in households at or below 185% of the Federal poverty line.

3. 124 districts received a grade of A or B on the Performance index in FY17. **Only 2** of these districts have more than the state average percentage of economically disadvantaged students (48.9%). Another 5 districts have between 40% and 50% economically disadvantaged students. Meanwhile, 77 of these 124 high performing districts (62%) have fewer than 20% economically disadvantaged students.

4. Districts receiving an F on the Performance index have more than 10 times the percentage of Economically Disadvantaged students than do the districts receiving an A on the Performance Index.

5. Districts receiving an F on the Performance index have nearly 7 times the percentage of students in poverty (at or below 100% of Federal poverty level) than do the districts receiving an A on the Performance Index.

6. Districts receiving an A or B on the Performance index have more than double the median income than do the districts receiving an F on the Performance Index. 92 of the top 100 districts on the performance index are above the statewide median income of $33,795.

7. Districts receiving a D or F on the Performance index have more than 3 times the percentage of minority students as do the districts receiving an A, B, or C on the Performance Index.

B. Prepared for Success

5. Looking at the "Prepared for Success" metrics which gauge college and career readiness, 119 fewer districts received a grade of C in FY17 than in FY16, while 123 more districts received grades of D and F in FY17.

6. The lowest performing school districts in Ohio according to the Prepared for Success measures (districts less than 25% of students PFS) have nearly 8 times as many

economically disadvantaged students on average than do the highest performing districts in the state (districts with more than 65% of students PFS).

C. Test Results by Demographic Group

7. On 3rd through 7th grade proficiency tests, the gap between economically disadvantaged and non-economically disadvantaged students ranges from a low of 25.3 percentage points on 4th grade social studies to a high of 34.6 percentage points on 7th grade math. This means that ***the proficiency rate of economically disadvantaged students in Ohio in Grades 3-7 is roughly 25-35 percentage points lower than the proficiency rate of non-disadvantaged students***.

8. With exception of high school physical science where there is "merely" a 10.6 percentage point achievement gap (and where overall proficiency is lowest among every test administered), the gap between economically disadvantaged and non-economically disadvantaged students Ohio 8th grade proficiency tests and high school end-of-course exams ranges from a low of 24.3 percentage points on high school government to a high of 43.0 percentage points on high school math I.

9. Expressed another way, roughly 80-90% of Ohio's economically non-disadvantaged 3rd-5th graders demonstrate proficiency while roughly 50-65% of economically non-disadvantaged children demonstrate proficiency on 3rd-5th grade tests.

10. Similarly, roughly 65-80% of non-disadvantaged children demonstrate proficiency on Ohio's 6th-8th grade exams, while roughly 40-50% of economically disadvantaged children demonstrate proficiency.

11. Finally, roughly 60-80% of non-disadvantaged Ohio high school students demonstrate proficiency on end-of-course exams, while roughly 25-55% of economically disadvantaged students demonstrate proficiency.

12. Test scores improved from FY16 to FY17 for both economically disadvantaged and non-disadvantaged students. Non-disadvantaged students saw tests cores increase on 20 of 26 tests while disadvantaged students saw test scores increase on 18 of 26 tests.

13. Economically disadvantaged students in Grades 3-6 improved more than advantaged students did (achievement gap narrowed somewhat).

14. However, scores for economically non-disadvantaged students increased more than did those disadvantaged students in grades 7-12 (achievement gap widened somewhat).

15. All racial and ethnic demographic groups in Ohio exhibit the achievement gap between economically disadvantaged and non-disadvantaged students discussed above. However, the achievement gap tends to be larger for black, Hispanic, and multiracial students than it is for white students.

D. Other Outcomes

16. Nearly 2/3rd (73) of the 110 school districts with a student mobility rate of less than 5% received Performance Index grades of A or B.
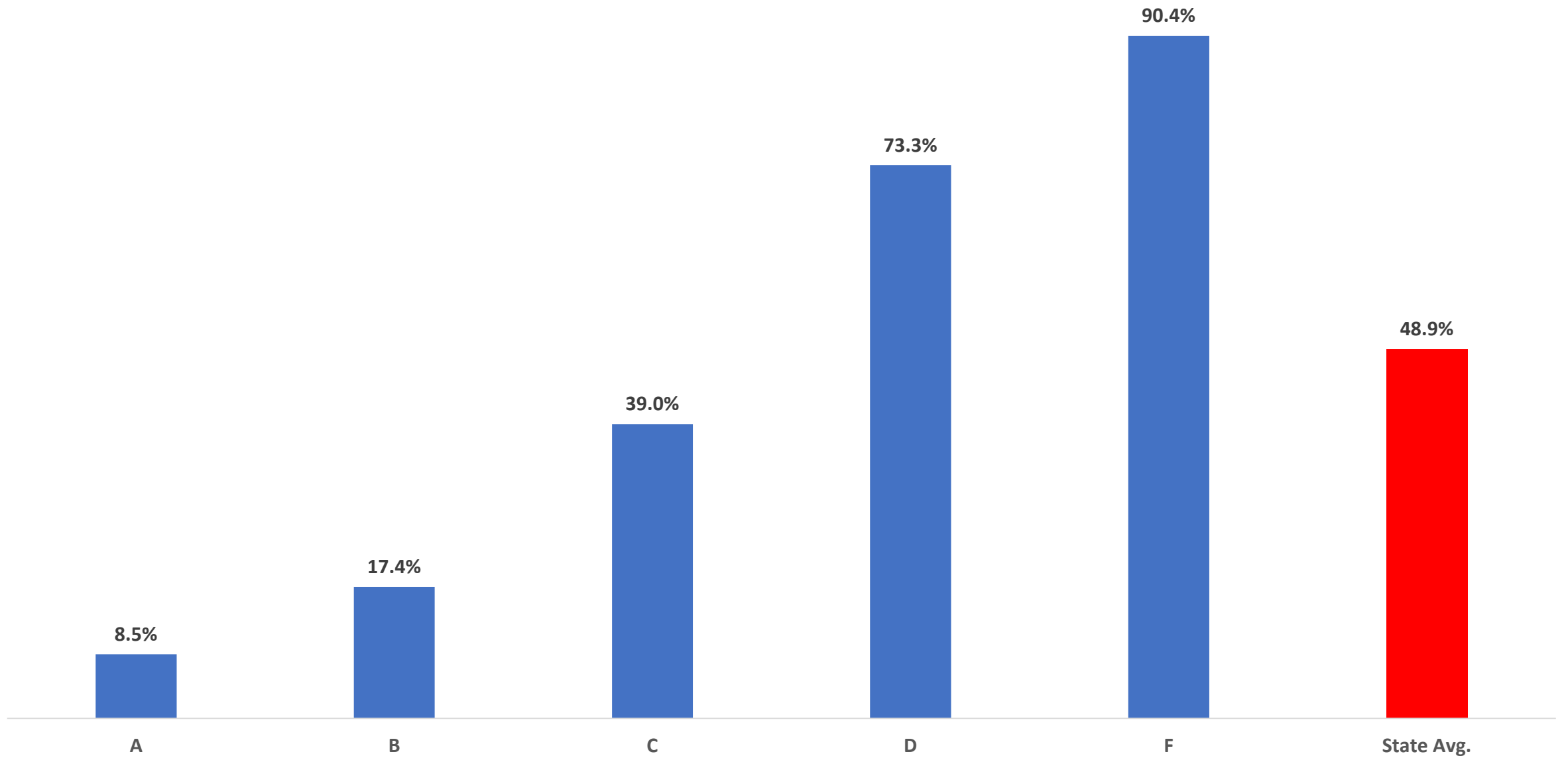
17. In contrast, all 38 school districts with mobility rates in excess of 15% received grades of C or lower, with 87% receiving D's or Fs. Similarly, 180 of 182 districts with mobility rates over 10% received grades of C or lower, with 103 (62%) receiving Ds or Fs.

18. Economically Disadvantaged Students are 5 times more likely to be disciplined than non-economically disadvantaged students
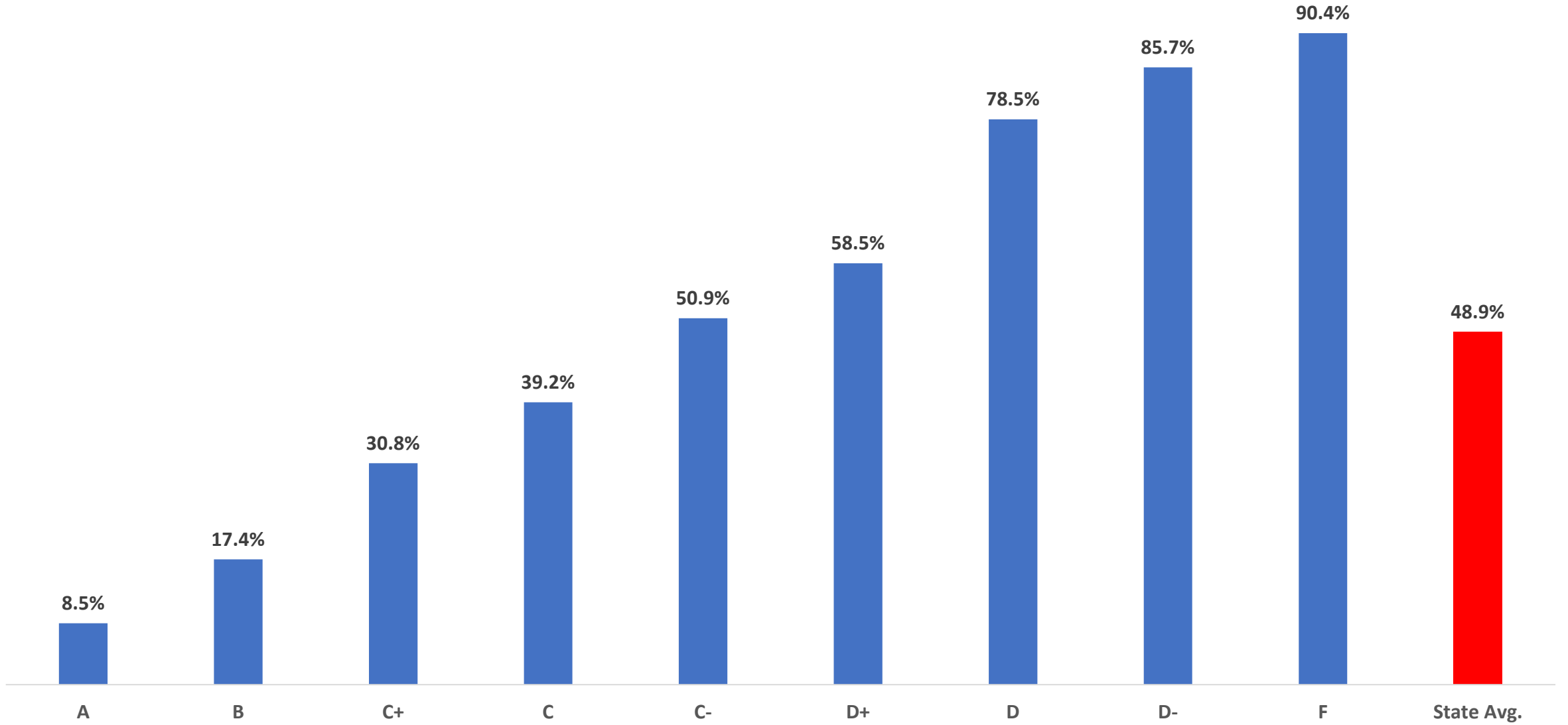
19. Economically Disadvantaged Students are 6.4 times more likely to receive an Out of School Suspension than non-economically disadvantaged students

		2016-2017 School Year Enrollment	2016-2017 School Year % Of Total	2006-2007 School Year Enrollment	2006-2007 School Year % Of Total	Percentage Poimt Increase Disadvantaged	% Increase Disadvantaged
Non Disadvantaged	Asian	25,670	67.2%	19,544	79.0%		
Disadvantaged	Asian	12,535	32.8%	5,184	21.0%	11.8%	56.5%
	Total	38,205		24,728			
Non Disadvantaged	Black, Non-Hispanic	36,585	13.1%	84,794	29.4%		
Disadvantaged	Black, Non-Hispanic	242,254	86.9%	203,656	70.6%	16.3%	23.1%
	Total	278,839		288,450			
Non Disadvantaged	Hispanic	22,915	25.0%	14,936	33.3%		
Disadvantaged	Hispanic	68,809	75.0%	29,948	66.7%	8.3%	12.4%
	Total	91,724		44,884			
Non Disadvantaged	Multiracial	27,719	33.1%	25,826	48.7%		
Disadvantaged	Multiracial	56,083	66.9%	27,222	51.3%	15.6%	30.4%
	Total	83,802		53,048			
Non Disadvantaged	White, Non-Hispanic	708,332	60.1%	989,146	73.7%		
Disadvantaged	White, Non-Hispanic	470,061	39.9%	352,883	26.3%	13.6%	51.7%
	Total	1,178,393		1,342,029			

ODE Grade - Performance Index - % Economically Disadvantaged Students In District

A	B	C	D	F	State Avg.
8.5%	17.4%	39.0%	73.3%	90.4%	48.9%

OEPI Grade - Performance Index - % Economically Disadvantaged Students In District

Grade	Value
A	8.5%
B	17.4%
C+	30.8%
C	39.2%
C-	50.9%
D+	58.5%
D	78.5%
D-	85.7%
F	90.4%
State Avg.	48.9%

ODE Grade - Performance Index - % Poverty In District

Grade	% Poverty
A	6.2%
B	7.6%
C	14.0%
D	28.2%
F	42.7%
State Avg.	18.9%

OEPI Grade - Performance Index - % Census Poverty

A	B	C+	C	C-	D+	D	D-	F	State Avg.
6.2%	7.6%	10.6%	14.4%	18.1%	20.1%	30.7%	36.5%	42.7%	18.9%

ODE Grade - Performance Index - % Total Minority Students In District

22.5%	16.2%	14.0%	43.0%	84.4%	26.5%
A	B	C	D	F	State Avg.

OEPI Grade - Performance Index - % Total Minority Students In District

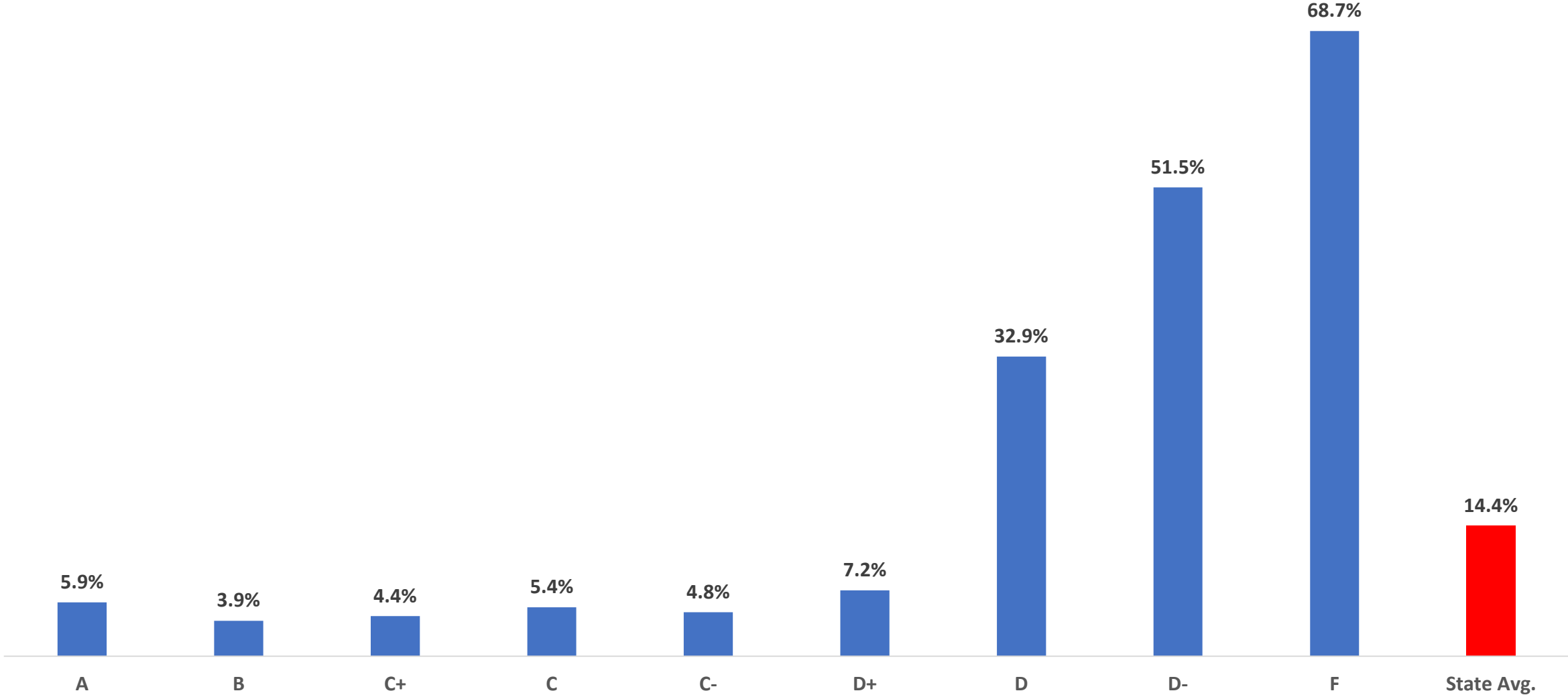| Grade	Value
A	22.5%
B	16.2%
C+	12.9%
C	14.8%
C-	13.2%
D+	19.7%
D	49.8%
D-	72.1%
F	84.4%
State Avg.	26.5%

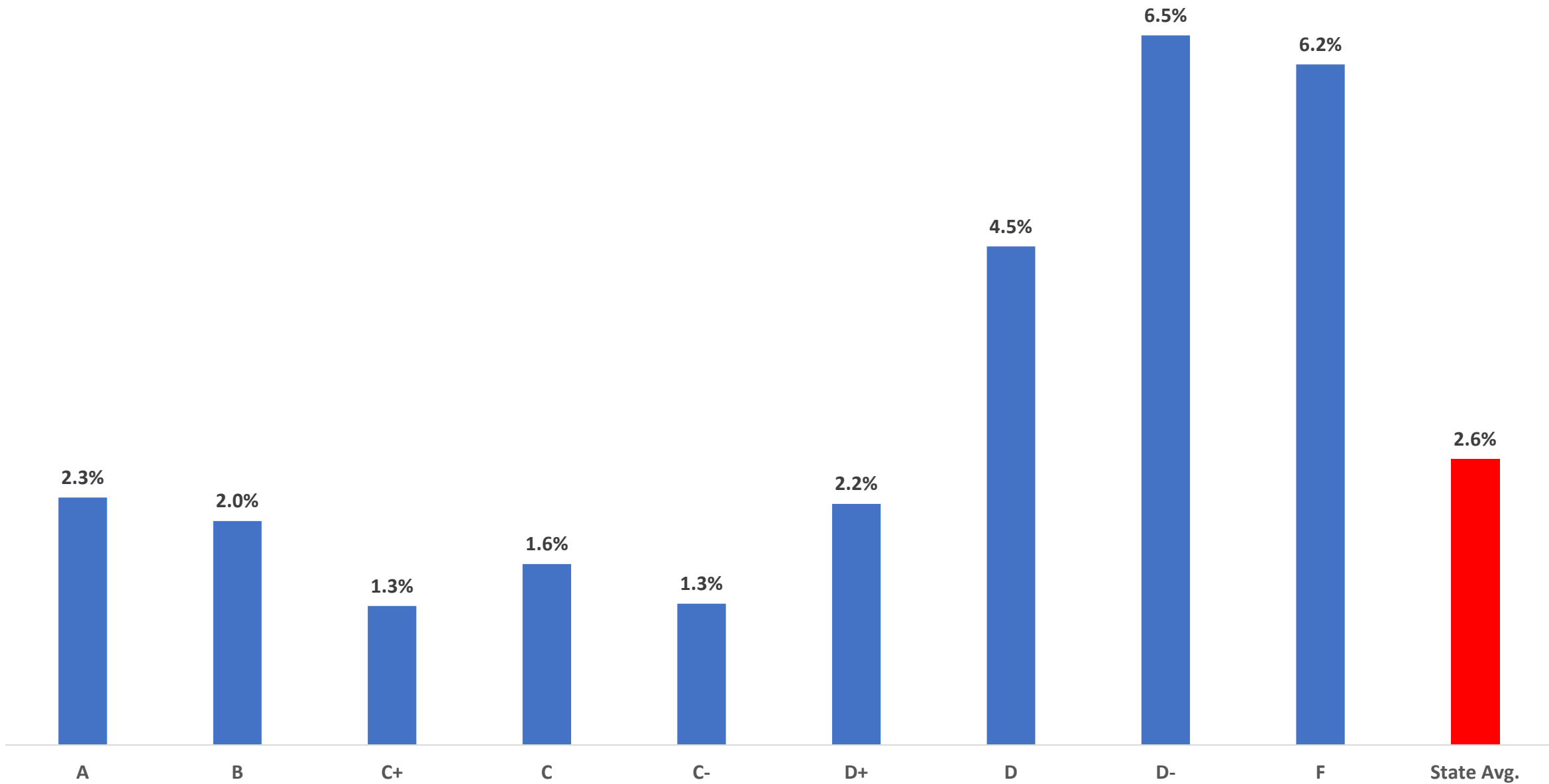# ODE Grade - Performance Index - % African American Students In Districts

OEPI Grade - Performance Index - % African American Students In District

ODE Grade - Performance Index - % Students With Limited English Proficiency In District

	A	B	C	D	F	State Avg.
	2.3%	2.0%	1.5%	4.1%	6.2%	2.6%

OEPI Grade - Performance Index - % Students With Limited English Proficiency In District

Grade	Value
A	2.3%
B	2.0%
C+	1.3%
C	1.6%
C-	1.3%
D+	2.2%
D	4.5%
D-	6.5%
F	6.2%
State Avg.	2.6%
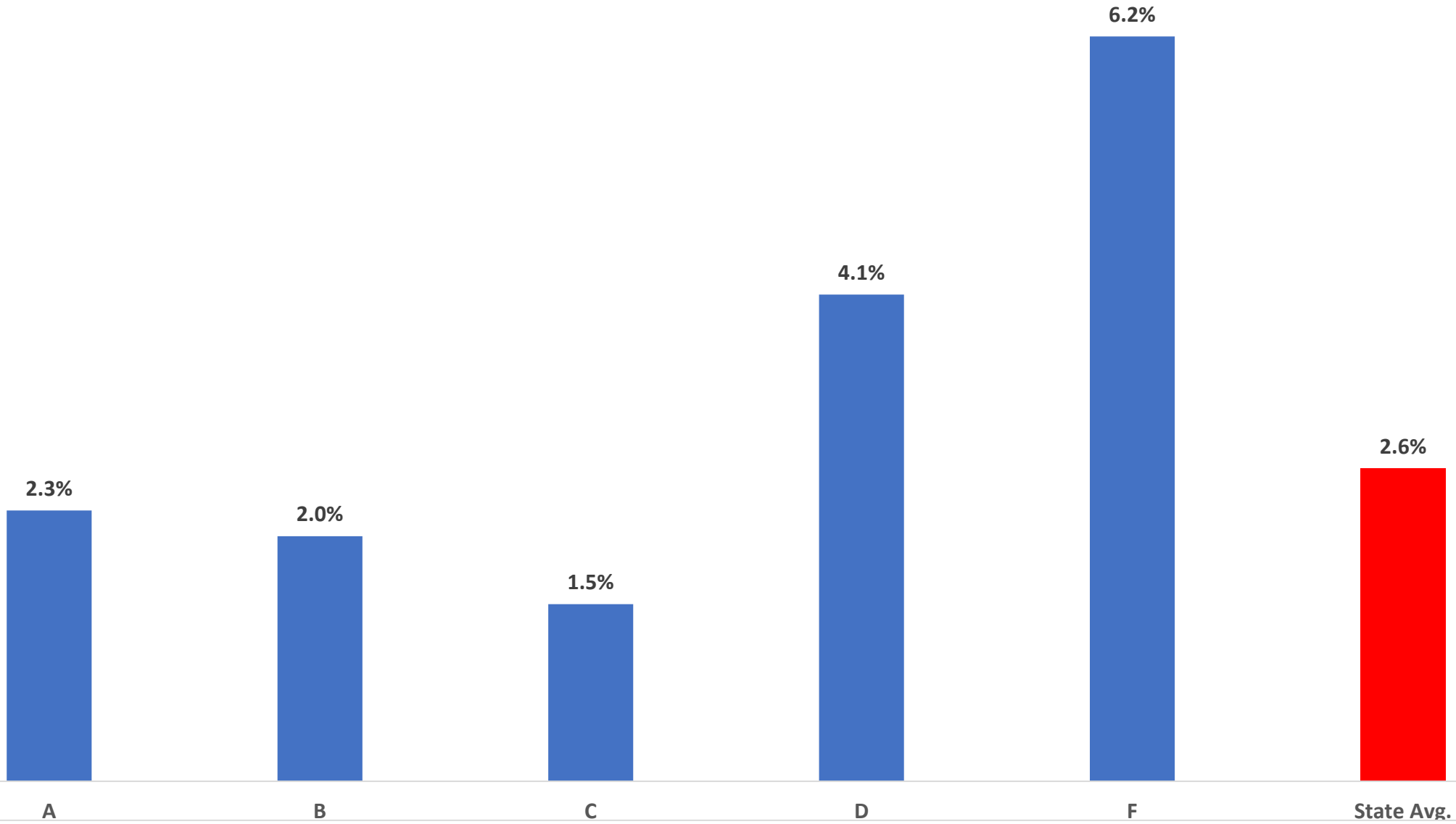
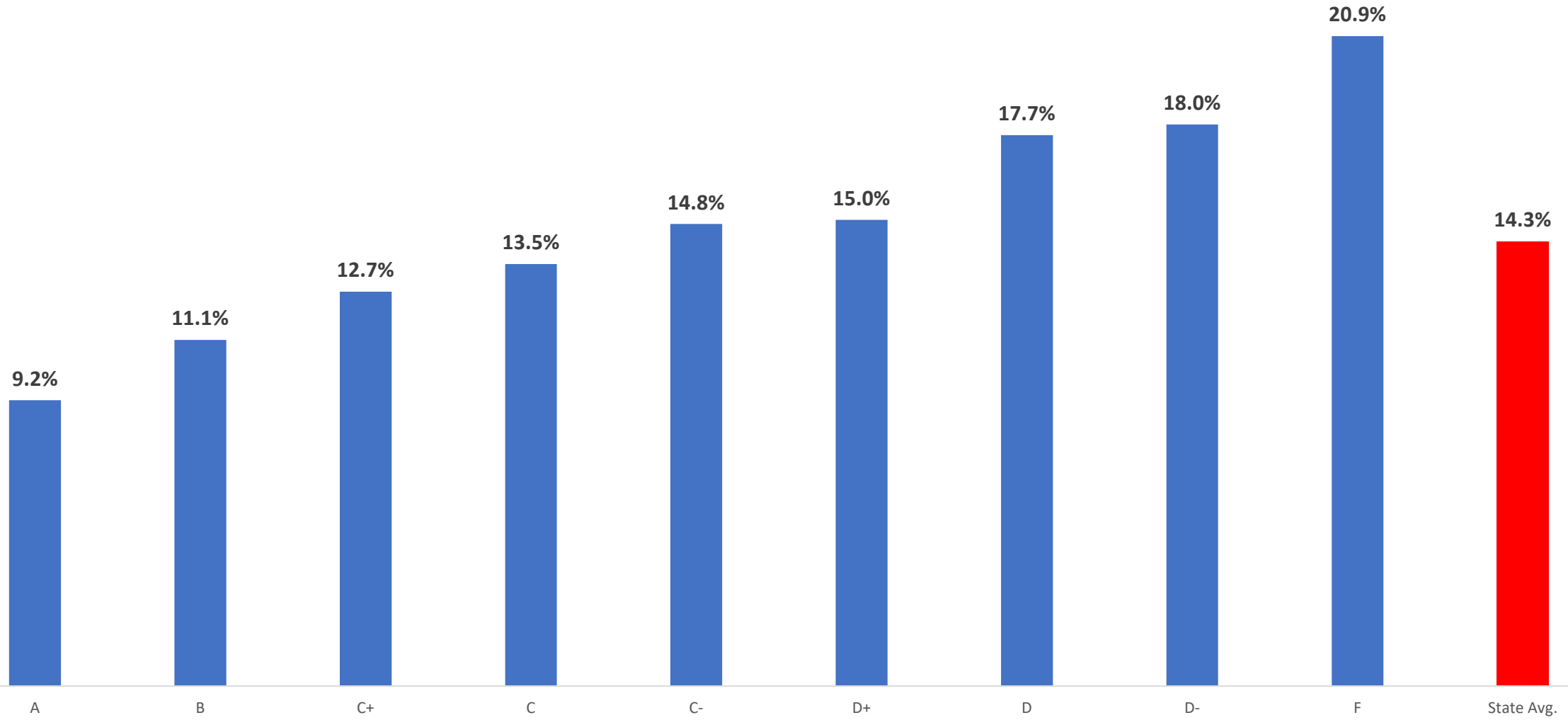# ODE Grade - Performance Index - % Students with Disability In District

OEPI Grade - Performance Index - % Students With Disability In District

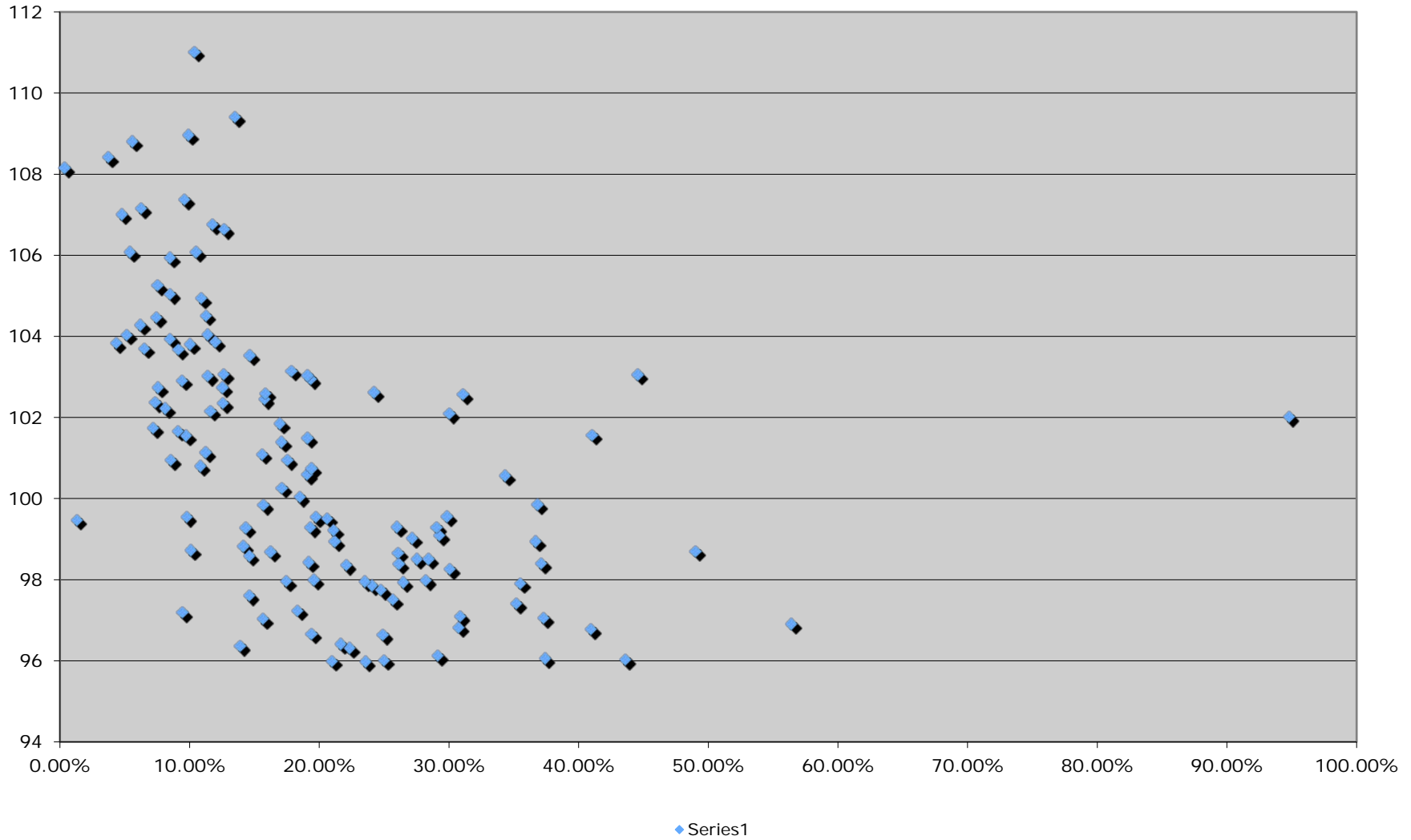| A	B	C+	C	C-	D+	D	D-	F	State Avg.
9.2%	11.1%	12.7%	13.5%	14.8%	15.0%	17.7%	18.0%	20.9%	14.3%
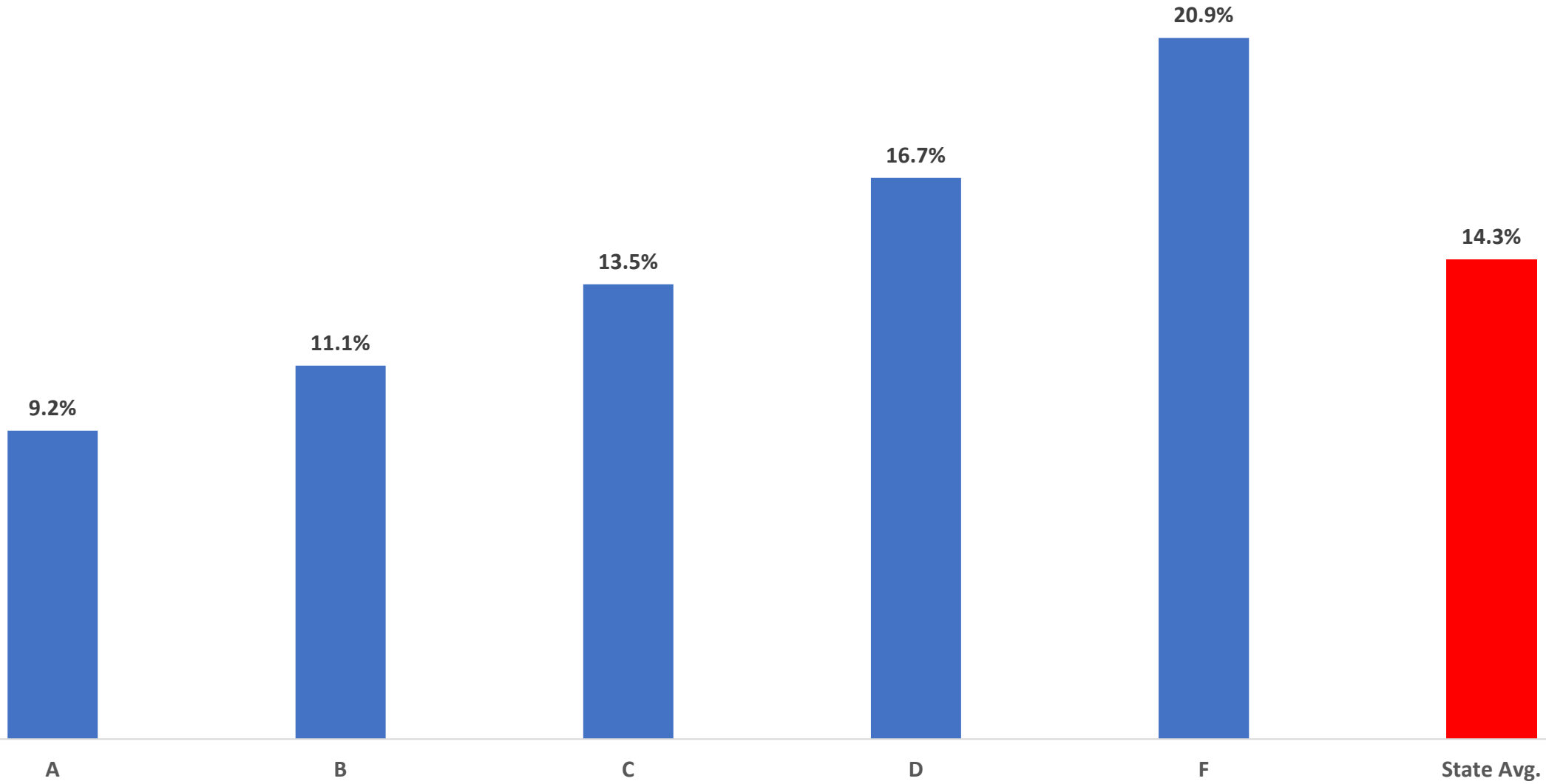
FY17 PI Score vs. % Economically Disadvantaged by District
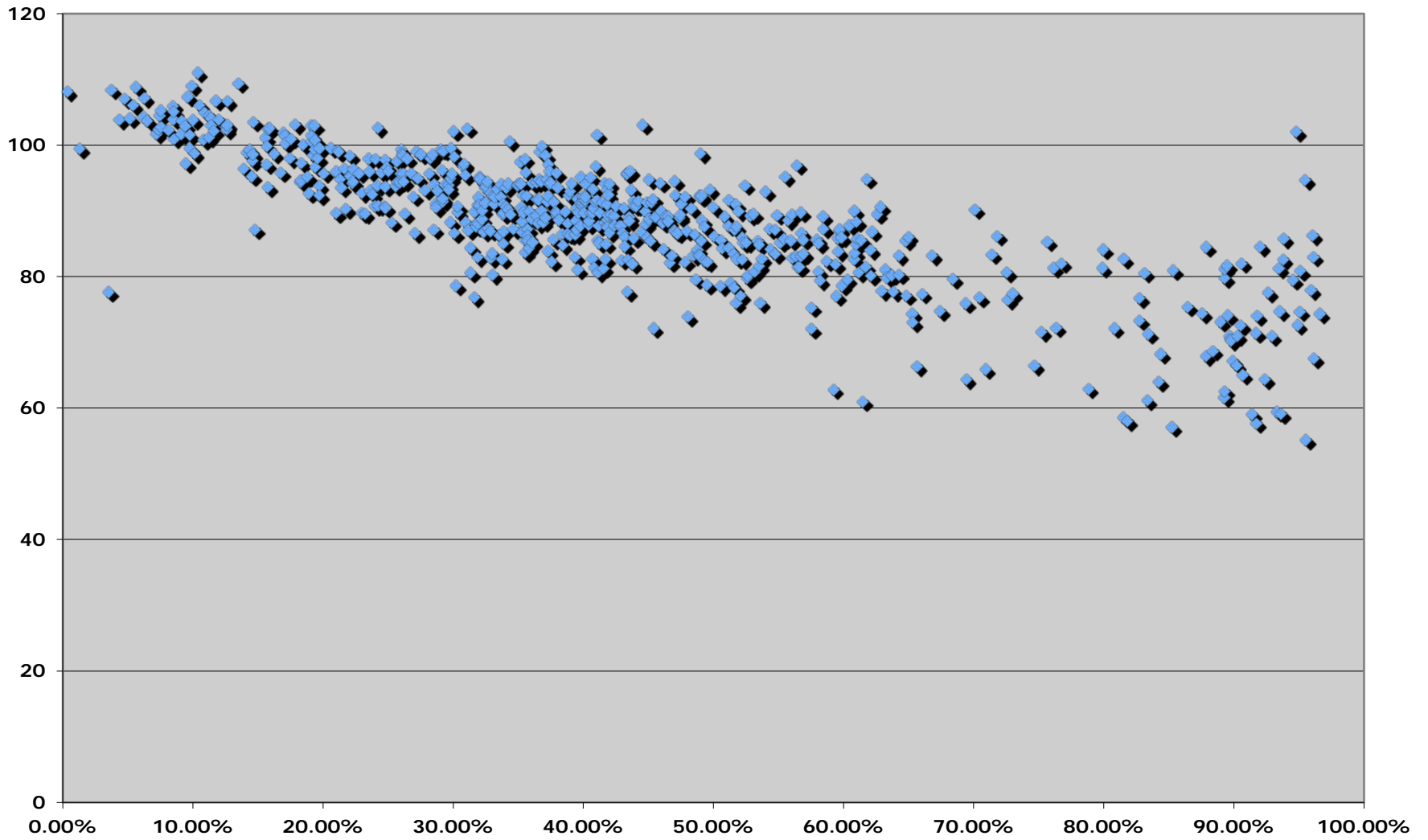
Performance Index Score 2016-17

FY17 PI Score vs. % Economically Disadvantaged, District Getting As & Bs on PI

◆ Series1

Prepared for Success - % Economically Disadvanatged

Category	Percent
Prepared For Success greater than 65%	11.10%
Prepared for Success % between 55 and 65	22.40%
Prepared for Success % between 45 and 55	31.10%
Prepared for Success % between 35 and 45	40.80%
Prepared for Success % between 30 and 35	50.10%
Prepared for Success % between 25 and 30	61.50%
Prepared for Success Percent less than 25%	81.60%

Test Results Non Economically Disadvantaged & Disadvantaged Grades 3-5

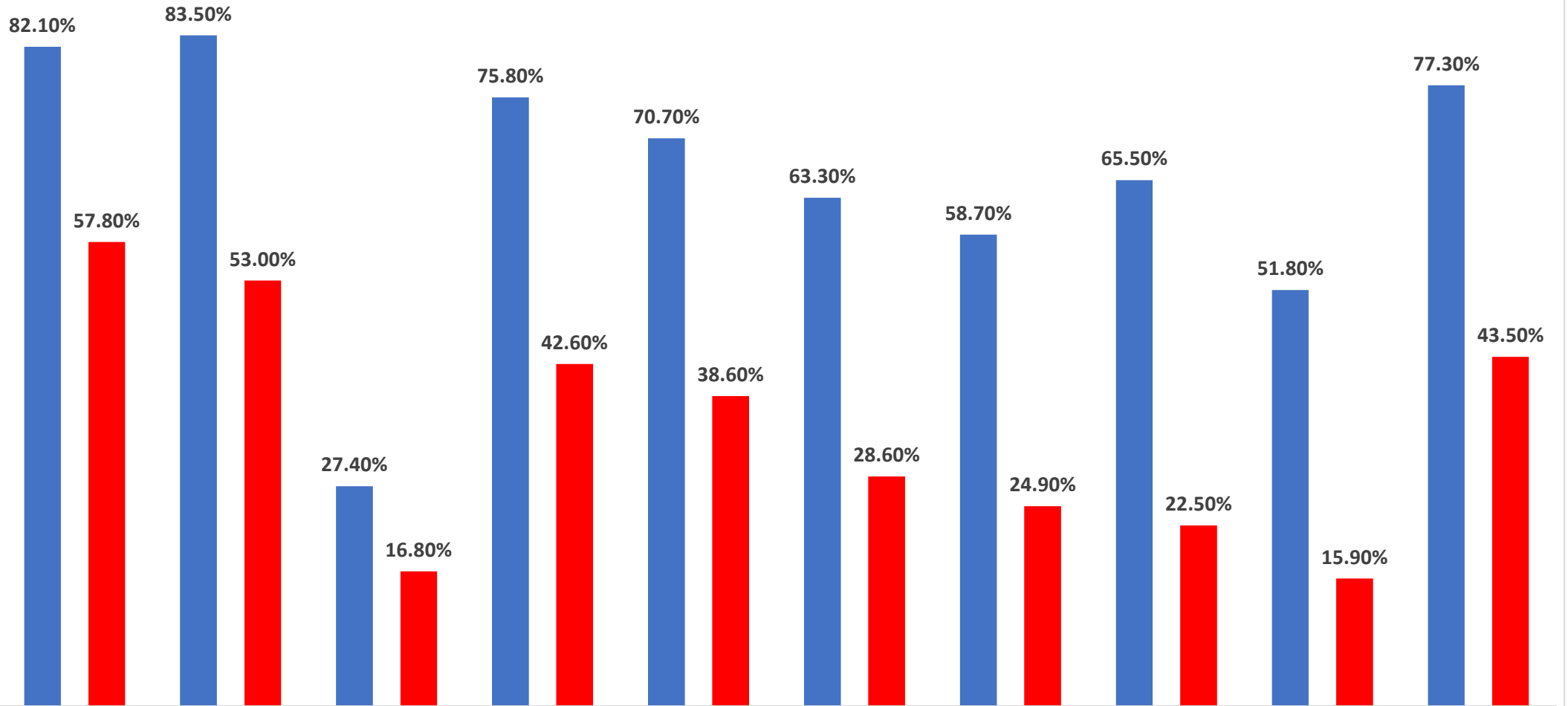|	Reading 3rd Grade	Mathematics 3rd Grade	Reading 4th Grade	Mathematics 4th Grade	Social Studies 4th Grade	Reading 5th Grade	Mathematics 5th Grade	Science 5th Grade
Non Dis.	81.30%	86.20%	79.30%	88.10%	91.30%	83.20%	79.70%	84.50%
Disadvantaged	50.30%	58.40%	49.10%	59.40%	66.00%	54.00%	45.80%	54.00%

Test Results Non Economically Disadvantaged & Disadvantaged Grades 6-8

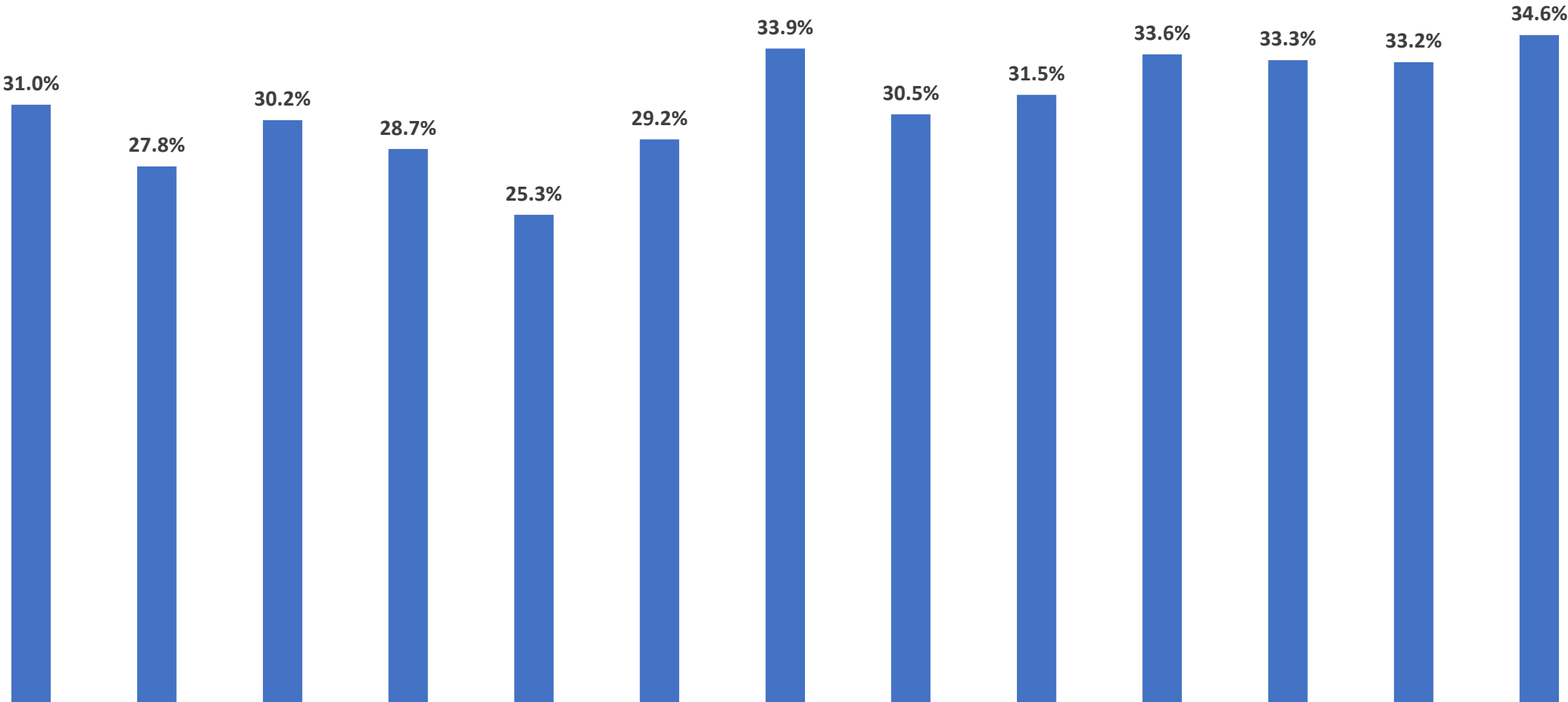

	Reading 6th Grade	Mathematics 6th Grade	Social Studies 6th Grade	Reading 7th Grade	Mathematics 7th Grade	Reading 8th Grade	Mathematics 8th Grade	Science 8th Grade
Non Dis.	76.10%	77.30%	80.70%	75.70%	73.50%	66.60%	71.70%	81.70%
Disadvantaged	44.60%	43.70%	47.40%	42.50%	38.90%	32.70%	40.50%	48.50%

Test Results Non Economically Disadvantaged & Disadvantaged High School

	Government High School	History High School	Physical Science High School	English I High School	English II High School	Algebra I High School	Geometry High School	Math I High School	Math II High School	Biology High School
Non Dis.	82.10%	83.50%	27.40%	75.80%	70.70%	63.30%	58.70%	65.50%	51.80%	77.30%
Disadvantaged	57.80%	53.00%	16.80%	42.60%	38.60%	28.60%	24.90%	22.50%	15.90%	43.50%

Ohio Test Results 2016-2017 - Non Economically Disadvantaged vs. Disadvantaged Variance 3rd - 7th Grade

Category	Value
3rd Grade Reading	31.0%
3rd Grade Mathematics	27.8%
4th Grade Reading	30.2%
4th Grade Mathematics	28.7%
4th Grade Social Studies	25.3%
5th Grade Reading	29.2%
5th Grade Mathematics	33.9%
5th Grade Science	30.5%
6th Grade Reading	31.5%
6th Grade Mathematics	33.6%
6th Grade Social Studies	33.3%
7th Grade Reading	33.2%
7th Grade Mathematics	34.6%

Ohio Test Results 2016-2017 - Non Economically Disadvantaged vs. Disadvantaged Variance 8th - High School

THE SPEAKER'S TASK FORCE ON

EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

October 12, 2017 Meeting

10:00 AM – Rhodes State Office Tower, 29th Flr. Room 2925
Columbus, Ohio 43215

Agenda

1. Call to Order

2. Chairman's welcome

3. Presentation from The Honorable Jim Buchy, Senior Advisor at the Batchelder Company and former State Representative, and Jeremy Grove, Career and Technical Education Program Manager at Cleveland Metropolitan Schools

4. Presentation from Todd Whiteman, Superintendent, Foxfire Schools.

5. Presentation from Cris Gulacy-Worrel, Vice-President of National Expansion, Learn4Life.

6. Discussion

7. Adjournment

Agriculture Education Foundation
Promoting Agriculture Education Accessibility

Background

In 2013, State Representative Jim Buchy joined with Ohio FFA, The Ohio Department of Education and The Ohio State University Extension to promote agriculture education in the city. Extending more agriculture education opportunities, increases student attainment and opens up career pathways for students to gain employment in Ohio's number one industry.

For those college bound, a sister program was created at Central State University to prepare educators who will be able to continue educating the next generation. The new 1890 Land Grant institution is growing an agriculture program with a focus on ag teachers and extension educators prepared for instruction in the city and throughout Ohio.
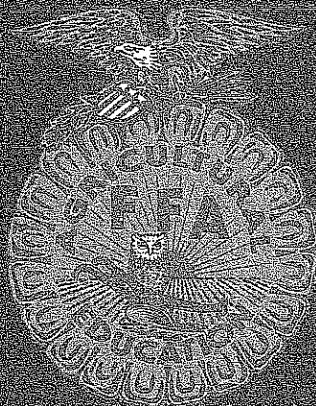
Opportunities

- Ohio's inner city schools lag behind suburban and rural school districts when compared on standardized testing.
- Students from inner city schools are less likely to graduate and when they do, less likely to go to college or start a career.
- Exposure to nature, animals and other environmental factors have proven beneficial for students, especially those facing adversity.
- Ohio only had two agriculture educator programs and they were producing enough agriculture teachers to fill 20% of the existing openings.

Proven Success

- Students are coming to school eager to learn
- Students have signed up for after school 4-H clubs and are attending summer camps.
- Teachers are reporting a growth in students' understanding of agriculture.
- Elected FFA officers are taking a lead
- In a survey of teachers, 90% rated Agriculture in the City "excellent."
- At Cleveland East Tech High School the top six graduates in 2017 were FFA members.

Focus of the Agriculture Education Foundation

- Support agricultural educators in the classroom with financial resources connecting them to STEM curriculum.
- Provide access to scholarship dollars for future agricultural educators.
- Increase the number of quality agricultural education programs.

Contact

Jim Buchy
(937) 423-3100
Jimbuchy@embarqmail.com

281 Dogwood Dr.
Greenville, Ohio 45331

What is 4-H?

4-H is a youth organization with the mission of "engaging youth to reach their fullest potential while advancing the field of youth development." The 4-Hs stand for Head, Heart, Hands, and Health.

What is FFA?

FFA is a youth leadership organization that strives to make a positive difference in the lives of young people by developing their potential for premier leadership, personal growth and career success through agriculture education.
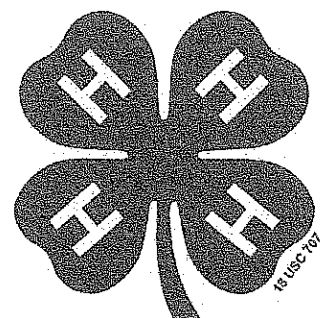
October 12, 2017

In December of 2013, I received a call from the Ohio Department of Education in regard to a new Agribusiness & Production Systems Career Technical Education (CTE) program to be opened in the poorest congressional district in Ohio and a food desert. Fast forward to today, Agriscience in the City has made a profound impact on the lives of scholars at East Technical High School and George Washington Carver STEM School.

The Smith-Hughes Act of 1917 led to vocational agriculture classes, allowing students in rural communities to learn and attain technical skills to support a lifetime of informed choices as citizens of our nation and as employees of our greatest industry, agriculture. However, this is not enough. One hundred years later, the Agriscience in the City initiative shifts the focus on rural students and is reaching a population of students that otherwise would not have the opportunity to be a part of our noblest of efforts, growing food for a growing world.

Over the course of the last three years, student enrollment in the program has grown from approximately 36 students to over 70 students. The numbers fluctuate due to a transient student population and open enrollment system. This year, the population has decreased slightly due to a teacher change. Participation in the National FFA Organization has also increased over the last three years as students have attended both the Ohio and National FFA Conventions, FFA Camps, Conference on Character at Central State University, and local events. Over 40% of the students have participated above the local level and nearly all students have participated at least locally. Local events have included community service projects at the school and at recreation/family centers, video game nights, basketball tournaments, and more. The local events were conducted in a way to attract students after school to provide a safe place to have fun.

Students from George Washington Carver STEM have been interacting with OSU Extension Educator Rob Isner since 2013. His involvement in the school has led to a number of scholars wanting to leave their academic classes to show up in his lab to learn more about chicks, insects, robots, worm composting, using microscopes and more. It was always a challenge asking students to return to their assigned classroom, but they had the desire to learn through experiential and hands-on

learning. After school, he would have various students stay after to participate in his 4H club where they would complete various projects, collect recycling data, and enjoy nutritious snacks. His data from May 2017 shared that 72% of surveyed students know about East Tech's Agribusiness program, with 63% of students wanting to participate in an Agricultural & Environmental Systems CTE Pathway, and 83% of students wanting more agriscience activities.

Although an accurate number has not been made official due to our transient student population, over 20 students from George Washington Carver STEM have selected East Technical High School as their school of choice, with over 10 being enrolled in the Agribusiness program at some point in time during their high school career, ranging from a few weeks to starting their third year in the program.

The Class of 2017 made incredible strides while at East Tech. This group of 16 graduates were the most involved in the FFA chapter, while also achieving high marks in most of their classes. It was certainly a pleasant sight to see six of the top 10 seniors wear an FFA medallion on stage, with the top five all being FFA chapter officers. This group of graduates also made an impact in the state as many Agriscience Educators have spoken to me directly concerning the professionalism, respect, and leadership that these students have exhibited. It is also because of this group of students that the program is one of the highlights at East Technical High School and the program becoming a popular destination for many guests that visit the school. Post secondary institutions such as The Ohio State University, The Ohio State University Agricultural Technical Institute, and Penn State University have brought over 60 pre-service Agricultural Educators to visit in the last two years.

On a different note, this program is providing students an opportunity to learn to grow their own food. The Central neighborhood is a food desert with limited access to nutrient-rich food. Even more so, the Hough neighborhood that borders Central, and home to many of our students, has a 24-year disparity in life expectancy from other neighborhoods in Cuyahoga County because of nutrition. Although we have done this many times before, just this week I watched as students harvested lettuce they grew and were tasting the product of their labor. It is because of this program that more students have a desire to not only eat and grow their own food, but consider agriculture as a career, with a handful of students deeply considering attending Central State University for Agriscience Education. This program is

providing students an opportunity to break a generational trend of poverty and bridging a gap in their education.

Although I wish I could have passionately shared in person the transformation that Agriscience Education and CTE is making within our students' lives, I would be remiss to share that I will be training more student leaders within the school district during the committee session as part of my new role in Career Tech. The moral support from legislators, city officials, organizations, industry partners, post-secondary institutions, and countless others have helped to shape a program that is and will continue to grow all while developing the students' potential for premier leadership, personal growth, and career success through Agricultural Education.

Respectfully submitted,

Jeremy M. Grove
Career Technical Education Program Manager
Cleveland Metropolitan School District
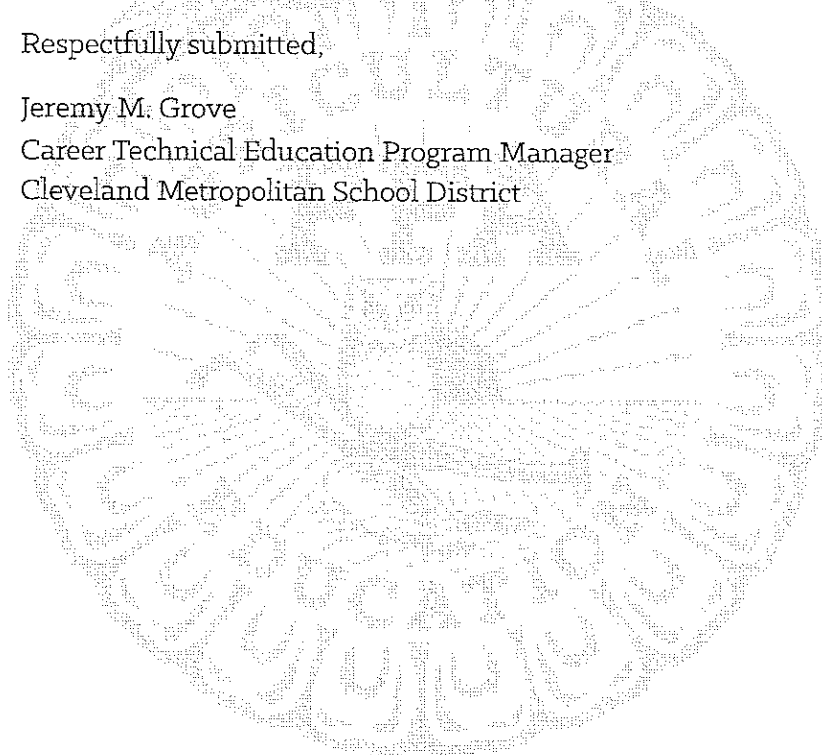
CHARACTER   LOYALTY   TEAMWORK   ACCOUNTABILITY

FOXFIRE
SCHOOLS

DISCIPLINE   CARING   WORK ETHIC   COMMITMENT

A Message from the Superintendent

Dear Foxfire Friends,

I openly welcome you to the 2017-18school year at Foxfire Schools. We continue to commit our passion, mission, and vision to ensure a successful experience for your child this year. Our entire staff is working relentlessly to adapt new, cutting-edge instructional strategies that will impact how our students learn and apply their skill sets. I am eager and confident that this will be an extremely successful school year for all involved.

Foxfire is a trendsetting, model, drop-out recovery school district filled with innovative instructional practices and unique programming that address the whole child to cultivate success in multiple aspects of our students' lives. Our staff is second-to-none as they continue to teach the un-teachable and reach the un-reachable successfully. We are dedicated to positively impacting all students' lives and empowering them to be the best that they can be academically, socially, emotionally, and morally.

We continue to grow and expand upon the legacy of being selected as *The Model Alternative School* by the U.S. Department of Education. This school year we are expanding our on-site post-secondary dual-enrollment program to provide a great opportunity for our Foxfire students to earn tuition-free college credits while still in high school. Foxfire is excited to take the next step to integrate technology in the classroom. Foxfire Intermediate School continues to grow in leaps and bounds and will expand the number and grades that we will serve this year grades k-8.

Career Readiness curriculum , electives and pathways remain a priority for us. We remain committed to providing a connected, structured and personalized program for our kids. Career exposure, exploration , internships, and short term certificated credentialed programming /pathways are provided on site to our students .

Enclosed is the 2016-17 school report along with useful events, dates, and information for this school year. Foxfire also utilizes WHIZ TV/Radio, *The Times Recorder*, Progress Book, Parent Involvement nights, Home-to-School Newsletters, Parent-Teacher Conferences, and Curbside Coffee to keep you actively informed. I encourage you to consistently access our school website at www. foxfireschools.com. Our website is updated daily and offers diverse up-to-the-minute information.

Foxfire's emphasis and success lies within our relationships with our staff, students, parents, community partners, and school board. We take great pride in the fact that we make decisions that are in the best interest of all stakeholders and treat others how we want to be treated. Fostering deep sustainable relationships is entrenched in the culture here. Core values, relationships, and embedded serviced anchor the quality of education your child receives. It is our privilege to have the opportunity to play a part in your child's life. I strongly encourage you to play an active role in your child's life and education as well. We encourage you to communicate your questions and concerns, and provide valuable input from your perspective about your son or daughter. You can reach us by stopping in to see us at 2805 Pinkerton Road, or by calling us at 740-453-4509. Thank you for choosing Foxfire for your child.

Table of Contents

Foxfire Schools - Who We Are

Foxfire Schools

We are a trendsetting, model, dropout recovery school district grades K-12 filled with innovative instructional practices and unique programming that addresses the whole child to cultivate student success. The highly-engaging staff at Foxfire is dedicated to positively impacting all students' lives and empowering them to become the best that they can be academically, socially, emotionally, and physically. We are committed to doing what works to connect and prepare our students to achieve in the global 21st Century.

Relationships, core values, wrap-around services, wellness, and technology are the critical components of our educational landscape. Foxfire integrates all aspects of these components into the culture through daily interactions with students. Our mission, vision, values, and goals are clear and entrenched, yet we also recognize the need to continually change programming and adapt to meet the needs of our students without changing the core of who we are and those we serve.

Mission Statement

The Mission of Foxfire Schools is to impact the lives of our students in a positive, direct, and productive manner by teaching them the core values of working together, work ethic, accountability, discipline and servanthood. The ultimate goal is to empower our students to reach their maximum potential academically, socially and emotionally while assisting them in becoming solid, productive citizens. Success is a by-product of embracing these core values.

Our Vision

The goal of Foxfire High School is to create a diverse, flexible atmosphere that meets each of our students' needs academically, socially and emotionally. This Vision will create a variety of options for learning and multiple opportunities for students to demonstrate *success*!

Who We Serve

- At-risk Appalachian/urban youth ages K-12 rom seven counties and over thirteen different districts.
- 82% of our graduates are on some form of probation
- 67% of Students served on an IEP
- 100% of our students are poverty based - free and reduced lunch
- 100% of our students have at least one major non –academic barrier in their life.
- 75% of students battle anxiety and / or depression
- 36 Students tested positive for STD's last year
- 315%of students are in foster care
- 84% of students come from divorced homes
- 36% of students are homeless defined by ODE

NON-ACADEMIC ISSUES WE BATTLE DAILY

- Lack of wellness – mental/physical
- Poverty
- Mental Health
- Drug/Alcohol Abuse
- Sexual Abuse
- Violence
- Legal Issues
- Hygiene
- Obesity
- Neglect
- Homeless
- Suicide
- Foster Care
- Divorce
- Bankruptcy
- Lack of Parental Involvement
- Lack of Core Values

- Fitting In
- Role models
- Nutrition
- Education
- Death
- Sexually Transmitted Disease
- Neglect
- Transient
- Gangs
- Divorce
- Single Parenting
- Foster Care
- Pregnancy
- Incarceration
- Suicide
- Self Control
- Anger
- Lack of social sk
- Illiteracy
- Lack of positive adult relationships
- Lack of values

We Are Foxfire – The Model Alternative School

Foxfire Schools earned *The Model Alternative School Award* from the United States Department of Education. This award is based on utilizing Best Practices, outstanding achievement, and student growth. The U.S. Department of Education did a case study, extensive site observation, and a data collection study prior to selecting Foxfire as the model school.

The award and our work can be seen at www.doing whatworks.org. This link provides highlights of our research based practices online along with videos and samples of our work and programs. Highlights and criteria of the award include:

Highlights

Foxfire Schools serve dropout recovery and prevention students grades K-12 located in Zanesville, Ohio. Foxfire Schools serves , in collaboration with local traditional districts as a dropout recovery/prevention school for students from regional school districts. The school provides best practices meeting these selection criteria:

- Ongoing Connect the Dots monitoring of student interventions and immediate adjustments in these interventions if needed
- Visible mentoring for all students including Alumni Mentoring programs
- Extensive on site credentialed career readiness programs including: Screen Printing, Digital Meeting, Art, Firefighter EMT, Forklift, STNA, Engraving, Car Detailing, Auto Repair,
- Wrap-around services embedded on site that include: social workers, mental health counselors, drug/alcohol counselor, school nurse, school resource officer, credit recovery coordinator, post-secondary coordinator, community outreach coordinator, work study coordinators, and family engagement coordinators
- Small, personalized classes where 21st Century technology is embedded into all phases of the curriculum
- 21st Century skill set instruction that is relevant and provides opportunities for students to work in the community
- Personalized Project Based Education

Summary of Approach

Practices covered:

- Data Systems

- Adult Advocates

- Academic Supports

- Social/Behavior Programs

- Learning Environment

- Rigorous/Relevant Instruction

We Are Foxfire

A School of Distinction

A School of Promise

Momentum Award Recipient

The Model Alternative School

Ohio Department of Education

To help close achievement gaps in Ohio, the Ohio Department of Education (ODE) developed a program to identify, recognize, and highlight these *Schools of Promise* for their substantial progress in ensuring high achievement for all students. These gaps in achievement don't have to exist. Experience and a growing body of research tell us that when students don't perform well, it's more about the quality of teaching that inhibits learning in schools.

We hope to ensure that all of students will receive the rich educations they deserve. In a fiercely competitive global marketplace, our students need advanced knowledge and skills to prepare them for 21st Century work-place demands. We are helping all demographic groups of students achieve, even when most of the students qualify for free or reduced-price lunch.

Evidence of five elements emerged when ODE studied the practices of *Schools of Promise*:

1. Rigorous standards and instruction
2. Strong instructional leadership
3. Instruction designed for all students' success
4. Parent and community involvement
5. A positive school culture

The way these elements are practiced reflects the unique community of Foxfire Schools, but the central themes remain constant. The detailed case studies provide scholarly insight into successful programs, practices, and policies that helped these high-performing schools, like Foxfire, boost the achievement of all students.

2011 -2017 Clemson University *Crystal Star of Excellence Award*
National Dropout Prevention Network

Foxfire was awarded Clemson University's ***Crystal Star of Excellence Award*** under the criteria set by the National Drop Out Prevention Network. A panel of judges reviewed each nominee for the award based on a criteria set that focused on the implementation of programs pertaining to dropout recovery, intervention, and prevention. The nominating packet consisted of the nomination form and a narrative that included at least five examples of Foxfire's exemplary practices. The narrative included an evaluation component explaining how the effectiveness of the program was established. Foxfire's ideal program has been in existence since 2000 and implements at least five of the following strategies:

1. *Systemic Renewal*: A continuing process of evaluating goals and objectives related to school policies, practices, and organizational structures as they impact a diverse group of learners .

2. *School-Community Collaboration*: The program works with a variety of groups in the community to establish collective support for the school, and to provide a strong infrastructure to sustain a caring environment where youth can thrive and achieve.

3. *Safe Learning Environments*: A learning environment that provides daily experiences, at all grade levels, is created which enhance positive social attitudes and effective interpersonal skills in all students.

4. *Family Engagement*: School planning teams receive training in strategies to help parents and other family members become active and informed partners in helping their children pursue and achieve their educational goals. Family members are involved in workshops and meetings to gain the necessary skills.

5. *Early Childhood Education*: Students identified as at-risk at a young age receive the best possible classroom instruction from the beginning of their school experience.

6. *Early Literacy Development*: Early interventions to help low-achieving students improve their reading and writing skills, and establishing the necessary foundation for effective learning in all subjects.

7. *Mentoring/Tutoring*: One-to-one involvement in a mentoring or tutoring situation.

8. *Service-Learning*: Meaningful community service experiences, academic learning, personal growth, and civic responsibility are connected.

9. *Alternative Schooling*: Alternative academic and vocational programs, varied learning environments and flexible scheduling to meet identified needs of students.

10. *Professional Development*: The staff is engaged in professional development activities and research that contribute to exemplary teaching practices in dropout prevention.

11. *Active Learning*: Students are empowered to find new and creative ways to solve problems, achieve success, and become lifelong learners.

12. *Educational Technology*: Students are engaged in authentic learning, and technology is used to address multiple intelligences and learning styles.

13. *Individualized Instruction*: Components are customized to meet the various needs of students and to help students develop responsibility for their own learning.

14. *Career and Technical Education*: Opportunities are provided to learn the skills necessary to measure up to the larger demands of today's workplace.

Risk Factors:

Program addresses the following:

Individual Factors

- Learning disability or emotional disturbance
- Parenthood
- High-risk peer group
- High-risk social behavior
- Low achievement
- Retention/overage for grade
- Poor attendance
- Low educational expectations
- Lack of effort
- Low commitment to school
- Misbehavior

Family Factors

- Low socioeconomic status
- High family mobility
- Low education level of parents
- Large number of siblings
- Not living with both natural parents
- Family disruption
- Low educational expectations
- Sibling(s) dropped out
- Low contact with school
- Lack of conversations about school

School Factors
- Limited resources: expenditures per student/teacher salaries/ student-teacher ratios
- School size too small or too large
- Race/ethnicity

Protective Factors:

Program promotes the following:

Relationships

- Presence and involvement of caring, supportive adults
- Opportunities and rewards for pro-social involvement
- Clear social norms
- Good relationships with parents, peers, and teachers
- Involvement with positive peer activities
- Perception of support from adults and peers

Independence

- Healthy/conventional beliefs and standards
- Positive/resilient temperament

Competence

- Social competencies
- Self efficacy

Creativity

- Problem-solving skills
- Flexibility

Optimism

- High expectations by community, family, school, and self
- Optimistic

NATIONAL DROPOUT PREVENTION CENTER/NETWORK
CLEMSON UNIVERSITY

Connect the Dots and Foxfire Schools

- The cornerstone of Foxfire Schools is to build relationships and connections with our students, staff, parents, and community. The Connect the Dots program will utilize a multitude of strategies and programs to develop and sustain strong positive relationships and connections. These connections will assist in providing positive outcomes.

Connect the Dots Goals

- **C**onnect all students
- **O**pportunities for growth
- **N**on-academic barriers removed
- **N**avigate career pathways
- **E**ducation that is personalized-Electives, Project based learning , Learning by doing
- **C**reative intervention strategies-Know their interest and barriers –Interventions to fit strengths and around deficiences
- **T**each the whole student-Not about test scores!!!

Connect the Dots Mission and Vision

- Mission = to know and develop the whole child

- Vision = 100% of all students will have a champion, an adult who will never give up on them, who understands the power of connection, and insists that they become the best that they can possible be.

How it Works

- Students are assigned mentors

- Matches are made based on relationships and interests

- Staff Draft

- Home zones

- Assessments

- Tiered groups

- Snapshot Portfolios

Action Steps

- Identify red tiered students
  - Identify yellow and green students
- Report weekly on red tiered students
  - Report on yellow and green students with unique needs
- Interventions and supports will be aligned
- Connect students with services and pathways
- Collect and report bi-monthly data on mentees
- Post assessment

Snapshot Portfolios

- Managed by mentor- Recorder for notes?
- Academic levels
- Attendance- 75% of the battle is getting them here every day
- SPED-IEP Special services
- PBIS Data-Behaviors they exhibit which hinders them from being productive citizens and employed
- Discipline- Discipline tracker
- Protective Factors (Enrolled in Muskingum Co. Health , receiving health services ,tied to a mentor)and Risk Factors(Broken home, illiteracy, substance abuse)
- Non-academic barriers
- Interests (how do we connect ?)
- Career Pathways
- One Word-NOW

Rubric

- Pre and Post Assessments

- Based on snapshot data

- 1-5 scoring

- Averages of data to show progress

Pre-Assessment Rubric Form

Area Growth / Score	1 Beginning	2 Developing	3 Proficient	4 Accomplished
Academics 2015-2016 school year	Student has multiple failing grades and is more than 2 grade level behind GPA: 0.0-1.0	Student has below average grades , 1 grade level behind and is credit deficient GPA: 1.0-1.99	Student has average grades and is considered in good standing by grade level GPA: 2.0-2.9	Student is in good standing or above grade level. May be approaching Senior Release status if a senior GPA: 3.0-3.9
State Testing 2015-2016 school year	Student has not passed any state required tests	Student has passed one-two state required tests	Student has passed three state required tests	Student has passed four or more state required tests
Behavior 2015-2016 school year	Discipline reports reflect 20 or more number of demerits	Discipline report reflects 11-19 number of demerits	Discipline reports reflect 5-10 number of demerits	Disciplines report reflect 0-4 number of demerits
Attendance 2015-2016 school year	Attendance report shows 20 or more absences or tardiness	Attendance report shows 10-19 absences or tardiness	Attendance report shows 5-9 absences or tardiness	Attendance reports shows 0-4 absences or tardiness
Career / Interest Connection 2015-2016 school year	Student has no school or career connection or interest	Student has limited school or career connection or interest	Student has at least one school connection or interest	Student has more than two connections and or a strong school connection
Core Values 2015-2016 school year	Student has not developed appropriate Core Values	Student has displayed minimal positive Core Value Traits	Student has displayed appropriate judgment of core value traits and or receive several Core Value cards	Student has displayed excellent judgment of Core Values and or has had received numerous Core Value Cards
Average Score				

Post Assessment Rubric Form

Area Growth / Score	1 Beginning	2 Developing	3 Proficient	4 Accomplished
Academics 2015-2016 school year	Student has multiple failing grades and is more than 2 grade level behind GPA: 0.0-1.0	Student has below average grades , 1 grade level behind and is credit deficient GPA: 1.0-1.99	Student has average grades and is considered in good standing by grade level GPA: 2.0-2.9	Student is in good standing or above grade level. May be approaching Senior Release status if a senior GPA: 3.0-3.9
State Testing 2015-2016 school year	Student has not passed any state required tests	Student has passed one-two state required tests	Student has passed three state required tests	Student has passed four or more state required tests
Behavior 2015-2016 school year	Discipline reports reflect 20 or more number of demerits	Discipline report reflects 11-19 number of demerits	Discipline reports reflect 5-10 number of demerits	Disciplines report reflect 0-4 number of demerits
Attendance 2015-2016 school year	Attendance report shows 20 or more absences or tardiness	Attendance report shows 10-19 absences or tardiness	Attendance report shows 5-9 absences or tardiness	Attendance reports shows 0-4 absences or tardiness
Career / Interest Connection 2015-2016 school year	Student has no school or career connection or interest	Student has limited school or career connection or interest	Student has at least one school connection or interest	Student has more than two connections and or a strong school connection
Core Values 2015-2016 school year	Student has not developed appropriate Core Values	Student has displayed minimal positive Core Value Traits	Student has displayed appropriate judgment of core value traits and or receive several Core Value cards	Student has displayed excellent judgment of Core Values and or has had received numerous Core Value Cards
Average Score				

Project-Based Education

Foxfire is one of the original pioneers of project-based education and credit flexibility. Students can earn credits around highly engaging, hands-on, relevant 21st Century projects. Project-based education individualizes each child's educational experience. The rigorous curriculum requires students to utilize technology, critical thinking skills, and to work with others in a team concept. This shift from 1:1 projects to collaborative project inquiry brings the students to the forefront of learning. Students become active participants in the inquiry process versus traditional methods. Teachers facilitate the learning versus lecturing and delivering.

Projects are critical, relevant, and built around 21st Century skills essential to tomorrow's job market. Students choose from multiple diverse experiences; they are connected to technology and technology connects them with peers to research cross-cultural interdisciplinary issues in society. The learning includes solving, analyzing, evaluating, and creating. Virtual field trips and distance learning expose students from Appalachian Ohio to the world. Project-based education focuses on internships and mentorships in the community. Projects are directly aligned around student career pathways and interests including internships and mentorships.

EDU 2.0 is a software program that is utilized to connect and communicate students to these global resources in a multi-media format. It allows interaction both inside and outside the classroom to teachers and peers for input, review, and guidance.

FOXFIRE STUDENT PROJECTS ARE:

- Cross Curriculum

- Relevant

- Hands On

FOXFIRE STUDENT PROJECTS:

- Utilize Relevant Data

- Utilize Social Networking

- Require Teamwork and Collaboration

- Require Higher Technology Skills

- Utilize Timelines/Deadlines

- Integrate Written Essays, Power Points, Interviews, Reports, Photo Essays, Research, Surveys, Multimedia Productions, Case Studies, Data Analysis, and Oral Presentations

Post-Secondary Dual Credit Program
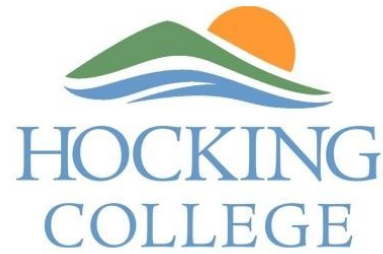
Accelerated Foxfire High School junior and senior students have the unique opportunity to participate in our Dual Enrollment program with Hocking College, free of charge. This program is on site at Foxfire and online as well, so students do not have to travel for these opportunities. They complete their courses just as if they were students on campus. These opportunities not only help credit-deficient students catch up, but advance students at the same time.   Dual Enrollment means that students earn high school and college credits at the same time. For instance, students enrolled in Hocking College's English 151 earn one English credit toward high school graduation and five credit hours of college credit in freshman composition. A Foxfire teacher helps students understand concepts, write assignments, and prepare students for tests. A variety of Dual Enrollment options are available to Foxfire students: English, Math, and Sociology. All course options carry Ohio's Transfer Assurance Guarantee, meaning they transfer to any of Ohio's colleges or universities. Students may take advantage of these opportunities throughout the school year and even in the summer. What a great opportunity for Foxfire students to earn tuition-free college credit while still in high school!

Strategic-Based Compensation Model

Foxfire Schools is the only school district in the United States that utilizes a full blown strategic based compensation model that encumbers all staff. All of our staff, both certified personnel and classified personnel, both full-time and part-time employees, are compensated based on their job evaluations.

All staff members are evaluated a minimum of two times per year annually and their earnings for the next school year are based on those evaluative scores. We evaluate cooks, custodians, coordinators, secretaries, administrators, aides, technology coordinators, special services, and bus drivers. There is also a team incentive component of the model based on district results that create unity and a culture of teamwork. The team incentives recognized that all staff members play a vital role in the success and we truly do make a difference. *It takes a village to raise a child*: the model is very extensive and competitive which creates a culture of excellence. This model allows us to recruit and retain the highest quality of employees for each position. Foxfire's employees are the highest paid in the county. This competitive strategic model has changed the stereotype that Foxfire is a dumping ground for the lowest teachers and staff. The strategic based model has created a culture where the most marketable teachers and staff want to work at Foxfire.

The compensation model allows us to measure people and the impact that they have. This universal model instills the belief that each employee plays a vital role and has an imperative impact at Foxfire. This creates a sense of purpose from the Superintendent to the part-time employees, and it recognizes that what we do is a valuable piece to the puzzle.
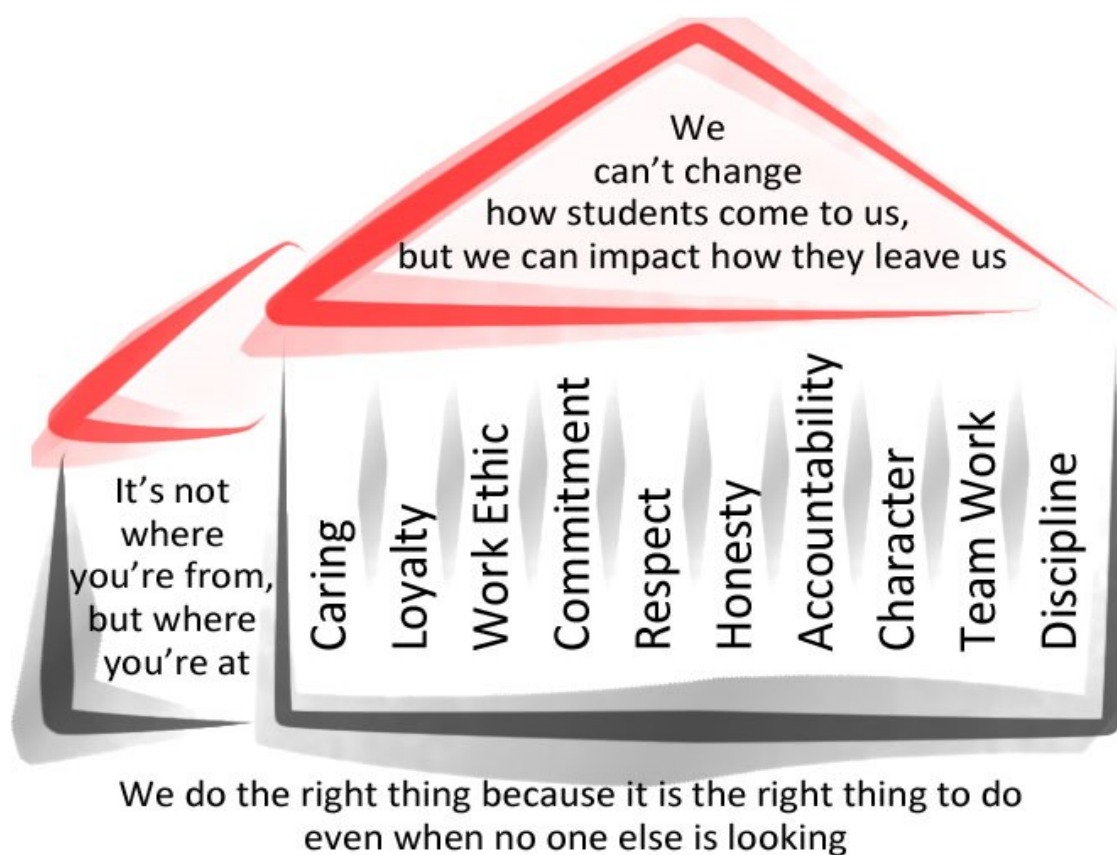
Positive impacts of the model are that it has, most importantly, increased student outcomes and success. It allows us to be goal oriented and link individuals and teams to strategies, outcomes, and accountability. It has allowed us to recruit/retain high quality individuals. The model also informs and drives professional development based on the evaluations and feedback. Relevant data is critical and creates a clear evaluation of each employee. The system also creates a personal accountability for each employee as they control how hard they want to work and how much money they want to earn. Ultimately the model deters poor-performing employees from sustaining or entering the program.

Foxfire's comprehensive strategic based compensation model promotes growth for our students and staff. There is no room for complacency and it forces us to confront actions that do not align with our mission and vision. We take great pride in our evaluation and compensation model.

Core Values Program
Core Values –Who We Are, What We Believe In, What We Stand For

We
can't change
how students come to us,
but we can impact how they leave us

It's not
where
you're from,
but where
you're at

Caring Loyalty Work Ethic Commitment Respect Honesty Accountability Character Team Work Discipline

We do the right thing because it is the right thing to do
even when no one else is looking

A critical component of our mission at Foxfire is the development and presence of **core values** in the lives of our students both at school and at home. The presence of core values transcends cultural, religious, and socio-economic differences. Character is defined by what we *do,* not what we say. Core values are outlined and defined for the students. Examples of each value are presented in every classroom illustrating core values in various aspects of life.

Our *Core Values Program* is designed to recognize and reward students and staff who display core values. Foxfire utilizes a Core Values Honor Roll for everyone in the district. Nominations are made by both students and staff. The student and the staff member with the most nominations in a week and a month earn the Student/Staff of the Week/Month. A $50.00 award is given to the student and staff member winners each month. The winners' pictures are aired on our local TV station to celebrate success. All students and staff members' names are displayed on signs throughout the school hallways . Each time a core value nomination is made, a sticker is added to each respective student's or staff member's sign in recognition of the achievement.

Pay It Forward

Foxfire Schools believes that all of us have a civic responsibility to be contributing members of our community and society. The *Pay It Forward* program is a community service/work-study program in which all students are **required** to participate. Foxfire performs multiple public service projects within the local community. The goal is to connect our students to the community and the community to our students, while providing critical connections, experiences, and opportunities. The philosophy that we can leave our community better than when we found it drives us to make a difference. The program is designed for unemployed students to fulfill their work requirements for graduation and to help develop meaningful employment experience for students who are able to secure outside work.

Some of the *Pay It Forward* service projects include: furniture restoration, assisting senior citizens on limited incomes with house maintenance and companionship, working with the City of Zanesville Parks and Recreation, Miracle League, blood drives, raking leaves, mowing grass, painting, drywall, building picnic tables and benches, helping at food pantries, making mats for the homeless, charity auctions, and assisting with dozens of community organizations in need of assistance.

Embedded Wrap-Around Services

Foxfire Schools are much more than just academics. Our purpose is to meet the social, physical, behavioral, and emotional needs of our students. Our goal is to get to the core of each student and address behaviors, barriers, and needs. Foxfire embraces the umbrella effect of providing and embedding critical wrap-around services to support and develop the whole child. The whole child approach allows us to meet the needs of each student and fully develop the growth of the person not just the academia of the student. Wrap-around services are embedded full time on site so that we can address critical issues right here, right now. Crisis does not wait for our kids, and we provide instant support services for our students. Our embedded services allow all children the opportunity to be successful and address the barriers they face in their lives. We embed professionals who are trained to work with these kids and provide needed services. These wrap-around services allow us to wrap around the students and their problems while creating trust, understanding, and hope. The embedded services enable our students to become well, overcome non-academic barriers, and give them the skills in life to work with others. The on-site embedded services identify issues, set goals with the students, and allow input and development of the student. Students at Foxfire understand that they are not alone, and they are not expected to face the barriers in their life in isolation. Foxfire's embedded on site wrap-around services include:

- **Public Health Nurse**—Services include dental sealant program, head lice prevention/education, immunizations including male/female HPV, medical assistance program, newborn home visits, individual health assessments, nutrition education, WIC education/services, tobacco cessation classes, STD education, screening, prevention, treatment, prescription drug education

- **Wellness Coordinator**—Provides, instructs and leads individualized comprehensive wellness plans

- **Two Social Workers**—Provide 1:1 and group counseling, parent engagement, home visits, coordinate all student services.

- **Drug/Alcohol Counselor**—Provides drug, alcohol, and substance education, prevention, counseling, and testing

- **Mental Health Counseling**—On-site counseling over 12 counselors including individual, group and family

  counseling

- **Career Readiness Coordinator** –on– Site - provides an individualized career pathway and plan for each student.

    - **Work Study Coordinator**—Educates and assists students with job skills, interviews, resumes, and employment

    - **Outreach Coordinator**—Connects students to community services and connects the community to our students

    - **Post-Secondary Coordinator**—Recruits, schedules, connects, and assists students with post-secondary opportunities

    - **Parent Engagement Coordinator**—Coordinates & empowers families to play active roles in their child's life and education

Senior Seminar

There has been a great deal of discussion about today's high school curriculum and how to best prepare young adults for the 21st Century and a global economy. Senior Seminar is a course designed to prepare high school seniors with the college research, application, and financial aid; explore major and career interests; and make the transition to college. By design, the small, informal class setting promotes intellectual discussions with faculty and fosters an ideal learning environment for polishing critical thinking and analytical skills. There are no ceilings or barriers restraining our students' abilities to grow. The Senior Seminar gives students a chance to start taking themselves a little more seriously, and to begin using their skills to prepare for the future. Participants receive assistance in preparing resumes, submitting applications, visiting college campuses, and contacting military recruiters. Representatives from colleges, workforce, local community services and government are speakers in this class. Seniors also participate in senior class community service activities and enjoy local cultural events, college readiness programs, and employment expos. Foxfire ensures that each graduate has a career, college, or military path to follow after graduation and will be on the road to becoming a productive citizen.

Comparing Foxfire State Test Scores to

Local & State Alternative High Schools State Test Scores

	Foxfire Schools	Franklin Local Community	Zanesville Community
Reading	85.7	20	47.4
Math	82.9	30	47.4
Writing	74.3	40	73.7
Soc. Stud.	82.9	20	31.6
Science	60	10	26.3
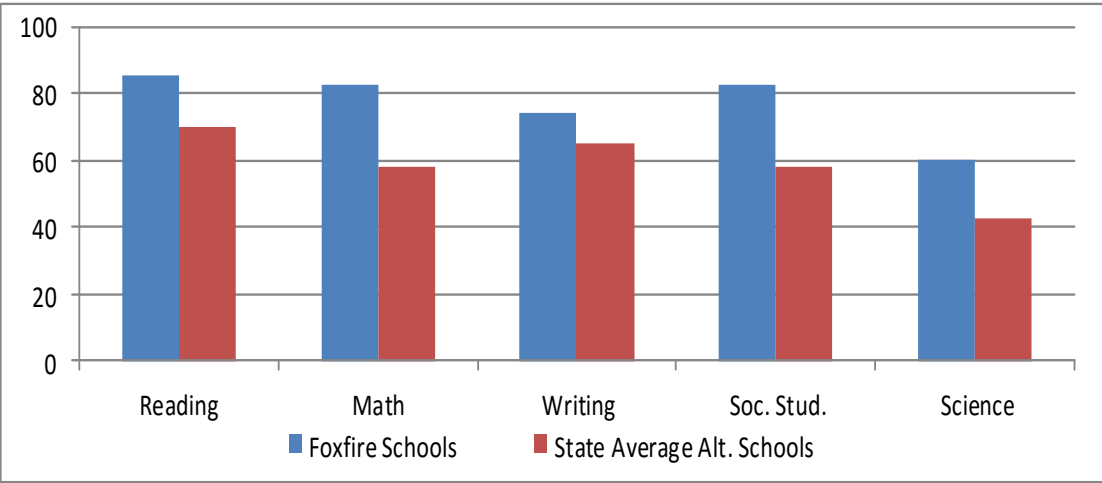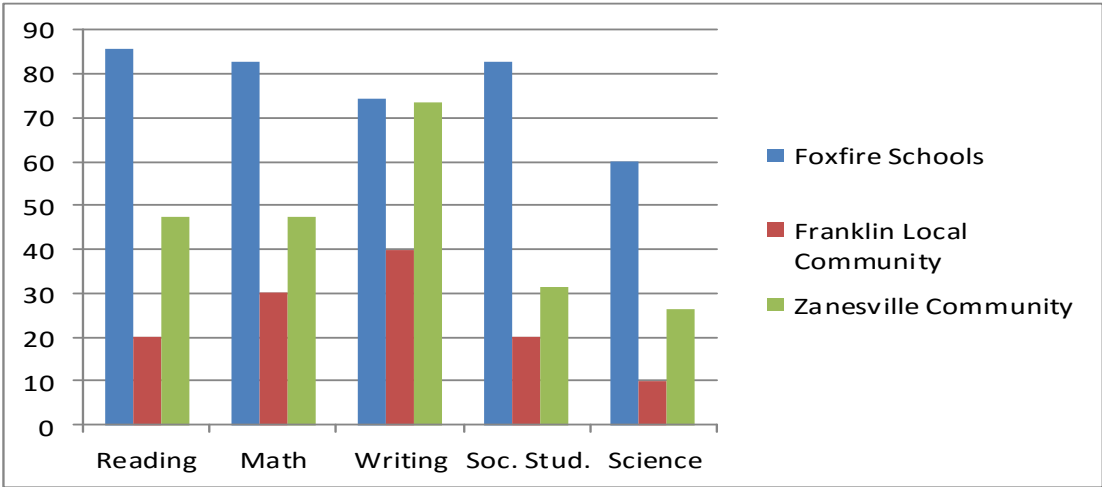
Comparing OGT Foxfire State Test Scores to

Local Traditional Public High Schools Test Scores

	Foxfire	Maysville	Hillard	Worthington	Zanesville	East Muskingum	Franklin Local	Tri Valley	West Muskingum	Northern Local
Reading	85.7	90.6	90.6	90.1	83.4	93.4	82.4	81.8	88.1	79.2
Math	82.9	93.7	89	90	79.3	89	79.7	86.3	85.6	76.1
Writing	74.3	91.2	91.6	90.2	79.3	82.5	85	86	83.8	85.8
Soc. Stud.	60	81.1	85.1	86	69	80.2	72.5	77.2	78	74.6
Science	82.9	91.2	90.9	89.1	72.7	90.7	81.7	80.2	86.3	78.7
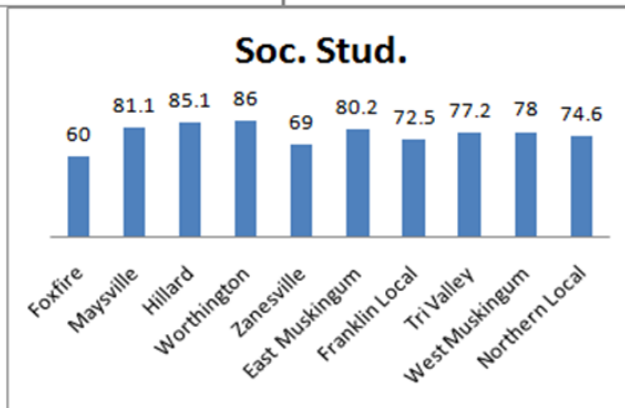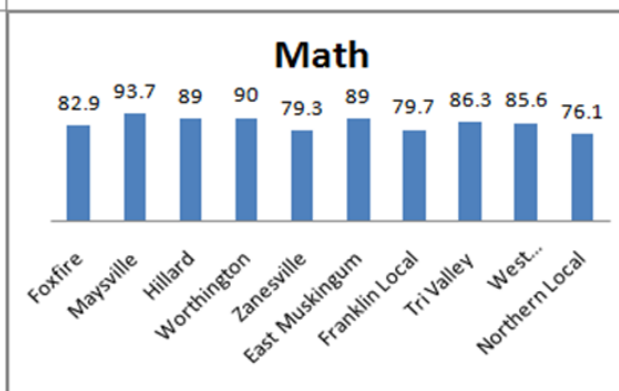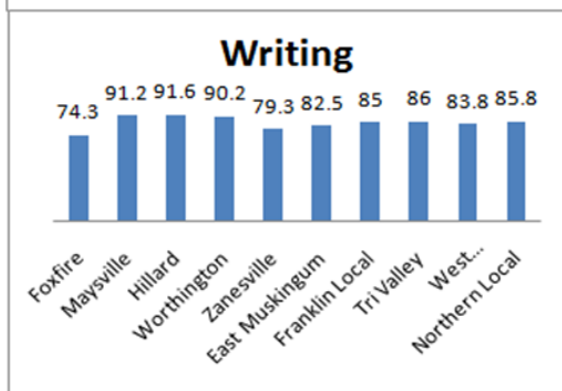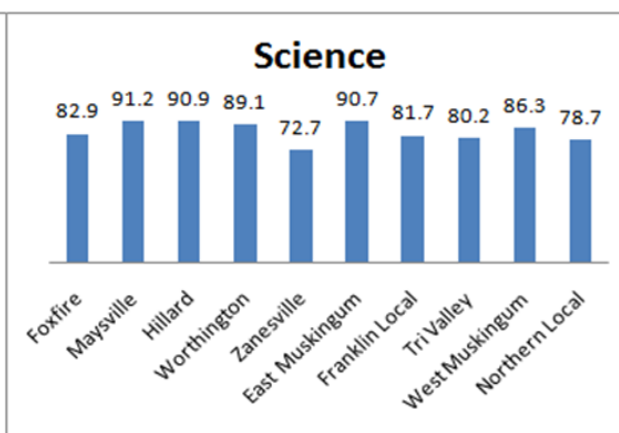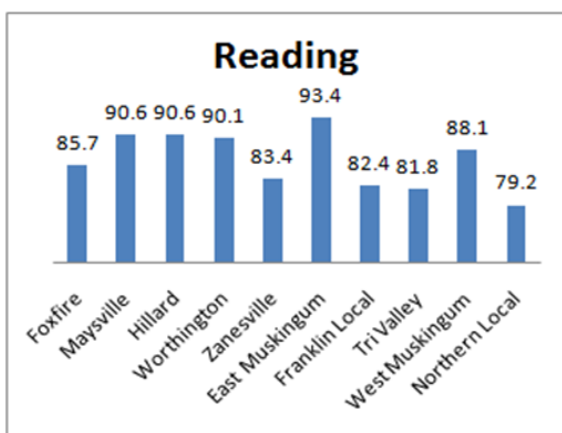
Athletics

Foxfire offers athletics for grades 6 –12 to provide students an opportunity to develop individual talents and to learn life lessons through competition. Core values are fully embraced and taught through these experiences. Athletics force our students to accept roles, handle failures and successes, accept coaching, and handle adversity. Our athletic programs focus on leading healthy and active lifestyles. These activities include; basketball, soccer , track , archery, powerlifting, and bowling.

Equine Therapy

Foxfire Schools offers an Equine Assisted program that utilizes horses for the physiological, emotional, and physical growth of our students. This nationwide program assists troubled teens with building confidence, responsibility, affection, empathy, assertiveness, communication skills, and self control. Foxfire is proud to be a leader in alternative means of serving students to meet not only their educational needs, but their emotional needs as well.
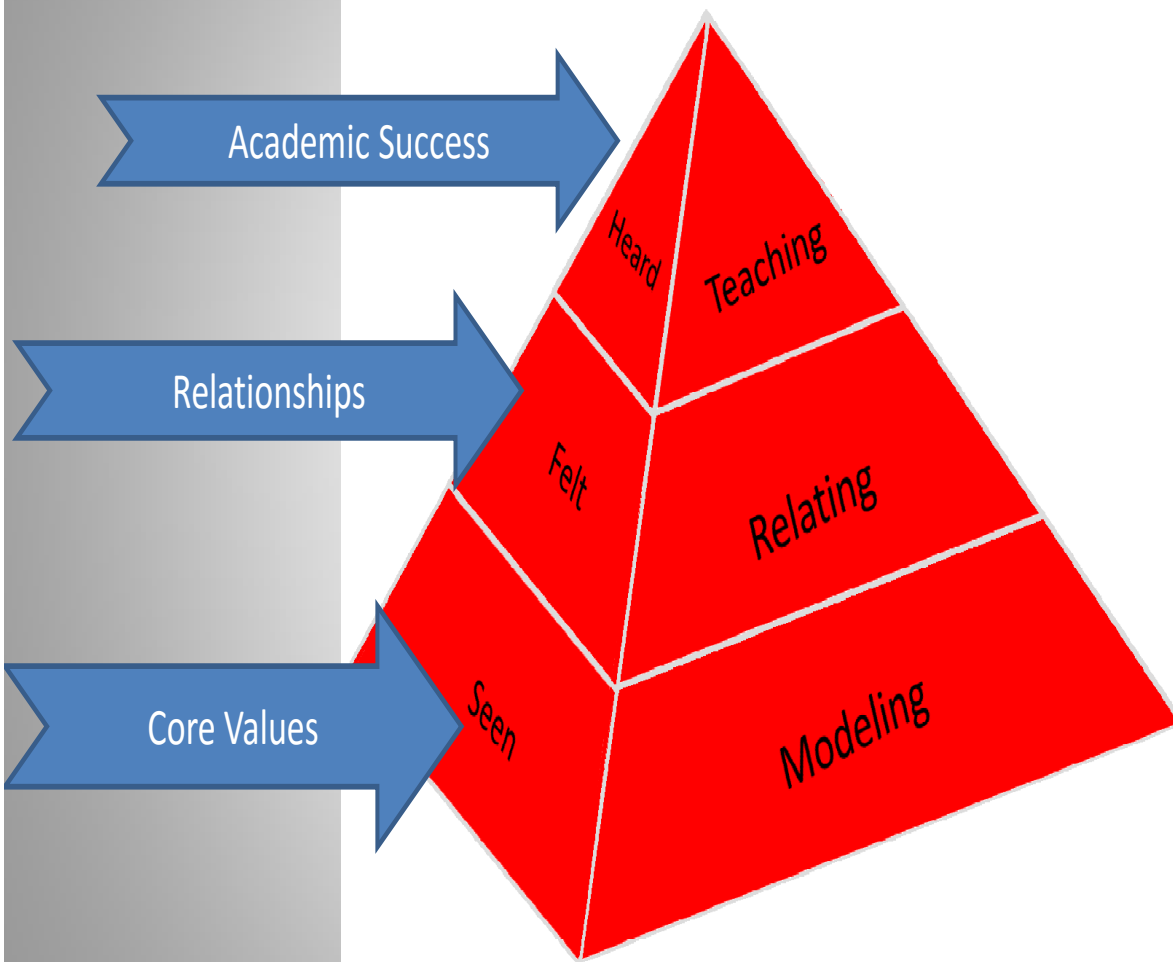
Community Partnerships

It Takes a Village to Raise a Child

Foxfire fully embraces John Maxwell's First Law of Teamwork—The Law of Significance: One is too small of a number to achieve greatness. We realize that no success can be achieved by itself. The belief that one person can do something great is a myth. This is why Foxfire Schools has developed strong community partnerships to develop the whole child. The community partnership program is called **Home Team**. This team of community partnerships meets monthly to address the needs of our students. Weekly communication is provided to our community partners, especially to the students addressed in intervention. The Community Partners provide mentorships, internships, services, professional development, support, and connections to students, staff, and administrators.

Home Team members include:

- **1-800-Wildlife**
- **American Legion**
- **Avondale Youth Center**
- **Susan Barker, Consultant**
- **Battelle for Kids**
- **City of Zanesville**
- **Christ Table**
- **Salvation Army**
- **Eastside Ministry**
- **Goodwill**
- **Jobs and Family Services**
- **Coca –Cola**
- **Coconis Furniture**
- **Department of Youth Services**
- **East 40 Church of Christ**
- **Fieldhouse**
- **FOE 302 Aerie & Auxiliary**
- **Help Me Grow**
- **Hocking College**
- **LifeWell Pantry**
- **Maysville Local Schools**
- **Mid-East Adult Center**

- **Muskingum Behavioral Health**
- **Muskingum County Autism Chapter**
- **Muskingum County Children's Services**
- **Muskingum County Community Members**
- **Muskingum County Juvenile Court & Detention Center**
- **Muskingum County Sheriff's Department**
- **Muskingum Valley Red Cross**
- **Leila Payton Counseling Center**
- **Longaberger Company/Foundation**
- **Rambo Memorial Health**
- **Zane State College**
- **Muskingum University**
- **Rolling Plains United Methodist Church**
- **Rushing Winds Biker Church**
- **Salvation Army**
- **Scholarship Central**
- **Muskingum County Opportunity Center**
- **V.F.W.**
- **Tompkins Child & Adolescent Center**
- **WHIZ-TV /Radio**
- **Young Lives Ministry**

Pyramid of Influence

Academic Success →

Relationships →

Core Values →

Heard — Teaching
Felt — Relating
Seen — Modeling

3 Things you to must have to successfully implement change in the culture.

- Education – credible

- Understanding of your clientele

- Understanding of your own prejudices

Prejudices Are Attitudes And Opinions Based On Experiences Or Lack Of

Most prejudices are:

- People of color
- People of Appalachia
- Poverty based
- People of wealth
- Obese people
- Educated people
- Uneducated people
- Mental Health

Our Vision—Our Future

The staff and students of Foxfire Schools have a dream. It is fully our intention to create cutting edge learning and to meet the needs of our students for the 21st Century. We have said "NO!" to the limitations, stereotypes, and stigmas that characterize alternative education and Appalachian Ohio. We will continue to teach the un-teachable and reach the un-reachable. Foxfire is committed to a new reality, one in which every student competes on an even playing field and has the equal opportunity to become a successful citizen.

The future includes a comprehensive Pre K-12 dropout recovery district. On-campus living is a dream that we are chasing to completely impact student growth and opportunities. Learning will provide both the skill sets and opportunities necessary for the 21st Century while embracing the core values necessary to live in society. We are no longer a paper and pencil school confined to schedules, bells, and brick and mortar. We are a child-development center that develops the whole child as a person. Mobile learning and technology will connect our students to a whole new world beyond Appalachian Ohio. The future of tomorrow is shaped by the dreams of today.

Our dreams of today for tomorrow include: dorms, a technology lab, a performing arts center, on-site health department services, a recreation center, a counseling center, a chapel, a student union, and the development of a preschool, elementary, vocational, and post-secondary school to complement the intermediate and high school programs.

Proposed Foxfire Campus

Gymnasium/Library/Performing Arts Center/Cafeteria/Dorms/Technology Lab/Vocational School/Health Department/Chapel/High School/Intermediate/Elementary/Pre-School/Recreation Center/Student Union

The Foxfire Way

We do business the right way because it is the right thing to do even when no one else is looking.

We value and accept individual differences without prejudice.

We genuinely care about ourselves, each other, and our school.

We confront actions, not people.

We do not quit when things get tough or don't go our way.

We take responsibility for our actions.

We carry ourselves with pride and respect.

We do not lie, cheat, steal, or do anything intentionally to hurt others.

We remember who we are, wherever we go, whatever we do.

Foxfire Schools   Phone (740) 435-4509

PO Box 1818   Fax (740) 455-4084

2805 Pinkerton Road   Todd Whiteman - Superintendent

Zanesville, Ohio 43701   twhiteman@laca.org

They don't care how much you know
until they know how much you care !

UNLESS someone like you
cares a whole awful lot,
nothing is going to get better.
It's not.

—The Lorax
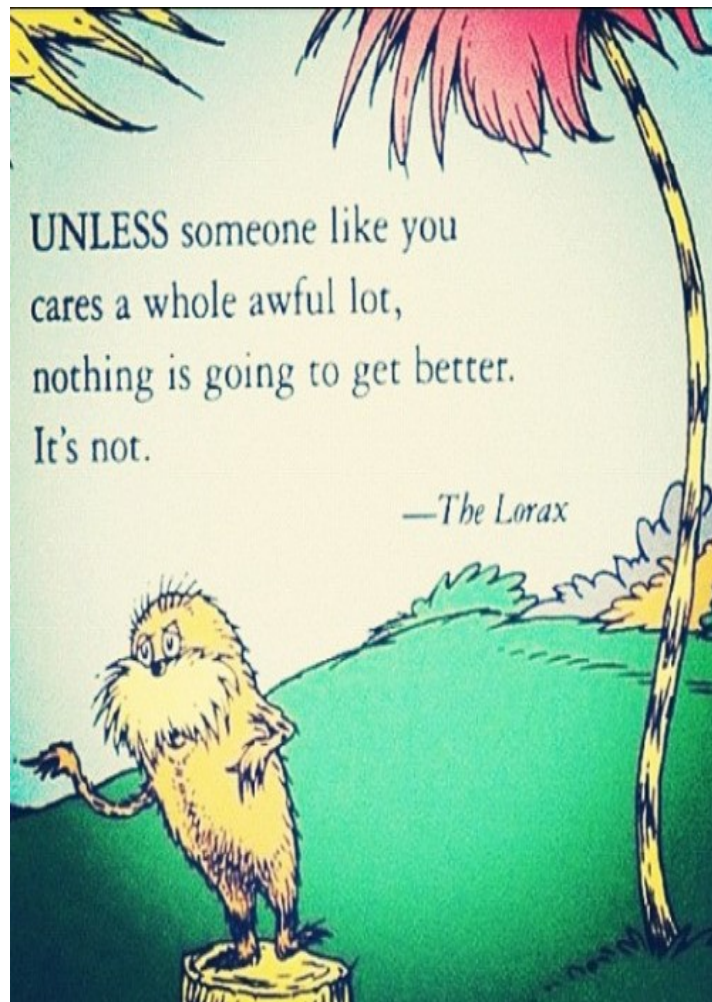
At the end of our days on Earth what really matters ?

A person's a person, no matter how small.
-Dr. Seuss
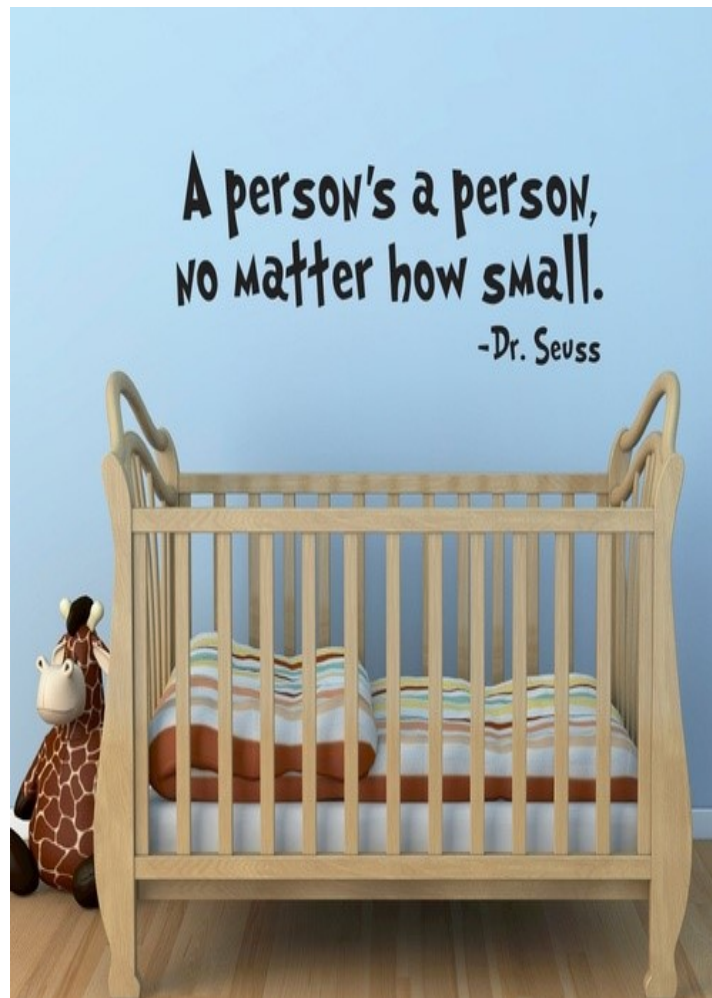
Societal Impact

Every at risk or already dropped out student re-engaged to obtain their high school diploma is:

- Six times more likely to vote [3]

- 26% less likely to be unemployed [4]

- Six times less likely to be incarcerated [5]

[3] *Young Voters in the 2012 Presidential Election: The Educational Gap Remains. CIRCLE, November 15, 2012² Young Voters in the 2012 Presidential Election: The Educational Gap Remains. CIRCLE, November 15, 2012² Young Voters in the 2012 Presidential Election: The Educational Gap Remains. CIRCLE, November 15, 2012*

[4] *Unemployment Among Young Workers. U.S. Congress Joint Economic Committee, May 2010*

[5] *Henry M. Levin and Cecilia E. Rouse. The True Cost of High School Dropouts. New York Times, January 2012*

FLEX HIGH
A BLENDED HIGH SCHOOL

AIR Testing Performance FLEX Columbus

Subject	FLEX	STATE	Variance
Algebra I	692	681	11
Geometry	692	678	14
ELA 1	690	682	8
ELA 2	677	679	-2
Biology	738	689	49
Government	715	703	12
History	731	694	37

AIR Performance FLEX Mean vs. State Mean
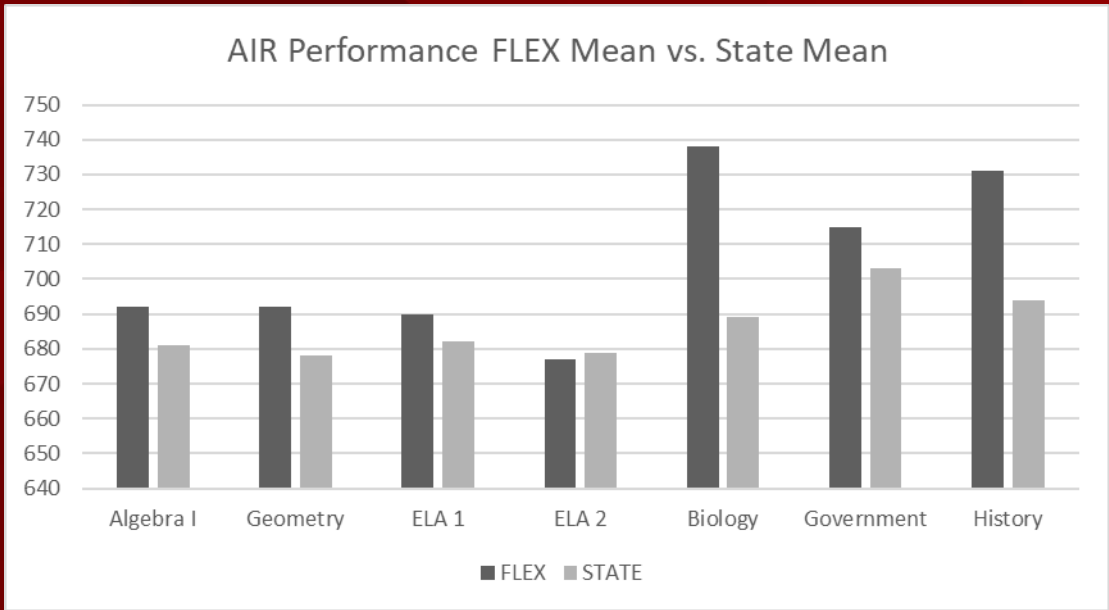
Average Student Profile

Average Age at Enrollment	**17 years**
Average Credit Deficiency at Enrollment	**1.5 years**
Average Enrollment Gap	**150 days**
Average Reading Level	**3rd Grade**
Average Math Level	**4th Grade**
Economic Disadvantaged %	**100%**
English Language Learners %	**5%**
Special Education Population %	**21%**

We meet kids where they are and individualize their educational plan. We need others to have tolerance for flexibility and a thirst for innovation along with us.

FLEX HIGH
A BLENDED HIGH SCHOOL

Graduate Triumphs

Jennifer, Homeless Student with significant credit deficiency
After graduating from FLEX, Jennifer enrolled into the Columbus Police Explorer Program. She attended Miami Jacobs Career College, living on her own in an apartment and planning a wedding to her long-time boyfriend.

Stephanie, was behind nearly two years with all F's
After graduating from FLEX, Stephanie enrolled in college. Currently while attending college full time, she also works a full time job and regularly stops by the school to say "hi".

FLEX HIGH
A BLENDED HIGH SCHOOL

Graduate Triumphs

Deseante, Graduate and young mother
Deseante came to Focus after dropping out of school to support her newborn. She was working full time while attending FLEX Columbus and after graduation, she was accepted to Capital University where she is attending currently.

Olivia, Graduate and young mother

Olivia had dropped out of school to become a young mother. She worked a full time job to support her new infant. After graduation, she got a full time job at Nationwide Insurance and is thriving.

FLEX HIGH
A BLENDED HIGH SCHOOL

Challenges

- Perceptions & Misconceptions
  - Drop Out Prevention & Recovery Schools (DORPS) do not have accountability
    - We have an alternative report card that is a great start to meaningful accountability
  - We are "taking kids" from their traditional district schools
    - Refer back to our average student being out of school 150+ days
      - These students are "on the bench"
  - Often the students at DORPS would be too far behind and too old to re-enter their traditional district schools
- Career-Technical Education (CTE)
  - Industry certification is paramount to success for many students that will not be attending a four year post secondary institution after graduation.
    - Certification is a means out of poverty for many graduates who do not choose to attend four year post secondary schools
  - CTE funding is lacking and obtaining it is very complex

FLEX HIGH
A BLENDED HIGH SCHOOL

THE SPEAKER'S TASK FORCE ON EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

October 26, 2017 Meeting

10:00 AM – Vern Riffe Center, 77 S High St, 19th Flr. Room 1960 Columbus, Ohio 43215

Agenda

1. Call to Order

2. Chairman's welcome

3. Presentation from the Honorable Shannon Jones, Executive Director, Groundwork Ohio.

4. Presentation from Ohio Community Connectors Program.

5. Discussion

6. Adjournment

Please note: This is a different room than previous meetings. Still, this is a government building. Please make sure to bring a valid ID when checking in with security to receive a Visitor's Badge

Good morning, my name is Dr. Susan Tave Zelman, and I am the Executive Director within the Office of the Superintendent at the Ohio Department of Education. As part of that role, I oversee the administration of the Community Connectors grant program. I am joined by Kimberlee Clark, Program Administrator for Community Connectors. Later, I will invite John Neville, Executive Director of Big Brothers Big Sisters of West Central Ohio, to discuss the impact Community Connectors is having in his community. Before that, I'd like to offer you a brief overview of the program.

Community Connectors was signed into law for 2014. The goal is to bring parents, community organizations, faith/values based organizations, businesses and other local stakeholders together for the purpose of mentoring at-risk students. These mentoring opportunities excite students about their futures.

The grant is open to community non-profit organizations, who must work in partnership with an eligible school district. In order to be eligible, the participating school district must have at least 40% of the student population classified as economically disadvantaged or have a graduation rate below 92%. These partnerships also must include business and values-based organizations.

The grant provides 3:1 matching funding ($3 in state funding for each $1 of local funding/resources leveraged) to support local mentorship programs. To date, almost $30 million has been awarded to more than 300 programs around the state. More than 100,000 students have benefitted from individual mentoring thanks to Community Connectors. During the 2016-17 school year alone, this equated to nearly 500,000 mentoring contact hours shared by community volunteers.

Community Connectors has five core principles that must be addressed in each funded project: (1) Setting Goals to be Prepared for the 21st Century Careers; (2) Building Character; (3) Developing

Pathways to Achievement; (4) Building a Sense of Resiliency; and (5) Believing in a Positive Future.

The principles behind Community Connectors are based on numerous academic studies that demonstrate that mentoring is essential for at-risk students. Mentors connect with young people to foster personal growth and social opportunity. However, one in three at-risk students grow up without mentoring.

Some examples of the ways that mentoring impacts students:
- Students who meet regularly with their mentors are 52% less likely than their peers to skip a day of school and 37% less likely to skip a class.
- Young adults who face an opportunity gap but have a mentor are 55% more likely to be enrolled in college than those who do not have a mentor.
- Mentored youth maintain better attitudes toward school.

The model of Community Connectors is based on a simple idea: What works best in Lima may not work in Cleveland or Holmes County. Instead of establishing a single program and trying to apply it across the state, Community Connectors supports local projects. Because the projects are established and operated completely on the local level, they are able to meet the needs identified by the partners. It is important to understand that each community has unique needs and Community Connectors gives local groups the opportunity to address them.

With that foundation, I'd like to bring up John Neville from Big Brothers Big Sisters of West Central Ohio to discuss the ways that they are using their Community Connectors grant.

Speaker's Taskforce on Education & Poverty
Thursday, October 26, 2017

WHO WE ARE

Groundwork Ohio is a nonprofit, nonpartisan advocacy organization committed to advancing quality early care and education.

OUR STAFF

SHANNON JONES

Executive Director

SJones@GroundworkOhio.org

LYNANNE WOLF

Policy & Advocacy Associate

LWolf@GroundworkOhio.org

GroundworkOhio.org

Organizations Represented on Our Steering Committee

- Learn to Earn Dayton
- Success by 6
- United Way of Greater Cincinnati
- Corporation for Ohio Appalachian Development
- Ohio PTA
- Ohio Chapter, American Academy of Pediatrics
- Ohio Child Care Resource and Referral Association
- Ohio Head Start Association
- Children's Defense Fund
- Voices for Ohio's Children
- Ohio Association of Child Care Providers
- Ohio Association for the Education of Young Children

- PRE4CLE
- Thomas B. Fordham Institute
- Action for Children
- The George Gund Foundation
- Toledo Public Schools
- Summit Education Initiative
- Mary's Little Lambs Childcare & Preschool
- Upper Arlington Schools
- Invest in Children
- Cincinnati Early Learning Center
- LGA Consulting, LLC
- Creative World of Child Care, Inc.
- Worthington City Schools
- Knox County Head Start, Inc.
- OSU Extension

WHY WE CARE

Advancing quality early learning and development is the most transformative strategy to improve school outcomes, increase the life-long success of Ohio's children, and lay a strong foundation for economic prosperity in our state.

BRAINS ARE BUILT BY
EARLY EXPERIENCES.
90% of DEVELOPMENT
happens from birth to 5 years old.

We have a critical period
of time to position all
Ohio children for success.

NOT ALL CHILDREN HAVE THE SAME EARLY EXPERIENCES. **BY AGE 3,** low-income learners have **HALF** the **VOCABULARY** as their high-income peers.

Kids who start behind often stay behind.

EARLY INVESTMENTS PAY OFF.

ROI for every 1 public dollar invested in early childhood programs:

$4.10 to $9.20

High-quality early childhood education is the smart investment for all Ohioans.

YET WE SPEND OUR EDUCATION DOLLARS TOO LATE FOR TOO MANY.

90-95% are used on programs for kids older than age 5.

Early investments are the proven strategy.

WE CAN'T AFFORD TO WAIT.

The Heckman Curve

EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return

Rate of Return to Investment in Human Capital

Prenatal programs
Programs targeted toward the earliest years
Preschool programs
Schooling
Job Training

Prenatal   0–3   4–5   School   Post-School
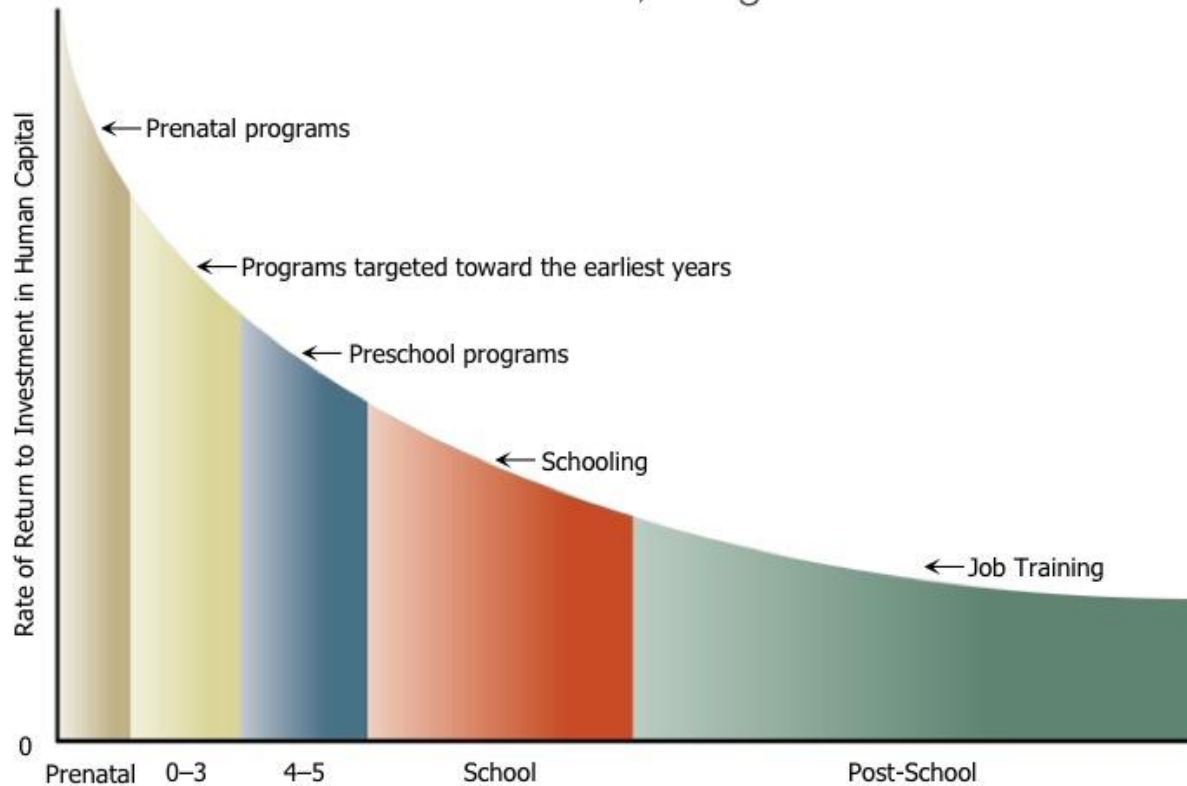
Source: James Heckman, Nobel Laureate in Economics

13% return on investment.

Newest research from Nobel Prize winning economist, Professor James Heckman, finds 13% ROI for comprehensive, high-quality, birth-to-five early education.

Significant research supports ROI.

At the age of 27, participants in the Perry Preschool Project:

- had spent 1.3 fewer years in special education services
- had a 44% higher high school graduation rate
- had 50% fewer teen pregnancies

And at the age of 40, these same participants:

- were 46% less likely to have served time in jail or prison
- had a 42% higher median monthly income
- were 26% less likely to have received government assistance

Consider the OHIO impact.

- **Special Education:** The national average cost per special education student is an additional $9,369 per student.

- **Attainment:** In Ohio, 13.3% of high school graduates live in poverty versus 27% of those who don't have a high school diploma or GED.

- **Teen Pregnancy:** Teen childbearing in Ohio cost taxpayers at least $340 million in 2010.

Consider the OHIO impact.

- **Juvenile Detention**: In Ohio, the average cost per detention bed per year is $86,876.

- **Adult Incarceration**: It costs an average of $25,814 per year to house an inmate at an Ohio state prison.

- **Public Assistance**: In September 2017 there were 106,094 recipients of Ohio Works First for a total of $20,838,712 in payments last month.

The case for investing in young children has been clearly made.

"The time for methodical research and development has past."

-Ohio Business Roundtable (October 2017)

Ohio Knows Quality Matters…

…But, access to high-quality early childhood education in Ohio is lacking.

Ohio is committed to quality.

In 2005, Ohio established the Step Up to Quality Program (SUTQ) with the goal of increasing access to high-quality programs as part of Ohio's Race to the Top Early Learning Challenge Grant.
In SUTQ, early care and education programs earn 1- to 5-Star ratings based on meeting nationally researched quality program standards administered by ODJFS.

step up to quality

Ohio's Tiered Quality Rating & Improvement System

Ohio is committed to quality.

To ensure progress, the legislature set statutory goals that mandated 100% of licensed child care providers be high quality rated (3 to 5 stars) by 2025 with threshold benchmarks as of June 30.

To ensure adequate progress towards these benchmarks, all programs are required to be rated by 2020.

25%	40%	60%	80%	100%
by 2017	by 2019	by 2021	by 2023	by 2025

Quality works for OHIO kids.

An independent study was recently conducted to begin measuring impact. Key takeaways are:

- **High Quality & Better Outcomes:** There is a strong correlation between children scoring higher on Ohio's Kindergarten Readiness Assessment and attendance at a 3-5 Star Rated program.

- **Higher Ratings Mean Better Quality:** Programs that are Star Rated showed higher quality classroom practices compared to programs that are not Star Rated.

- **Higher Attendance Matters:** Students who attended publicly funded childcare programs over a longer period of time scored higher on average on the Kindergarten Readiness Assessment.

Ohio is making very slow progress.

In FY 2016, we are far off the statutory benchmark of 25% by this June.

13.2%

25%

100%

by 2017

by 2025
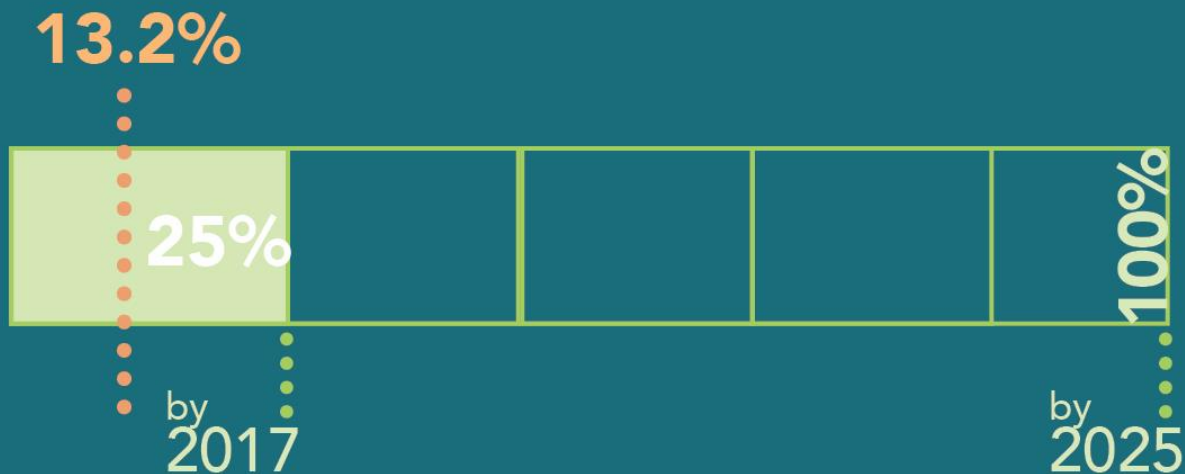
Only 35% of all programs serving publicly funded children are even rated at all.

There are disparities in access to quality.

There are also racial disparity concerns.

Among the children currently receiving publicly funded child care (PFCC):

17% of white PFCC children are in high-quality programs. Only **11% of black** children are.

70% of black PFCC children remain in unrated programs compared to **57% of white** children.
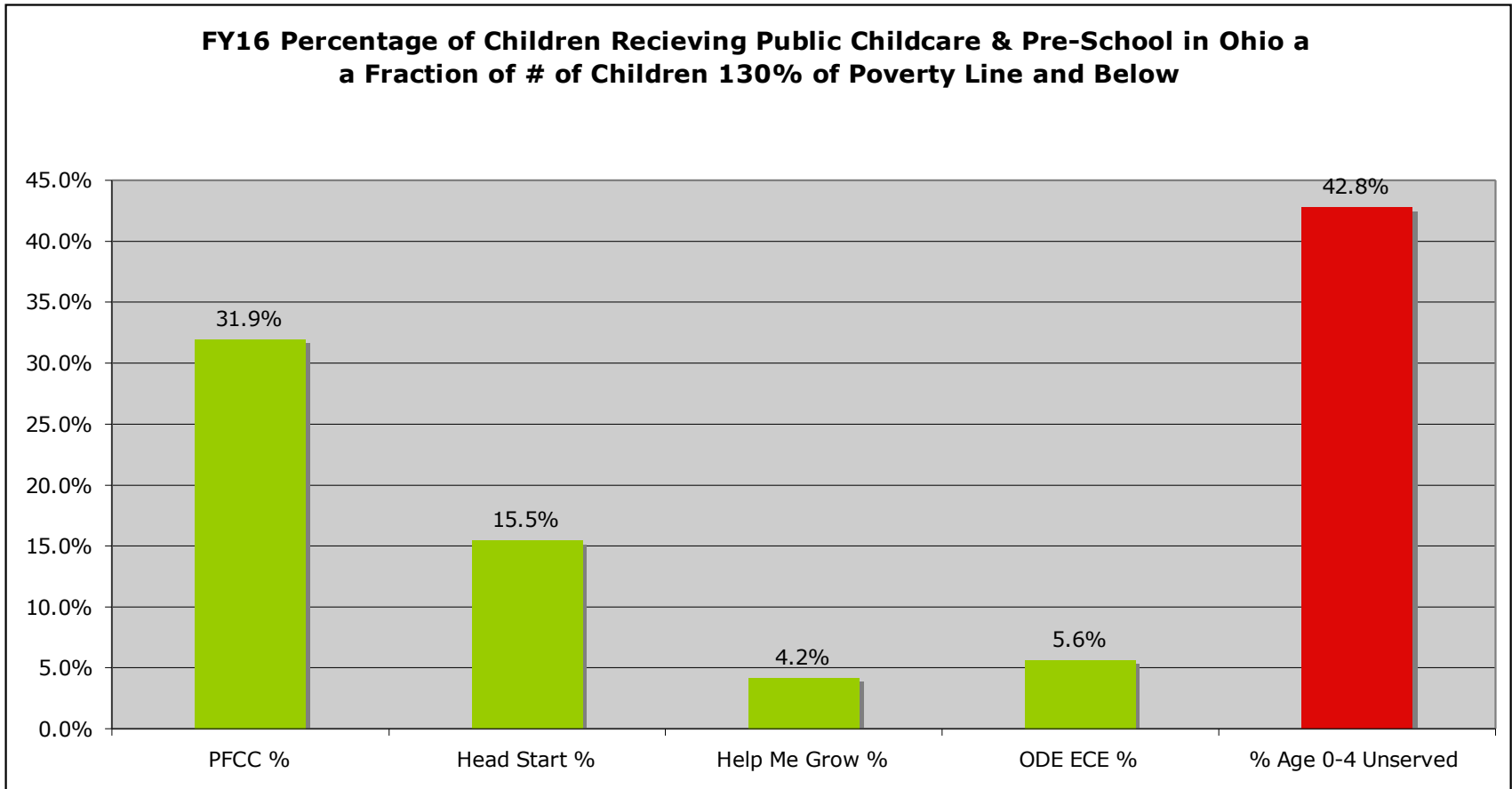
How are kids currently being served?

Figure 6. **Early childhood education funding sources in Ohio (selected programs)**

Program	Funding source(s)	Cost per child	Eligibility	Hours per week	Children served
State-funded preschool	State (ODE)	$4,000 in SFY 2016	Age 4, at or below 200% FPL	12.5 hours per week	14,765 children served in SFY 2016[64] *(This would have represented an estimated 22.5% of eligible 4 year-old children in 2015)[65]*
State preschool special education*	State (ODE)	$4,000 in SFY 2016 plus differentiated amount based on district state share index and disability category	Ages 3-5 with a disability	10 hours per week minimum	13,556 children served in SFY 2016[66] *(This would have represented 4.9% of all 3 and 4 year-old Ohio children in 2015)[67]*
Head Start**	Primarily federal	$8,168 in FFY (Includes additional services to children and families)[68]	Ages 3-5 at or below 100% FPL	3.5-6 hours per day, 4-5 days per week	30,664 children served in SFY 2016 (including federal and state funding)[69] *(This would have represented an estimated 25% of eligible children in 2014)[70]*
Child care subsidies (Publicly Funded Child Care) for children ages 0-4***	Federal and state (ODJFS)	Co-payment varies based on a sliding fee scale	At or below 130% FPL (initial eligibility) - Assistance provided during a qualifying parental event (work or school)	Eligibility hours vary based on the qualifying event	Approximately 76,366 children ages 0-4 served in October 2014[71] *(This would represent 11% of all Ohio children ages 0-4 in 2014)[72]*

Eligible kids are not being served.

FY16 Percentage of Children Recieving Public Childcare & Pre-School in Ohio a a Fraction of # of Children 130% of Poverty Line and Below

Category	Percentage
PFCC %	31.9%
Head Start %	15.5%
Help Me Grow %	4.2%
ODE ECE %	5.6%
% Age 0-4 Unserved	42.8%

The more we know.

- Generally speaking, the research shows us that **children benefit from more learning time.**

  Preschool Example: While some part-day programs have shown strong results, most highly effective programs provide full-day preschool. Full-day preschool appears to be particularly effective for low-income children.

- **The Ohio SUTQ Validation Study affirms this.**

- **Summer Learning Loss:** While students make progress through the year, middle class students advance by one month over the summer while low income students fall 2-3 months behind leaving them 2.5-3 years behind by 5th grade.

When making policy, you can't separate children from families.

27% of Ohio children age birth to 4 live in poverty.

27% of families with children are living in poverty.

Our 695,821 poor children age birth to 4 live among 338,872 poor families.

Poor kids live in poor families.

Single Mothers Are At Highest Risk of Poverty

Poverty Line

7.3 %

25 %

55.3 %
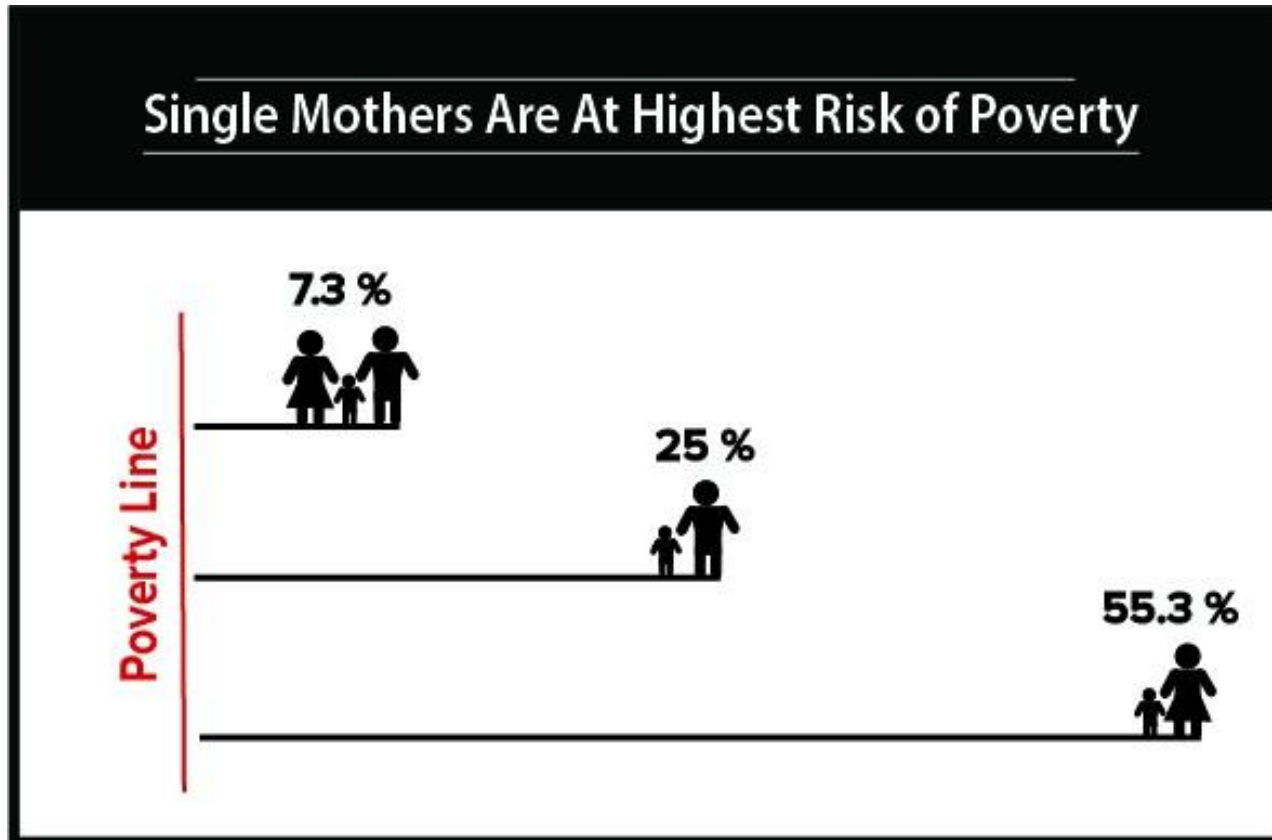
Single parents work.

There are 868,124 working mothers in the state of Ohio.

11% of working mothers have children under the age of 6.

32% of all working mothers are single.

Poor people work.

Occupational Group	Number Employed	Median Wage	Median Annual Pay	Percent of Poverty Level 2017
Food Preparation and Serving	170,620	$9.20	$19,151	94%
Waiters and Waitresses	91,640	$9.24	$19,212	94%
Cashiers	118,300	$9.44	$19,640	96%
Home Health Aides	65,010	$10.12	$21,055	103%
Retail Sales	162,130	$10.26	$21,347	105%
Janitors and Cleaners	85,300	$11.05	$22,970	112%
Stock Clerks and Order Fillers	80,000	$11.59	$24,126	118%
Nursing Assistants	67,900	$11.95	$24,865	122%
Laborers, Freight/Material Movers	103,990	$12.05	$25,065	123%
Customer Service Representatives	85,050	$15.12	$31,443	154%
Secretaries, Administrative Assistants	75,460	$16.17	$33,618	165%
Heavy and Tractor-Trailer Truck Drivers	71,710	$20.21	$42,025	206%
Registered Nurses	126,270	$30.03	$62,464	306%

Most common Ohio jobs leave families still needing food aid, Medicaid or cash assistance

Source: Occupational wage survey estimates statewide, poverty level family of three $20,420 from https://aspe.hhs.gov/poverty-guidelines

PFCC eligibility is 130% FPL or less.

And when they're not, it's because they are taking care of their family.

Figure 5. Nonworking Poor with Children Under Age 5: Reason for Not Working

- 1% Retired
- 3% Other
- 7% Could not find wrok
- 8% Going to School
- 11% Ill or Disabled
- 71% Taking Care of Home/Family
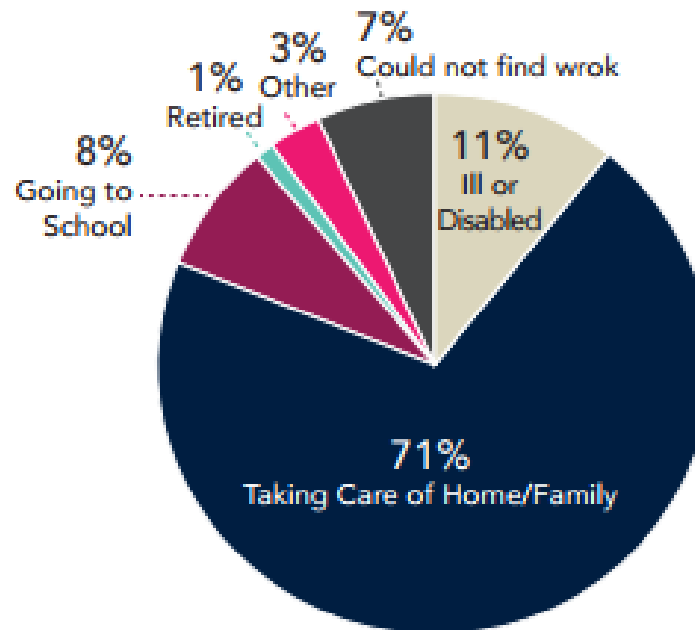
Source: Angela Rachidi, "America's Work Problem," American Enterprise Institute, 2016.

Because child care is expensive.

The average annual cost of infant care at a center in Ohio is $8,985.

The average annual cost of preschool care at a center in Ohio is $7,320.

Poor parents struggle to work.

At 130% of FPL, a family of 3 has to earn less than $25,546 ($2,213 monthly) to receive publicly funded child care.

What does a family of 3 do without PFCC?

Household Income Before Tax $25,546
-Care for Infant   -$8,985
-Care for 4 year old   -$7,320
_____
Household Income Before Tax $9,239

It's time to "GO BOLD"!

"Ohio must make significantly larger investments in proven early-learning services to provide access for those who need them – when they need them. Steely intention is required to muster the resources needed to expand the capacity of needed programs …to achieve the kinds of ambitious results needed to move Ohio's economic needle."

-Ohio Business Roundtable (October 2017)

Groundwork
OHIO

Thank
You.

VISIT
GroundworkOhio.org

@GroundworkOhio

Ohio House of Representatives

THE SPEAKER'S TASK FORCE ON

EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

November 9, 2017 Meeting

10:00 AM – Vern Riffe Center, 77 S High St, 19th Flr. Room 1960

Columbus, Ohio 43215

Agenda

1. Call to Order

2. Chairman's welcome

3. Presentation from Teresa Lampl, LISW-S, Associate Director of the Ohio Council of Behavioral Health and Family Service Providers and Joe Shorokey, LPCC-S, CEO of Alta Behavioral Healthcare

4. Presentation from Mary Ronan, former Superintendent, Cincinnati Public Schools

5. Discussion

6. Adjournment

School Based Behavioral Health Services:
A Presentation to the Speaker's Task Force on Education and Poverty

Teresa Lampl, LISW-S,
Associate Director

November 9, 2017

The Ohio Council
Of Behavioral Health & Family Services Providers

The Ohio Council

A statewide trade and advocacy organization representing over 150 private businesses offering addiction prevention and treatment, mental health and family services to over 600,000 children, adults and families across Ohio.

MISSION: Committed to improving the health of Ohio's communities and the well-being of Ohio's families by promoting effective, efficient, and sufficient behavioral health and family services through member excellence and family advocacy.

Advocating Today for a Healthy Tomorrow

2

Today's Children are

Tomorrow's Parents, Workforce, and

the Key to Ohio's Economic Success.

Poverty: A Health and Learning Issue

American Academy of Pediatrics Policy Statement on Poverty – March 2016

"**Poverty and related social determinants** of health can lead to adverse health outcomes in childhood and across the life course, **negatively affecting physical health, socioemotional development, and <u>educational achievement</u>**."

"T**he early detection and management of poverty-related disorders is an important, emerging component of pediatric scope of practice**."

<u>Ohio Child Poverty – 2015 Data</u>

- 23% of children live in families at or below 100% of the Federal Poverty Level (FPL) or $24,036 for Family of 4;
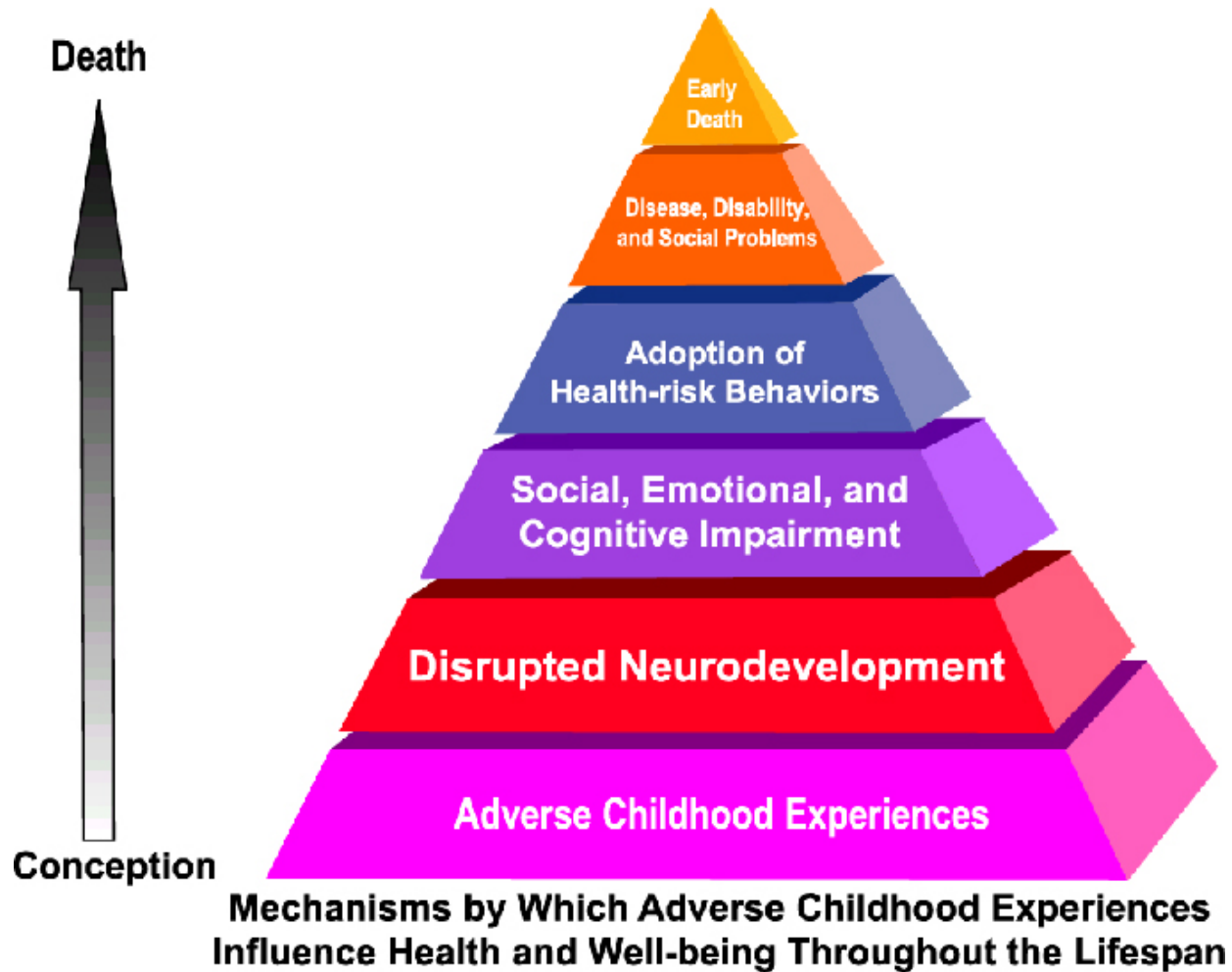- An additional 21% of children live in families between 100% - 200% FPL

4

Behavioral Health Data: The Mind Matters

- **Half (50%)** of behavioral health conditions present **before age 14; 75% by age 24.**

- **Depression**: 1 in 33 children experience depression; 1 in 8 adolescents are clinically depressed

- Suicide is the **SECOND leading cause of death** among **15-24 year olds** and the **THIRD leading cause of death** among **10-14 year olds**…and climbing based on 2015 data.

- Youth that begin drinking before age 15 years are **six times** more likely to develop **alcohol dependence or abuse** later in life than those who begin drinking at or after age 21 years.

- In 2014, adolescents aged 12–17 living in households whose income was less than 100% of the Federal Poverty Level (FPL) had a **higher percentage of past month illicit drug use** (10.8%) than adolescents living in households whose income was 100% or more of the FPL (9.0%).

- A recent OSU study on opiate addiction found that in 2015, the **drug overdose rate** for Ohioans with just a high school degree was **14 times higher** than those with a college degree.

5

Behavioral Health Data: The Mind Matters

- **1 in 4 people** at any given time has a **diagnosable behavioral health condition**.

- Yet, only **4 in 10 persons** with a **mental health** condition receive treatment; **1 in 10** with an **addiction** disease **receive care**.

- The **total cost of care is 2X more** for someone with a co-occurring behavioral health condition and chronic health condition compared to someone with only a chronic health condition.

- Based on 2015 data, the **annual total cost of opioid addiction, abuse, and overdose deaths** ranges from <u>$6.6 billion to $8.8 billion</u> – Almost as much as is spent in Ohio on K-12 education.

ACES: Adverse Childhood Experience Study

Death ← **Conception**

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Abuse or Neglect:
- Verbal Abuse
- Verbal Neglect
- Physical Abuse
- Physical Neglect
- Sexual Abuse

Living Environment included a household member who:
- Domestic violence
- Alcohol or Drug Mis-Use/Abuse
- Mental Illness/ Suicide
- Imprisoned
- Separated or Divorced Parents

7

Impact of ACEs and Toxic Stress on Learning

- **Toxic stress** – repeated and extreme exposure that interrupts normal brain development.
- Constant activation of flight or fight response.
- Increase heart rate, blood pressure, and release of stress hormone, cortisol.
- Lack of supportive environment or caretaker.
- Impaired ability to focus and store new information.

Benefits of School Based Behavioral Health

- **School Setting Reduces Common Barriers**
  - School setting reduces stigma and intimidation of seeking behavioral health care services.
  - Reduces need for transportation to and from appointments.
  - Community school location can make it easier for parent participation.
  - Students can self-refer for services.

- **Supports Coordination of Care**: Student, parent, school, and behavioral health provider in one location.

American Academy of Pediatrics: Policy Statement. School-Based Mental Health Services. June 2004. Vol. 113. 1839-1845

School Based BH Services & Outcomes

Academic Outcomes

- Improved academic skills and resiliency
- Improved standardized test scores
- Improved grade point averages
- Improved language arts and math grades

Mental Health Outcomes

- Reduced mental health symptoms
- Decrease in PTSD and depression symptoms
- Reduction in discipline referral and suspension rates
- Decreased aggressive/disruptive behavior
- Fewer behavioral problems

Kase, C. et al. (2017). Educational Outcomes Associated With School Behavioral Health Interventions: A Review of the Literature. Journal of School Health. 87. 554-562.

10

School Based BH Services In Ohio

- Ohio has 608 school districts with 3,500 school buildings

Ohio Council voluntary, self-report survey – February 2017

- 36 private behavioral health provider organizations
- Partnership with over 200 school districts
- Delivering prevention, early intervention, and/or treatment services in 1,160 school buildings

Ohio has a strong infrastructure and knowledge to grow and expand school based behavioral health services.

11

Ohio School-Provider Partnerships

School-BH Provider Success

- Wide variety of evidence based practices in use and tailored to school culture.
- Clarity in roles and responsibilities for school personnel and BH professionals.
- Educators supported by BH professionals in achieving academic performance.
- Open communication and mutual respect.
- Treatment services funded as healthcare services by Medicaid and some commercial insurance.

School-BH Provider Challenges

- Lack of physical space to provide BH services.
- Limited available time to provide BH services within the academic day.
- Engaging principals, school counselors in benefit of services to improving academic performance.
- Parent engagement.
- Lack of stable funding for behavioral health services, particularly prevention and early intervention services.
  - Commercial insurance options limited.
  - Reliance on grants or other local funds.

12

5 Pillars of School Based BH Services

1. Developing **collaborative relationships** between schools and community organizations ensures that there are many pathways for students to access needed services.
2. Build a **framework** for the delivery of mental, emotional and behavioral health services, **including prevention and early intervention**.
3. Commit to **early identification and universal screening** for social, emotional, and behavioral concerns in all grade levels.
4. Engage educators by providing **meaningful professional development** in child and adolescent development, ACEs and toxic stress on learning, and supportive behavioral management strategies.
5. Identify **policies and strategies to sustain** school-community behavioral health partnerships.

5 Pillars: The Pathway to Improving the Delivery of Mental Health Services in Education. June 2017. The Kennedy Forum.

13

Models of School Based BH Services

School-supported model: Social workers and guidance counselors are employed by the school and any behavioral health organization is external to the school. A child may be referred or recommended to seek services by one of the school employees above.

Community Connections or Partnership model: A community behavioral health organization partners with the school to deliver services in the school building part-time or full-time and has a contract with the school. There may be prevention and treatment services offered before, during, or after school hours as well as a connection to more intensive off-site services.
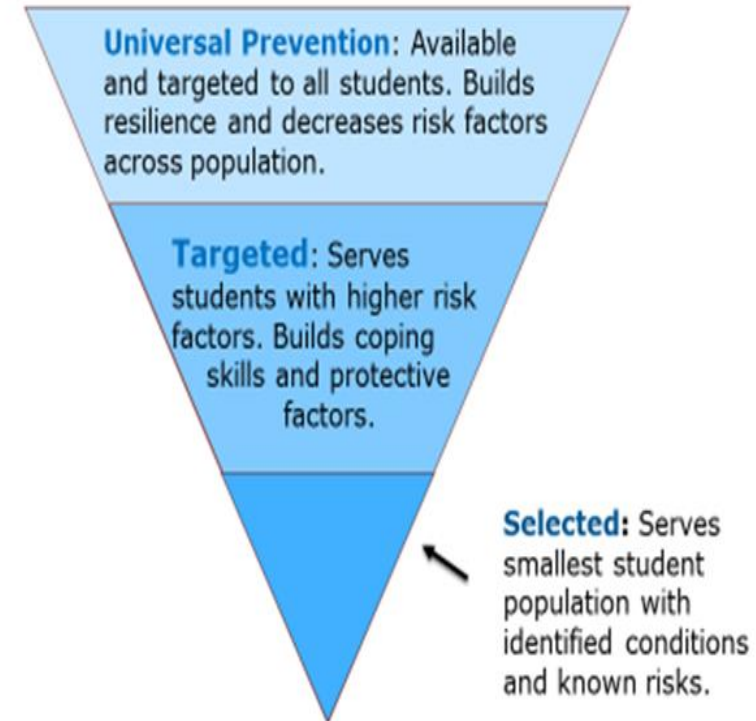
Comprehensive or Integrated model: The behavioral health organization is co-located with the school offering a full array of prevention, early intervention, treatment, and family/community support services. The School-based health center (SBHC) is another example where both physical and behavioral health services are offered.

American Academy of Pediatrics: Policy Statement. School-Based Mental Health Services. June 2004. Vol. 113. 1839-1845

Partnership & Continuum of Services

School–Community Identified Issue(s)

- Smoking & Tobacco Use
- Alcohol Use
- Drug and Opiate Use
- Depression
- Anxiety
- Bullying & Intimidation
- Cutting
- Suicide
- Violence

Services Aligned to Needs

(Evidence Based Practices)

Universal Prevention: Available and targeted to all students. Builds resilience and decreases risk factors across population.

Targeted: Serves students with higher risk factors. Builds coping skills and protective factors.

Selected: Serves smallest student population with identified conditions and known risks.

TREATMENT SERVICES

15

Policy Recommendations

1. Create a **unified state policy on prevention** across all state agencies.
2. **Recognize and reimburse prevention** of substance use and mental illness **as a healthcare service**, like other chronic disease prevention.
3. Assist and encourage **school district/building & community behavioral health provider partnerships**.
4. Support school, family, and community engagement in implementation of **Positive Behavioral Support Interventions and adoption of evidence based practices** to address school-community culture.
5. Support teacher and principal **continuing education** in social-emotional development, ACEs and toxic stress, and trauma informed classroom management.
6. Develop strategies to **address the shortage of addiction and mental health treatment professionals**.

16

THANK-YOU!

Teresa Lampl, LISW-S, Associate Director

e-mail: Lampl@theohiocouncil.org

Phone: (614)-228-0747

School-Based Behavioral Health Best Practices
October 2017

Teresa Lampl, lampl@theohiocouncil.org

Today's Children are Tomorrow's Parents, Workforce, and the Key to Ohio's Economic Success

School-based behavioral health services are evolving as a way to effectively prevent and treat mental, emotional, and behavioral disorders in children in a setting with low barriers to access. Healthy students can pay attention, learn in school, and achieve academically. Research shows that students exposed to adverse childhood experiences (ACEs) or toxic stress are at greater risk of having untreated mental, emotional, or behavioral conditions or engaging in risky behaviors. These students are also much more likely to struggle academically, to be absent from school, and are at greater risk for substance abuse disorders, suicide, and, over time, other chronic health conditions, lower educational attainment and reduced income level. Over half of all behavioral health conditions begin before age 14; three-fourths by age 24. Collaboration and partnership between schools and community behavioral health providers have demonstrated success in helping students succeed in school, family, and community.

The benefits of providing behavioral health services in a school setting are many. First, the familiar setting of a school reduces and avoids the stigma and intimidation that students and families may feel going to the office of a behavioral health provider. Second, providing services at school eliminates the need for transportation to and from appointments for students and can make it more possible for parents to participate in appointments if they live within close distance to a neighborhood school. These two advantages to school-based treatment alone significantly reduce barriers and are shown to increase access to care, making it easier for students to self-refer for treatment and encouraging parents to seek treatment for their children. Finally, because schools have a wealth of data about a student's environment and how they respond to stress and challenges, the American Academy of Pediatrics (AAP) notes that school-based mental health services offer "potential to improve accuracy of diagnosis as well as assessment of progress" of a child.

How Ohio Schools are Integrating Behavioral Health Services

In February 2017 the Ohio Council released a report on behavioral health services in schools, including services for mental health and substance use disorders (addiction services), called the School Based Behavioral Health Services Summary[i]. The report includes information from 36 community behavioral health organizations who voluntarily provided information on their practices.

The School Based Behavioral Health Services Summary shows that the 36 provider organizations included are currently delivering services in more than 200 school districts and over 1160 school buildings across Ohio. These 1160 buildings comprise one-third of Ohio school buildings. It demonstrates that Ohio has an existing, solid infrastructure in place that supports access to school-based behavioral health services including prevention, early intervention, and treatment services to meet the academic,

social, and developmental needs of our children and their families. This strong foundation and existing relationships can be built on and replicated to expand access to students across the state.

The study shows the extent to which community behavioral health providers and schools are working together, using the community connections (partnership) model to increase access to prevention and behavioral health services. Services offered include a wide variety of evidenced based prevention programing, early intervention activities, and clinical treatment services for students in all types of classroom settings. Examples of evidenced based services include Signs of Suicide (SOS), Second Step, Too Good for Drugs, Too Good for Violence, Coping Cat, Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing, just to name a few. The array of programs and evidence based services identified indicates that schools and providers are tailoring program and service design based on the individualized needs of students and communities, which is a best practice in and of itself.

The survey also addressed outcome measurement, organizational relationships between school districts and behavioral health provider organizations, and addresses the financing mechanisms that sustain school-based service delivery. Many school districts and provider organizations formalize their partnership through a memorandum of agreement or understanding while other rely on informal relationships. These formal documents are highly individualized and generally address roles and responsibilities of each party, financial arrangements, and any agreed upon outcome measurement.

A sustainable financial model was identified as a key issue to success and a barrier to school-based services. Medicaid reimbursement of covered behavioral health services—*not* the Medicaid School Program—is the primary funder of school-based services, although a number of provider organizations are also billing private, third-party insurance when permitted or acceptable to the school or allowable under school policy. Other programs, particularly prevention services, rely on funding from federal, state, and local resources provided by county Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards or other grant funders, such as the United Way. Some schools are also directly purchasing services and/or dedicated treatment staff from behavioral health provider organizations in order to make services more widely available to students regardless of their insurance coverage.

In summary, Ohio has a strong foundation that can be leveraged to expand and finance school based behavioral health services using a collaborative or partnership model. Access to school based prevention, early intervention, and behavioral health treatment services helps build student resiliency, establish developmentally nurturing learning environments, identify at-risk students early, and create opportunities for early intervention and access to treatment.

How Communities Can Build Strong School-Based Behavioral Health Services

Communities wishing to reap the benefits of a school-based behavioral health care collaboration do not have to start from scratch. Although each school-based behavioral health services partnership is tailored to the community's needs and the capabilities of the participating partners, program principles and guidelines as well as best practices from well-established sources should guide the development of any new program.

The Kennedy Forum released a white paper in June 2017 called *5 Pillars: The Pathway to Improving the Delivery of Mental Health Services in Education*. Lending its strong support for school-based behavioral health services, the Kennedy Forum sets four critical goals that can be achieved by placing behavioral health services in schools[ii].

> "By creating mental health systems within our schools that work in tandem with community mental health professionals and researchers, we (1) increase the likelihood of identification of students' mental health needs at earlier stages, (2) provide a pathway to develop innovative prevention and intervention programs, (3) create an integrative system of care in which students have access to the level of treatment needed when they need it, and (4) build capacity to sustain mental health services over time."

Bringing together research and best practices on behavioral health delivery in schools, The Kennedy Forum describes a successful school-based behavioral health system having five pillars that include: community partnerships, school-based services including prevention and intervention, early identification, engaging educators, and ensuring sustainability. Each pillar critically contributes to a successful long-term approach to school-based community behavioral health care (see pull out box below).

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5 Pillars: The Pathway to Improving the Delivery of Mental Health Services in Education

Pillar One: Developing collaborative relationships between schools and community organizations ensures that there are many pathways for students to access needed services. A leadership team identifies roles and responsibilities and ensures communication and transparency between school professionals and community behavioral health professionals. The identification of school needs ensures that schools have joint accountability.

Pillar Two: Build a framework for the delivery of mental, emotional and behavioral health services in schools that focuses on a wide range of student needs by including both prevention and intervention services, while educating parents about more intensive services available through behavioral health providers.

Pillar Three: Commit to early identification, the development and implementation of universal screening to regularly identify social, emotional and behavioral deficits that could negatively impact students throughout their life. This screening should focus on key transition grade levels, including kindergarten, middle school and high school. Screening should be followed with a process for identifying and referring students for professional early intervention or treatment services and ensures student privacy.

Pillar Four: Engage educators in the social-emotional health of students by providing meaningful professional development in the short-term that supports teachers by increasing their knowledge of child and adolescent mental health, the impacts of trauma and toxic stress on learning, and ways to use mindfulness and verbal de-escalation techniques in their classrooms. Over the longer term, teacher education programs should better prepare teachers to understand and negotiate situations involving student mental and emotional well-being.

Pillar Five: Identify strategies to sustain school-community behavioral health partnerships long-term by working with local partners and encouraging policy changes that support the school-community mental health model in the community.

The American Academy of Pediatrics (AAP) has been advocating for school-based behavioral health services for more than fifteen years. In a 2004 policy statement, AAP identified three structural models for organizing and delivering school based behavioral health services[iii]. They are:

- School-supported model: Social workers and guidance counselors are employed by the school and any behavioral health organization is external to the school. A child may be referred or recommended to seek services by one of the school employees above.
- Community Connections or Partnership model: A community behavioral health organization partners with the school to delivers services in the school building part-time or full-time and has a contract with the school. There may be prevention and treatment services offered before, during, or after school hours as well as a connection to more intensive off-site services.
- Comprehensive or Integrated model: The behavioral health organization is co-located with the school offering a full array of prevention, early intervention, treatment, and family/community support services. The School-based health center (SBHC) is another example where both physical and behavioral health services are offered.
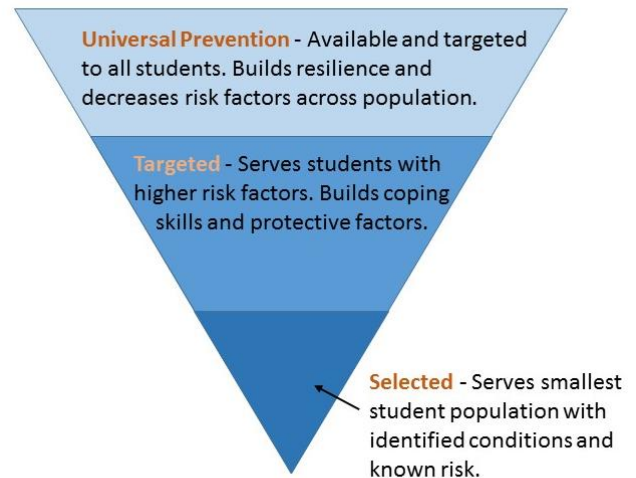
In the same report, the AAP also highlights a well-accepted structure for any school-based behavioral health model that includes the three tiers of prevention services available to students, consistent with prevention science.

The first tier is universal prevention programs and services that are available and targeted to <u>all children</u> in school. Effective prevention programs will positively impact the choices that youth make in regards to substance use, relationships, and overall social and emotional well-being. The AAP states that schools should "focus on decreasing risk factors and building resilience including providing a positive, friendly, and open social environment at school and ensuring that each student has access to community and family supports that are associated with healthy emotional development."

Three Tiers of School Behavioral Health Services

Universal Prevention - Available and targeted to all students. Builds resilience and decreases risk factors across population.

Targeted - Serves students with higher risk factors. Builds coping skills and protective factors.

Selected - Serves smallest student population with identified conditions and known risk.

The second tier is targeted behavioral health interventions for students who are at higher risk for developing behavioral health conditions, but who function well enough in daily social and academic activities. These students may engage in group or individual interventions designed to teach coping skills and build protective factors to support social emotional development. The third tier serves the smallest population of students who have identified mental, emotional and/or behavioral conditions that require specialized, professional services. Interventions may include a multi-disciplinary team of professionals, often including special education services, school representatives, behavioral health professionals, and possibly social services organizations to assist the student.

Prevention and early intervention services are healthcare interventions and require highly skilled and trained prevention and behavioral health professionals. In a school-community behavioral health partnership, licensed behavioral health professionals—whether as school district employees or

employees of a community behavioral health services provider—will play key roles in the health and wellness of students beyond what even an excellently-trained teacher is capable of providing.

Teachers are critical partners in this work, both as supporters of the school-based model and as observers of their students, but they cannot be the primary or sole implementers of behavioral health prevention and early intervention services for students. Teachers bear the enormous responsibility of education and classroom management, often encountering the effects or symptoms of students' mental, emotional, or behavioral health conditions. Teachers need to be partners in prevention and should be engaged in learning about student social-emotional health and development and the impacts of adverse childhood experiences and toxic stress on children.

To optimize successful programs, school and community behavioral health partnerships must be attentive to clarifying the roles and responsibilities of teachers, counselors, and principals in school-based behavioral health services and understand how access to these services support learning, foster student development, and reduce the achievement gap.

Policies to Support Expansion of School-based Behavioral Health Services

Policymakers have a key role to play in supporting the integration of behavioral health services in schools. To support expansion of school based behavioral health services, The Ohio Council recommends development of policies that:

- Create a unified state policy on prevention across all state agencies that aligns resources and programing to support the work of local community coalitions and schools.
- Recognize and reimburse prevention of substance use and mental illness as a health care service, like other chronic disease prevention programs.
- Assist and encourage school districts and buildings to develop partnerships with community behavioral health care providers.
- Support schools in engaging school leadership, parents, students, and community partners to identify and implement Positive Behavioral Interventions and Supports (PBIS) and adoption of evidence-informed practices that best match the needs of the school-community culture.
- Engage teachers in professional development to increase understanding of social-emotional development, impact of adverse childhood experiences and toxic stress, and promote adoption of culturally relevant classroom management strategies.
- Develop strategies to address the shortage of qualified professionals to provide behavioral health and substance abuse treatment services.

[i] *School Based Behavioral Health Services Summary*. The Ohio Council of Behavioral Health and Family Services Providers, January 2017. https://obc.memberclicks.net/assets/school.based.bh.services.guide.final.2017.02.pdf
[ii] *5 Pillars: The Pathway to Improving the Delivery of Mental Health Services in Education*, The Kennedy Forum, June 2017. https://www.thekennedyforum.org/wp-content/uploads/2017/06/Education_Five_Pillars.pdf
[iii] *School-Based Mental Health Services*. American Academy of Pediatrics, Committee on School Health. Published in *Pediatrics* 2004; 113; 1839. http://pediatrics.aappublications.org/content/113/6/1839

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Core BH Services

•Mental Health Assessment
•Behavioral Health Counseling and Therapy
•Intensive Home Based Treatment
•Community Psychiatric Supportive Treatment (CPST)
•Pharmacologic Management
•Crisis Intervention
•FIRST Episode Psychosis Treatment Program

Specialized Programs

•Classroom Connections
•Linkages
•Camp Challenge
•Trauma Recovery Unit
•Early Child Mental Health
•Upstream
•Respite Care
•Peer Support Services

Head Start/Early Head Start: For the City of Youngstown and Mahoning County

•Supports the comprehensive development of children from birth to age 5, in centers, child care partner locations, and in their own homes.

•Comprehensive development services include:
    - Early Learning
    - Health and Nutrition
    - Family Advocacy
    -Specialized Classroom for Behavioral Disorders

Alta Care Group Evaluation

Year – End Report 2016-2017

YOUNGSTOWN STATE UNIVERSITY

CENTER FOR HUMAN SERVICES DEVELOPMENT

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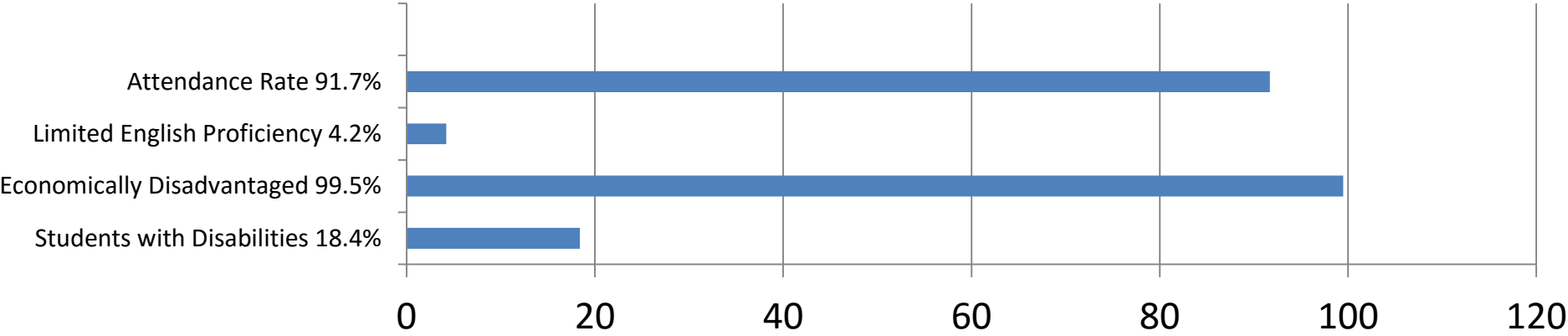330.941.2227
eacianciola@ysu.edu

Methodology

➢Contracted with the Center for Human Services Development (CHSD) at Youngstown State University to evaluate and determine the program effectiveness.

➢Developed a series of surveys to collect data from Youngstown City School Administrators and Teachers.

➢The Center for Human Services Development collected and analyzed the data.

2015-2016
YCSD Enrollment

14.50%

7.00%

16.20%

62.20%

- Black, Non-Hispanic 62.2%

- Hispanic 16.2%

- Multiracial 7.0%

- White, Non-Hispanic 14.5%

The following graph depicts YCSD student demographics in the 2015-2016 academic year.

2015-2016
YCSD Demographics

Attendance Rate 91.7%	
Limited English Proficiency 4.2%	
Economically Disadvantaged 99.5%	
Students with Disabilities 18.4%	

0   20   40   60   80   100   120

Number of Clients and Non-Clients Served in 2016-2017 Academic Year by School

School	Clients	Non Clients	Total
Chaney	45	232	277
East	24	68	92
Harding	28	130	158
McGuffey	91	140	231
Martin Luther King (MLK)	19	82	101
Paul C. Bunn (PCB)	13	10	23
Taft	13	17	30
Volney	18	16	34
Williamson	27	98	125
Wilson	41	82	123
TOTAL	**319**	**875**	**1194**

Overall Services

- **<u>Direct Behavioral Health Services:</u>**
  - ❑ Individual, Group or Family Counseling services provided on-site to students.
  - ❑ These services comprise approximately 40% of time

- **<u>Indirect Behavioral Health and Consultation Services:</u>**
  - ❑ Assist teachers with classroom and student specific behavior management strategies.
  - ❑ Develop Functional Behavioral Assessments (FBA)
  - ❑ Develop Behavioral Intervention Plans (BIP)
  - ❑ Manage crisis intervention and de-escalation
  - ❑ Assist in peer mediation and conflict resolution
  - ❑ Consultation to Student Support Teams

Teacher Survey Results

Pre Test Question 1:
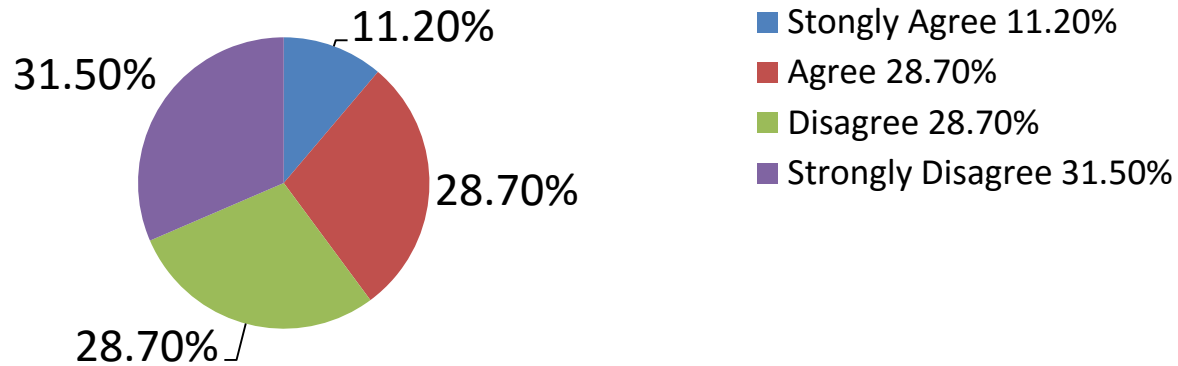
I feel that the student uses appropriate behavior most days.

- Stongly Agree 11.20%
- Agree 28.70%
- Disagree 28.70%
- Strongly Disagree 31.50%

Post Test Question 2:

I feel that the student's behavior has changed since working with the Alta Consultant.

- Strongly Agree 29.80%
- Agree 50.90%
- Disagree 11.40%
- Strongly Disagree 6.10%

I feel that the student is ready to learn most days.

- Strongly Agree 5.60%
- Agree 35.70
- Disagree 33.60
- Strongly Disagree 23.10%
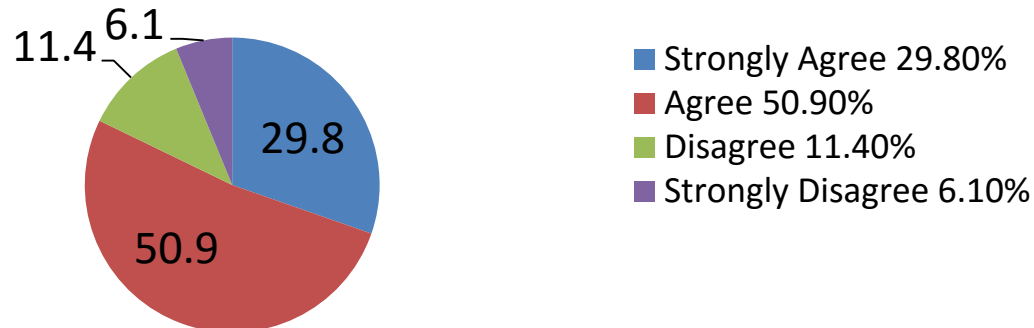
Post Test Question 2:

I feel that the student's readiness to learn has changed since working with Alta Consultants.
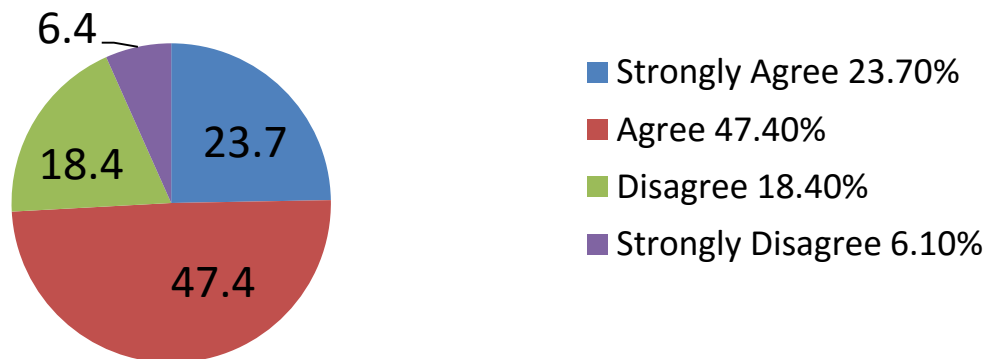
- Strongly Agree 23.70%
- Agree 47.40%
- Disagree 18.40%
- Strongly Disagree 6.10%

Pre Test Question 3:

I feel that the student is able to stay on task most days.

- Strongly Agree 4.90%
- Agree 23.10%
- Disagree 39.90%
- Strongly Disagree 32.20%

4.9
23.1
39.9
32.2

Post Test Question 3:

I feel that the student's ability to remain on task has changed since working with the Alta Consultant.

- Strongly Agree 23.70%
- Agree 51.80%
- Disagree 13.20%
- Strongly Disagree 6.10%

6.1
13.2
23.7
51.8

Pre Test Question 4:

I feel that the student completes assignments.

- Strongly Agree 4.90%
- Agree 35.70%
- Disagree 35.70%
- Strongly Disagree 22.40%

4.9
22.4
35.7
35.7

Post Test Question 4:
I feel that the student's ability to complete an assignment has changed since working with the Alta Consultant

- Strongly Agree 21.90%
- Agree 49.10%
- Disagree 14.00%
- Strongly Disagree 8.80%

8.8
21.9
14
49.1
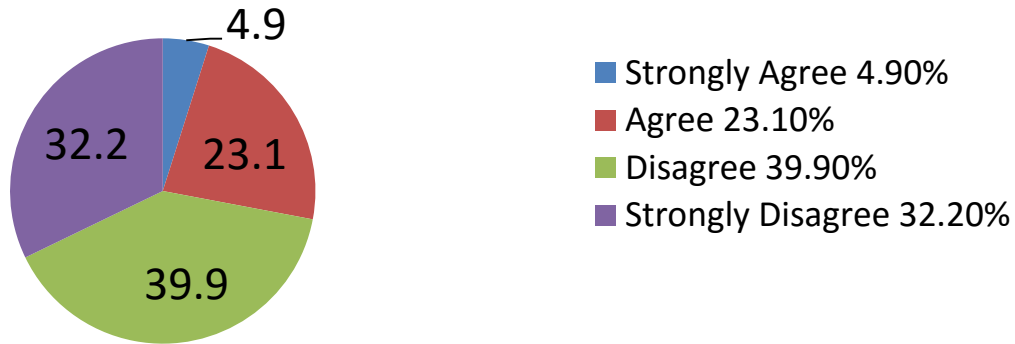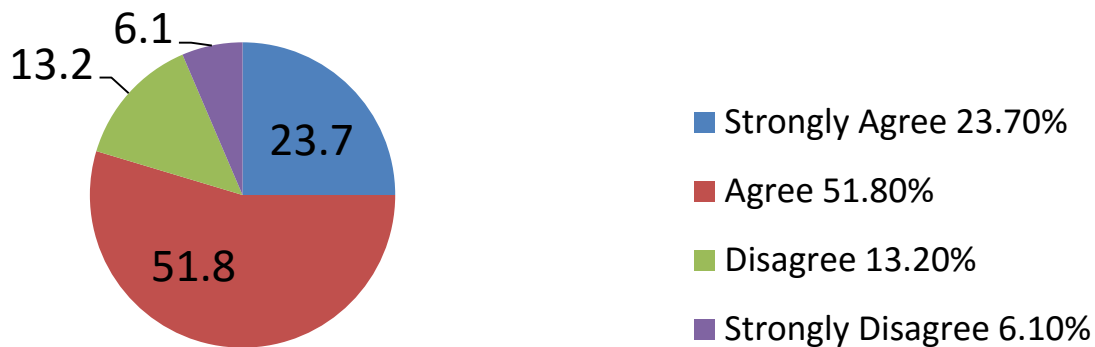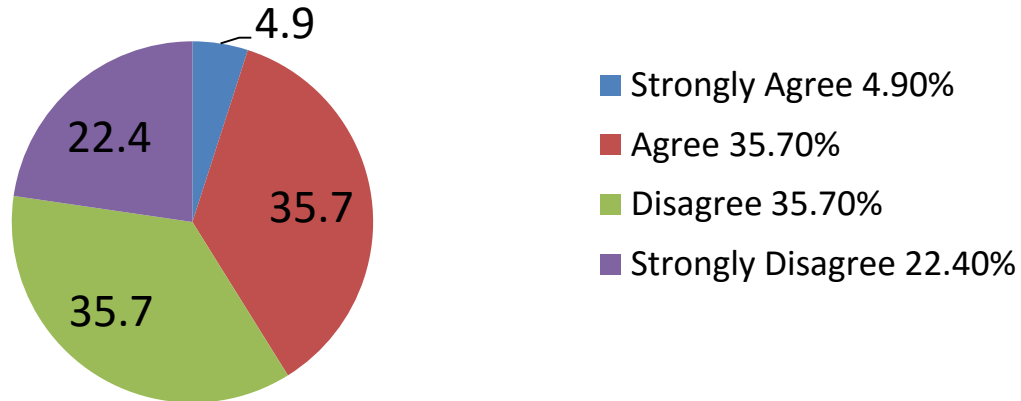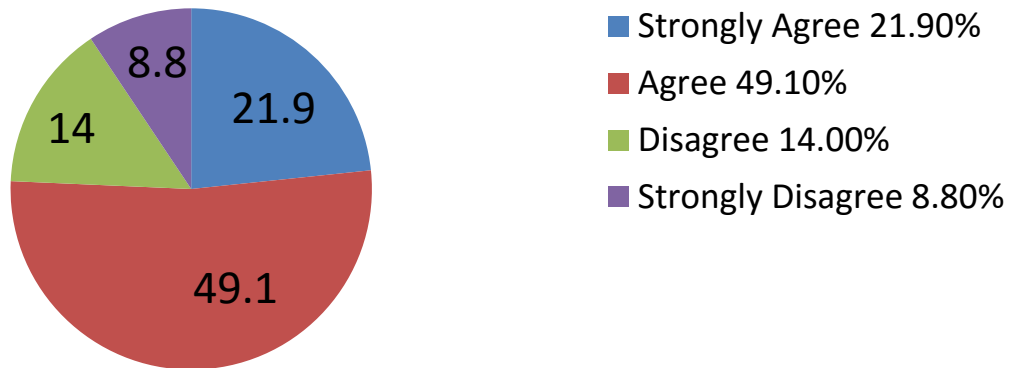
Teacher/Consultant Survey Results

A total of 77 Teacher surveys were collected and analyzed by the Center for Human Services Development at Youngstown State University. Survey data was analyzed using IBM SBSS Statistics.

Teacher/Consultant Survey Results	
87%	Felt that Alta Behavioral Consultant provided effective and useful behavior interventions.
79%	Felt that Alta Behavioral Consultant effectively assisted during crises.
65%	Felt that Alta Behavioral Consultant provided guidance with classroom management.
64%	Felt their need for removing students from class has been reduced since Alta Behavioral Consultant's involvement.
87%	Felt that Alta Behavioral Consultant Services provide the school with a service that they would otherwise not have access to.

Administration Survey Results

A total of 11 surveys were collected and analyzed by the Center for Human Services Development at Youngstown State University. Survey data was analyzed using IBM SPSS Statistics.

Administrator Survey Results	
91%	Felt that the Alta Behavioral Consultant has helped guide how student behaviors and classroom removals are addressed in their building.
64%	Felt there has been a reduction of behavioral MFE referrals due to the consultation and interventions provided by the Alta Consultant Services.
82%	Felt that the Alta Behavioral Consultant Services have assisted with behavior management in the classrooms, allowing teachers more time to focus on academics and less on behavior.
82%	Felt the work Alta Behavioral Consultants do with the students helps them be more ready to learn.
82%	Felt Alta Behavioral Consultant Services provide their school with a service that they would otherwise not have access to.
82%	Felt the teaching staff seeks out and values the services of the Alta Behavioral Consultant.

Alta Care Group Evaluation

Year- End Report 2016-2017

YOUNGSTOWN STATE UNIVERSITY

CENTER FOR HUMAN SERVICES DEVELOPMENT

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Table of Contents

Mission of Alta Care Group

The mission of Alta Care Group is to support the social, emotional, behavioral and physical well-being of children, adolescents, young adults and their families.

Alta Care Group Overview

Alta Care Group serves a yearly average of nearly 3,000 children, adolescents, young adults and their families up to the age of 21. The individuals and families (approximately 85%) served by Alta Care Group fall within the federal guidelines for poverty and are racially and ethnically diverse.

Services provided by Alta Care Group:

- Diagnostic Assessment Services
- Pharmacologic Services
- Crisis Intervention Services
- Counseling and Psychotherapy Services
- Community Psychiatric Support Services/Case Management

- Prevention Services
- School-Based Consultation Services
- Early Childhood Mental Health Services
- Trauma Treatment
- Head Start/Early Head Start

Alta Care Group Classroom Connections

Alta Care Group provides behavioral health services and school-based mental health to ten schools within the Youngstown City School District (YCSD) through the Classroom Connections program. By focusing on barriers that interfere with learning, the Classroom Connections program provides behavioral health services that address those barriers and promote improved academic performance. Alta Care Group provides consultation and assistance in working with teachers on classroom management strategies and procedures. Alta Care Group Consultants attend Positive Student Support Team (PSST) meetings, develop Functional Behavioral Assessments (FBA), write Behavioral Intervention Plans (BIP), assist in managing crisis intervention and de-escalation, assist in peer mediation, and provide consultation in classroom observation. Alta Care Group also provides onsite individual counseling to students who are their clients. Onsite individual counseling are services provided where parents have agreed for their child to see a licensed professional.

Alta Care Group Classroom Connections Staff

Alta Classroom Connections staff consists of nine individuals who work within the program on a weekly basis. The Classroom Connections staff is comprised of individuals with expertise as Licensed Professional Counselors (LPC), Licensed Professional Clinical Counselors (LPCC), a Licensed Social Worker (LSW) and Masters-degree Counselor Trainees (CT). All individuals are credentialed through the Counseling, Social Work, Marriage & Family Therapy Board of Ohio, which requires professionals to adhere to the guidelines and mandates in the Ohio Revised Code. Additionally, each professional is required to attend minimum hours of continuing education credits to renew, or upgrade, licensure. The professionals employed through Alta's Classroom Connections have met, and continue to meet the requirements set forth from the Counseling, Social Work, Marriage & Family Therapy Board of Ohio.

Evaluation

Alta Care Group contracted with the Center for Human Services Development (CHSD) at Youngstown State University as their external evaluator to provide a comprehensive evaluation report for the 2016-2017 academic year. The evaluation is comprised of quantitative measures such as surveys, attendance rate, graduation rates, and achievement scores. The evaluation process also consists of qualitative measures such as comments from school administrators, teachers, and parents.

Ultimately, the evaluation will provide useful information that is linked directly to the impact of the Alta Care Group Classroom Connections program. Evaluation work will include recommendations and should lead to program improvement.

Methodology

Alta Care Group contracted with the Center for Human Services Development (CHSD) at Youngstown State University, to develop a program evaluation and determine the program effectiveness. Alta Care Group worked with the Center to develop a series of surveys to collect data from Youngstown City School District administrators and faculty. Administrators, teachers and school staff were asked to complete the surveys confidentially throughout the 2016-2017 school year. The Center for Human Services Development collected and analyzed the quantitate data using the program SPSS Statistics, as well as compiled the qualitative data regarding feedback of program delivery.
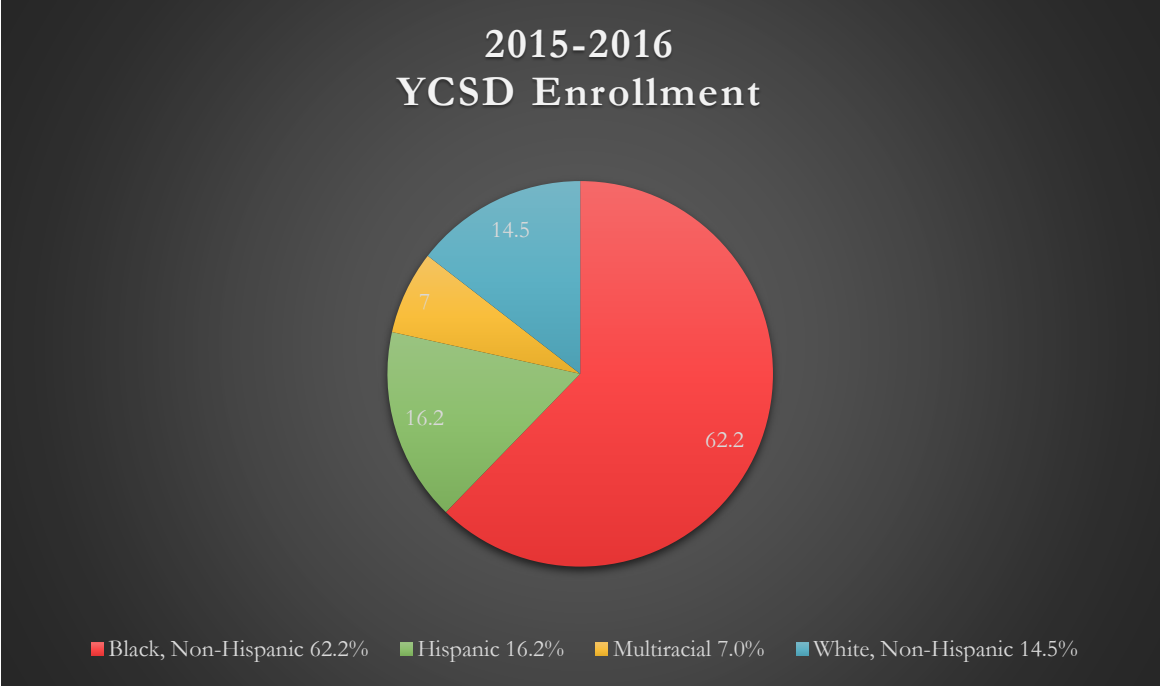
First, Youngstown City School District teachers were asked to complete pre and post surveys regarding their feelings about students who may benefit from the Classroom Connections program. The purpose of these surveys was to monitor the change in student behavior, academic ability, ability to remain on task, and ability to complete an assignment. Additionally, the surveys asked teachers for their input regarding Alta Care Group services, and if they felt their needs as a teacher were being met. Teacher Pre surveys were disseminated throughout the academic year, depending on the point in which a consultant began working with a student. Teacher Post surveys were disseminated in the spring of 2017. Teachers were asked to rate to what extent they agreed or disagreed on a scale of Strongly Agree to No Opinion (1-5). The Teacher pre and post surveys collected were unidentified so that data remained anonymous.

Secondly, a survey was developed to capture the input of Youngstown City School District teachers as they worked with the assigned Alta Consultant in their school. This survey focused on Alta Behavioral Consultant services. Teachers were asked to rate Alta Behavioral Consultant services such as availability, behavior interventions, crisis interventions, classroom management guidance, and helpful feedback.
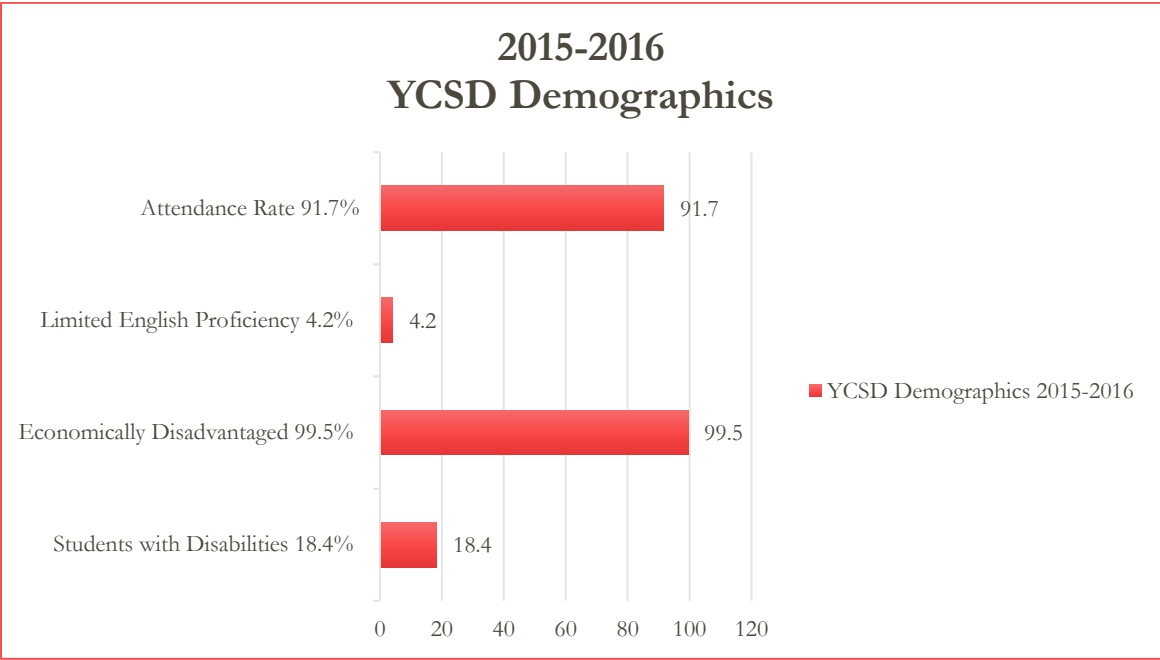
Last, school district administrators were also asked to complete a survey at the end of the 2016-2017 academic year. The purpose of this survey was to gauge the administrators input about their satisfaction level based on their experience with Alta Care Group consultants. The significance of this data extracted from the surveys is to show how school administrators feel about the effectiveness of Alta Care Group in their school.

Population Served

Alta Care Group serves an ethnically diverse and economically disadvantaged population of students enrolled in the Youngstown City School District. The following chart represents the Youngstown City School District (YCSD) student population in the academic year 2015-2016. The demographics shown were taken from the Ohio Department of Education (ODE) 2015-2016 Report Card for the Youngstown City School District. Please Note that the ODE Report Card for the 2016-2017 academic year will not be available until September of 2017; however, the following information will provide insight as to the student population served by Alta Care Group.

2015-2016 YCSD Enrollment

- Black, Non-Hispanic 62.2%
- Hispanic 16.2%
- Multiracial 7.0%
- White, Non-Hispanic 14.5%

The following graph depicts YCSD student demographics in the 2015-2016 academic year.

2015-2016 YCSD Demographics

Category	Value
Attendance Rate 91.7%	91.7
Limited English Proficiency 4.2%	4.2
Economically Disadvantaged 99.5%	99.5
Students with Disabilities 18.4%	18.4

YCSD Demographics 2015-2016

The ODE 2015-2016 Report Card shows that the Youngstown City School District received a grade letter of F in Achievement and scored 48.2% on the Performance Index, an indicator that measures the test results of every student, not just those who score proficient or higher. The school district

has a 4-year graduation rate of 75.5% that applies to students in the Class of 2015 who graduated within four years, i.e. students who entered the 9th grade in 2012 and graduated by 2015.

Youngstown City School District Students Serviced by Alta Care Group

During the 2016-2017 academic year, Alta Care Group Classroom Connections Consultants provided services to 1,194 students in ten schools situated in the Youngstown City School District. The schools serviced by Alta Care Group range from elementary to high school and are as follows: Chaney Campus, Discovery Transition to Careers (DTTC) at Volney, East High School, Harding Elementary, William Holmes McGuffey Elementary, Martin Luther King Elementary, Paul C. Bunn Elementary, Taft Elementary, Williamson Elementary, and Programs of Promise at Wilson.

The students served is a combination of those students who are clients and those who are non-clients. Students who are clients of Alta Care Group meet with the Classroom Connections Consultant on a regular basis where service is defined as regularly scheduled and/or consistent interventions throughout the year, every (or nearly every) week. Non-clients are students that are not clients of Alta Care Group that may be serviced briefly or throughout the year. Non-clients are typically students who are brought to the attention of Alta Care Group by administrators and teachers.

Number of Clients and Non-Clients Served in 2016-2017 Academic Year by School.

School	Clients	Non Clients	Total
Chaney	45	232	277
East	24	68	92
Harding	28	130	158
McGuffey	91	140	231
Martin Luther King (MLK)	19	82	101
Paul C. Bunn (PCB)	13	10	23
Taft	13	17	30
Volney	18	16	34
Williamson	27	98	125
Wilson	41	82	123
Total	**319**	**875**	**1194**

> **When comparing the number of clients served from academic year 2015-2016 to the academic year 2016-2017, there was a 12.23% decrease in clients served and an 8.3% increase in non-clients served.**
>
> **In the 2015-2016 academic year, Alta Care Group serviced 390 clients and 802 non-clients, a total of 1,192 students served.**

Overall Services

Alta Care Group provides both Direct (Client) and Indirect (Non-client) behavioral healthcare services to the students of Youngstown City School District. Direct Behavioral Health Services are counseling services provided on-site to students who are active cases of Alta Care Group. These are individual services where parents have agreed for their child to see a licensed professional and Medicaid is the primary funding source for these services. These services comprise approximately 40% of time allocated by Alta Consultants to the Youngstown City Schools District.

Indirect Behavioral Health and Consultation Services are services provided to support students not actively involved with Alta Care Group through consultation, observation/assessment, and other activities as described. Students receiving these services are those that are identified and referred by school staff, usually through the Positive Student Support Team (PSST) process, due to significant behavioral health issues; however, parents have not agreed for their child to be assessed on an individual basis for services. These services are provided as a support to the Youngstown City School District faculty and administration and are primarily funded by the contract between the Youngstown City School District and Alta Care Group. Alta Consultants allocate approximately 60% of their time to providing this type of service to the Youngstown City School District.

Following are the Direct (Client) and Indirect (Non-Client) services provided by the Alta Care Group Classroom Connections Consultants. The tables provided below represent the number of

each service provided by Alta Care Group Classroom Connections Consultants at each Youngstown City School, as well as if the service provided was Direct or Indirect.

Crisis Management

Crisis Management Total

Clients (C)= 164

Non- Clients (NC)= 272
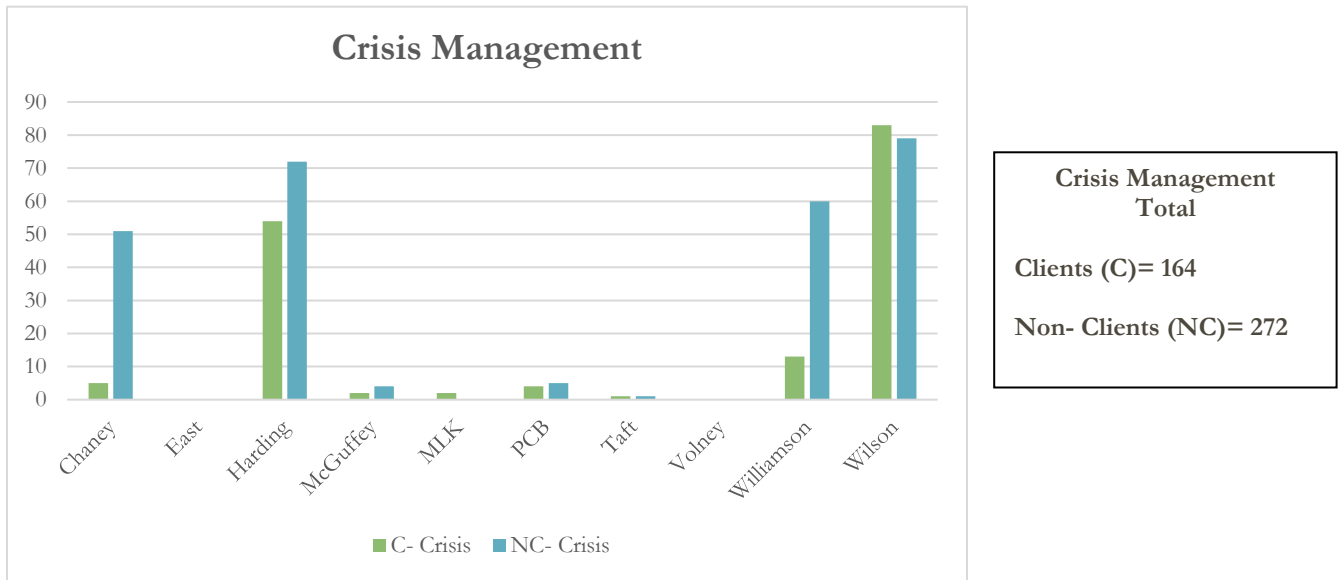
The wide fluctuation shown here may have been a result in how the Alta Care Group Consultants identified a crisis and recorded the crisis.

Crisis Management: Alta Classroom Connections Consultants assist the schools in managing crisis within the building and intervene to de-escalate students that are presenting with immediate needs. This service allows for teachers to continue to focus on the educational process within their classroom. Teachers send the consultants the students, which are in crisis, and the consultants work with the students to assist with de-escalation so they can return to the classroom as quickly as possible, without causing further disruption to the other students. Alta staff can also collaborate with the school nurse, Alta agency staff, or another agency to coordinate services to ensure communication is open and all areas of students needs are met. An example of collaboration includes, but is not limited to medication compliance, academic needs, or needs at home.
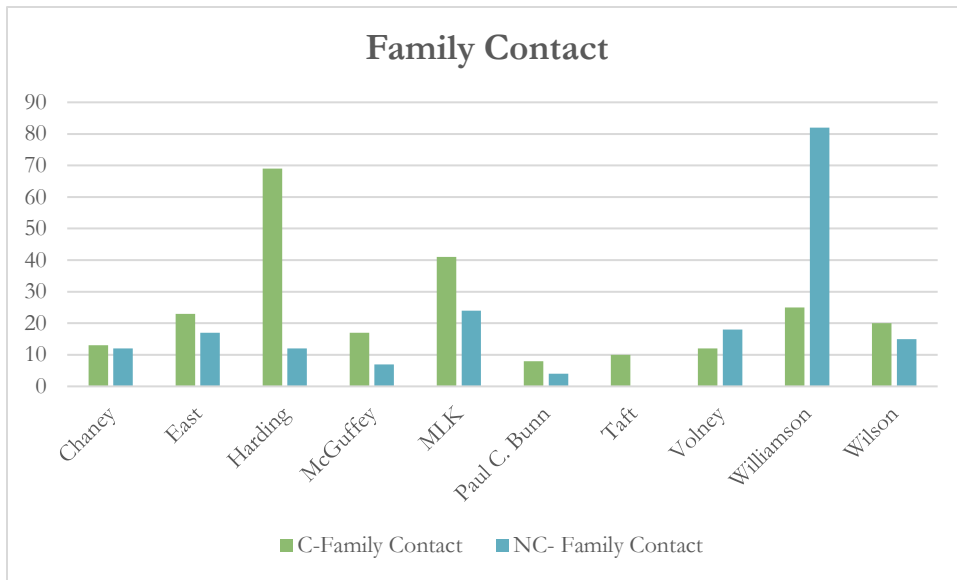
Family Contact Total

Clients (C)= 238

Non- Clients (NC)= 191

Family Contact: Alta Consultants work with the family to ensure the needs of the students are being communicated. These contacts may include, but are not limited to, brief conversations or updates regarding academics, emotional needs, behaviors, or events that occurred during the school day. Contact length and frequency varied based upon need and situations.
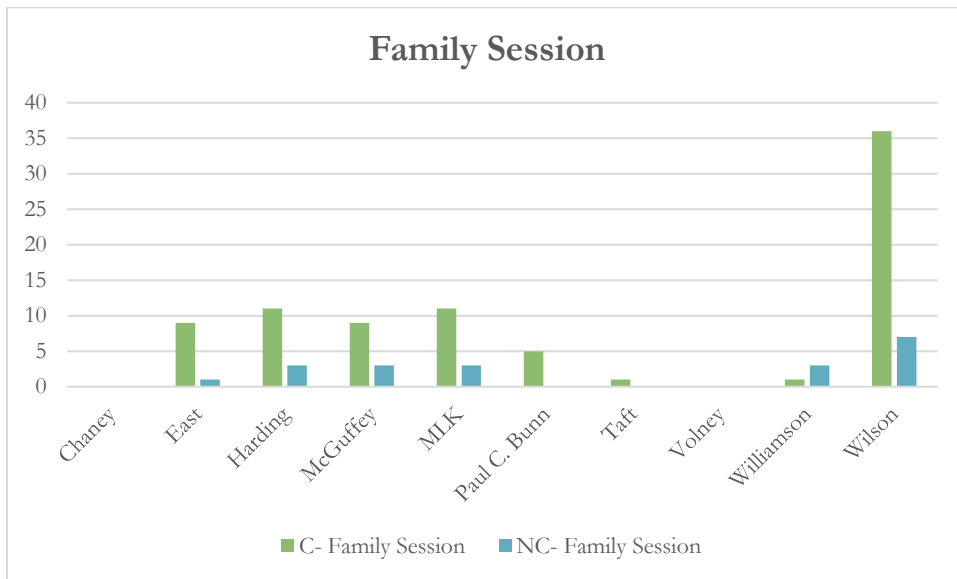

Family Session Total

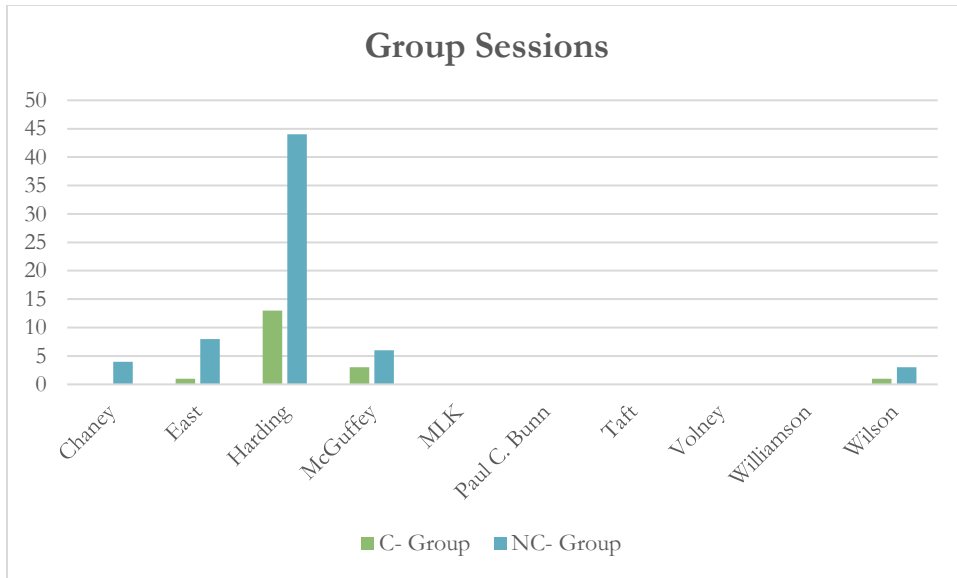**Clients (C)= 83**

Non- Clients (NC)= 20

Family Sessions: Family sessions are communications and meetings that occurred with students and parents. Typically, families are included when behavior changes are being implemented in all aspects of a student's life. Alta Consultants would hold Family Sessions to update treatment plans, documents stating goals and interventions for clinical treatment, or to assist families in bridging consistency at home.

Diagnostic Assessments Total

Clients (C)= 28

Non- Clients (NC)= 0
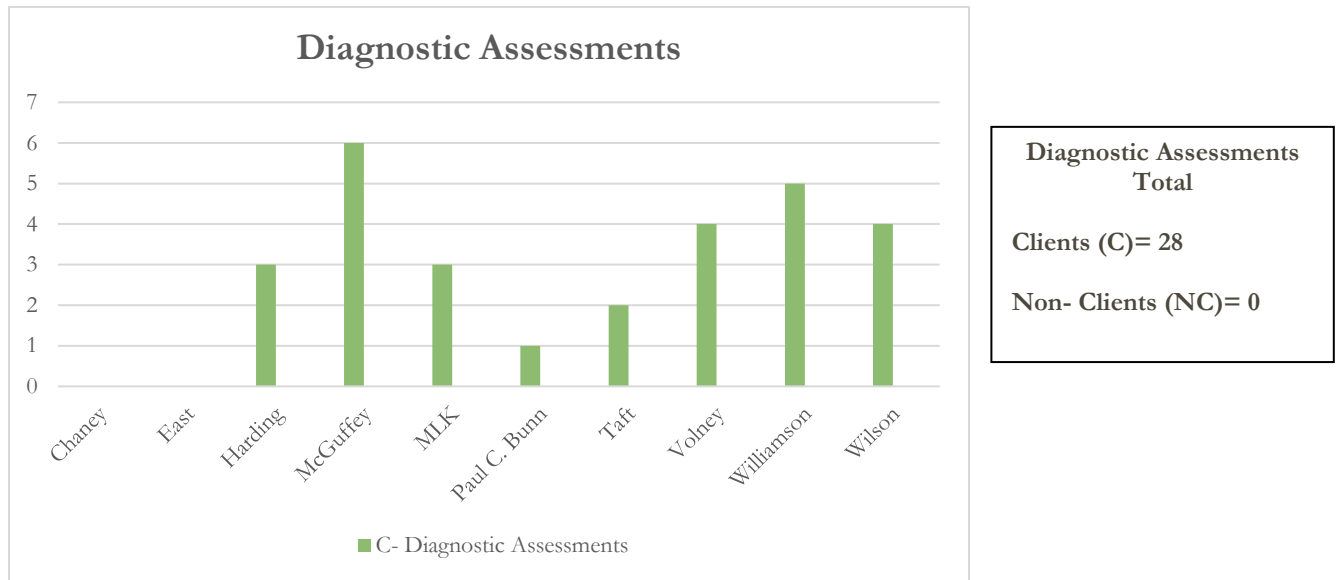
Diagnostic Assessments: Diagnostic Assessments are initial assessments where Alta Consultants identify needs of students. The diagnostic assessments are comprised of gathering specific data from the student and parent, but may have input from school building faculty. This data assists the Alta Consultant in providing the correct mode of treatment and services to assist the student. Due to the majority of Youngstown City School District students being under the age of 18 years old, parent consent is needed.

In a diagnostic assessment, an Alta Consultant gathers the following information:
- Identifies the problem
- Gathers the mental health history of the child and family
- Identifies any trauma
- Identifies issues related to child development
- Identifies educational history
- Identifies social history
- Identifies mental health status
- Performs clinical observations
- Performs a risk assessment

Group Sessions

**Group Sessions
Total**

Clients (C)= 18

Non- Clients (NC)= 65

Group Sessions: Alta Consultants deliver group sessions when there are multiple students with similar issues and provide them when administrators request group counseling. This modality of treatment is evidence-based and has been proven to be effective in helping children gain a feeling of acceptance from peers, improve self-esteem and help regulate their emotions. Group sessions include students of similar demographics (age, gender, issue) working together for a common goal (i.e., time management, anger issues, social skills, grief, etc.).

Individual Sessions
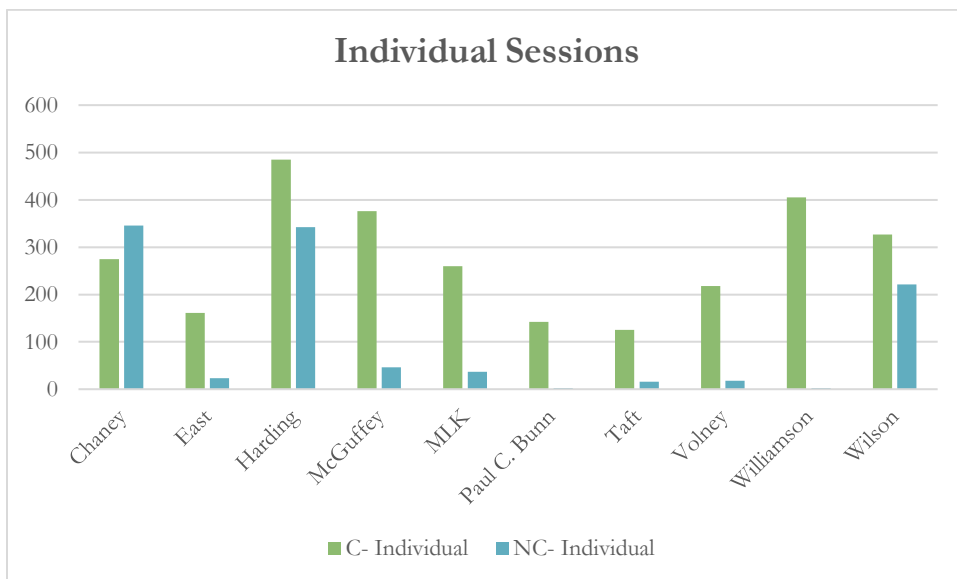
**Individual Sessions
Total**

Clients (C)= 2,776

Non- Clients (NC)= 1,053

Individual Sessions: Individual sessions consist of Alta Consultants working with students on a one-on-one basis. In many situations, students have issues, and/or situations, that are not appropriate in group settings. In these situations, Alta Consultants work with students to address

these issues/situations through the use of interventions or techniques to use in situations that could benefit the students.

Teacher Classroom Consultation
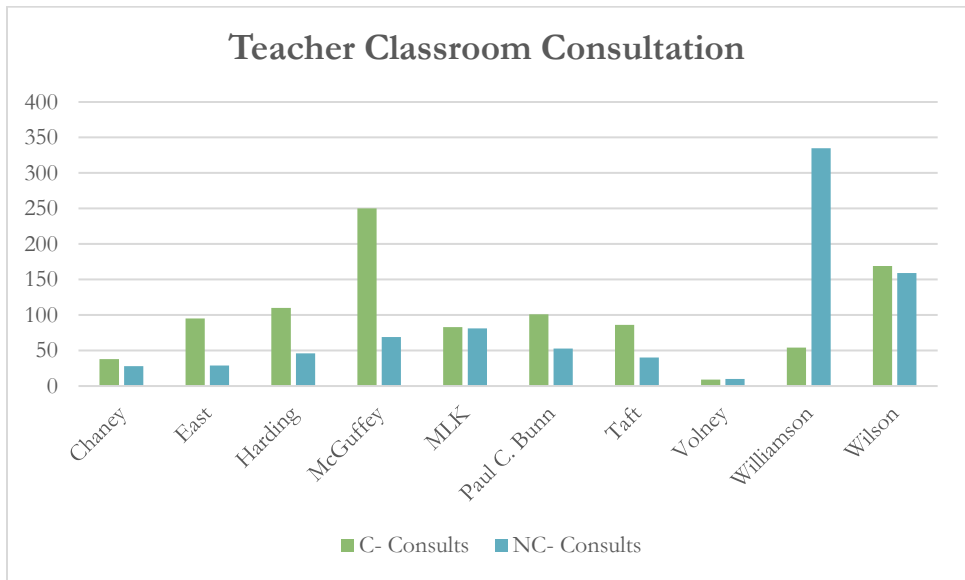
Teacher Classroom Consults Total

Clients (C)= 1,001

Non- Clients (NC)= 850

Teacher Classroom Consultation: Alta Classroom Connections Consultants provide classroom consultation under the direction of school administration to assist in the development of behavioral modification techniques within the classroom. Alta Care Group has developed classroom management strategies, as well as classroom specific incentives, to promote positive behaviors and reduce disruptive behaviors. Classroom management strategies may vary and are implemented based on classroom needs.

Postitive Student Support Team
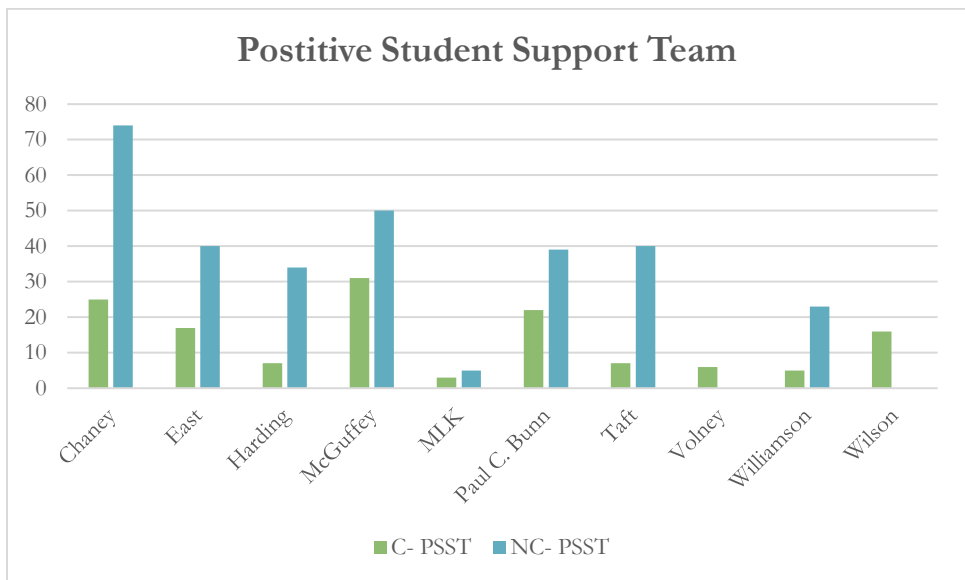
Positive Student Support Team Total

Clients (C)= 140

Non- Clients (NC)= 305

Positive Student Support Team (PSST): The Youngstown City School District has developed a PSST team to conduct developmentally appropriate academic and behavior assessments of individual students, specifically for those not experiencing success in the general education classroom. Alta Classroom Connections Consultants contribute to the team by providing experience and expertise in recommendations and follow up services. The input of the Consultant is often essential when discussing those referrals in which behavioral or mental health components are thought to be significant.
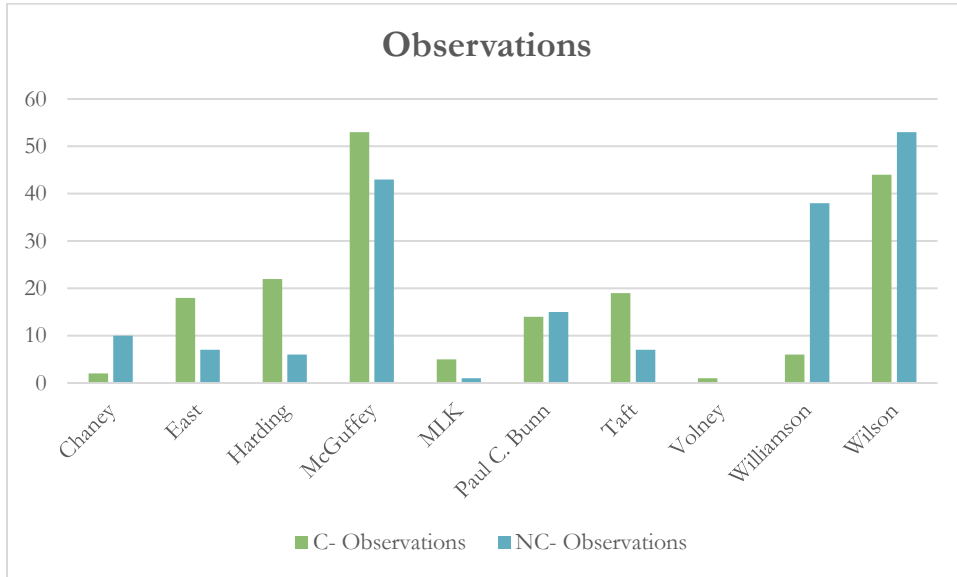

Observations Total

Clients (C)= 184

Non- Clients (NC)= 180

Classroom Observations: Alta Consultants play a vital role in making recommendations regarding the student in the context of the classroom setting and the behavior of other students. These observations include how a particular behavior is interfacing with classroom learning or when a mental health issue appears so prevalent that it requires an additional formalized assessment. Alta will provide formalized observations on district forms and/or make classroom recommendations, as well as assist with the development of a Functional Behavioral Assessment for individual students.

IEP/ School Meetings
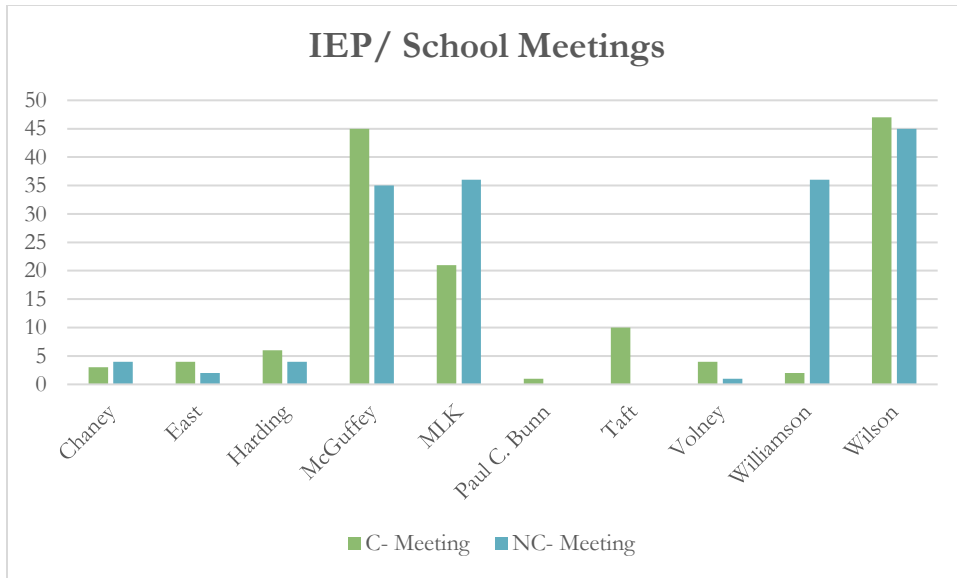
IEP/ School Meetings Total

Clients (C)= 143

Non- Clients (NC)= 163

Legend: ■ C- Meeting ■ NC- Meeting

Individualized Educational Program Meetings (IEP's) Alta Consultants are present at IEP meetings and function as an advisor regarding how the student's specific disability is addressed on the IEP. Alta Consultants assist in writing a behavioral goal that is an addendum to the IEP.
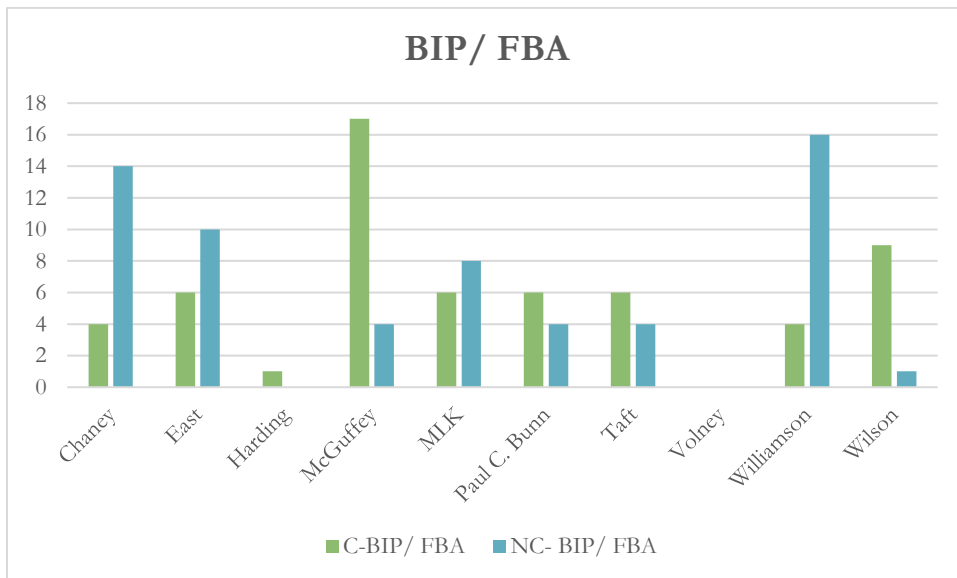
BIP/ FBA

BIP/ FBA Total

Clients (C)= 59

Non- Clients (NC)= 61

Legend: ■ C-BIP/ FBA ■ NC- BIP/ FBA

Functional Behavioral Assessment (FBA): Functional Behavioral Assessments are formalized assessments that identify targeted behaviors and describe what factors are maintaining such behaviors. Alta Care Group Consultants have much expertise in developing these assessments, as they are vital to developing an appropriate Behavioral Intervention Plan.

Behavioral Intervention Plan (BIP): A Behavioral Intervention Plan is based on the results of the FBA and includes a description of the problematic behavior, global or specific reasons the

behavior(s) occur, and positive behavioral supports to curb such behavior. Such plans are often mandated and a key component of change as they serve as a guide for the teacher, parent, and most importantly the student.

Teacher Survey Results

Alta Care Group provided Direct (Client) and Indirect (Non-Client) services to students in ten Youngtown City schools. Teachers were asked to rate the following questions from Strongly Agree to No Opinion (1-5). The following represents the results of the Pretest and Posttest surveys given to teachers throughout the 2016-2017 academic year.

Pre Test Question 1

11.20%

31.50%

28.70%

28.70%

■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree
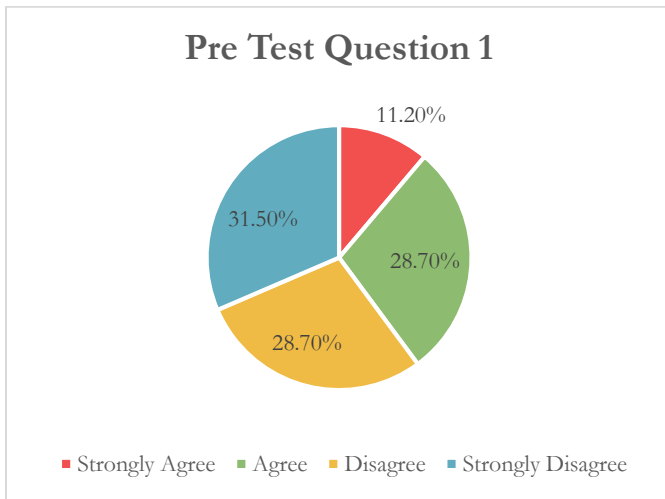
Pre Test Question 1: I feel that the student uses appropriate behavior most days.

Post Test Question 1

6.10%

11.40%

29.80%

50.90%

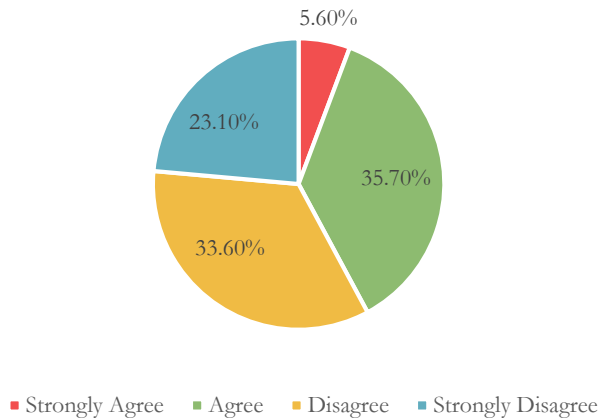■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree
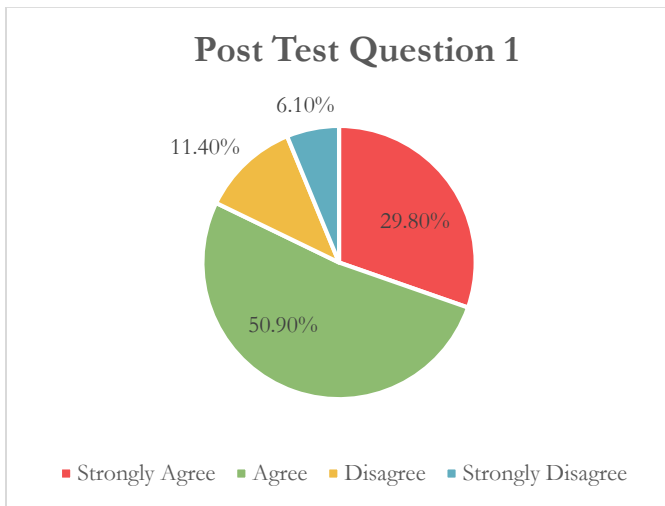
Post Test Question 1: I feel that the student's behavior has changed since working with the Alta Consultant.

"Student made great progress after working with Alta."

"Student made improvements in behavior and coping skills."

Pre Test Question 2

5.60%
23.10%
35.70%
33.60%

■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

Pre Test Question 2: I feel that the student is ready to learn most days.

Post Test Question 2
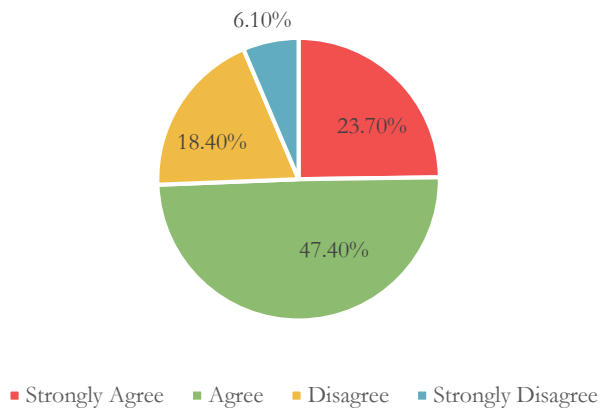
6.10%
18.40%
23.70%
47.40%

■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

Post Test Question 2: I feel that the student's readiness to learn has changed since working with the Alta Consultant.

"More motivated to complete school work."

"He completes his work- focused."

Pre Test Question 3

- 4.90% Strongly Agree
- 23.10% Agree
- 39.90% Disagree
- 32.20% Strongly Disagree
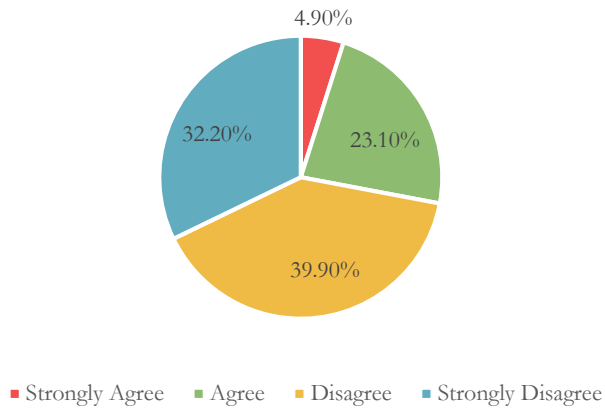
Pre Test Question 3: I feel that the student is able to stay on task most days.

Post Test Question 3

- 23.70% Strongly Agree
- 51.80% Agree
- 13.20% Disagree
- 6.10% Strongly Disagree
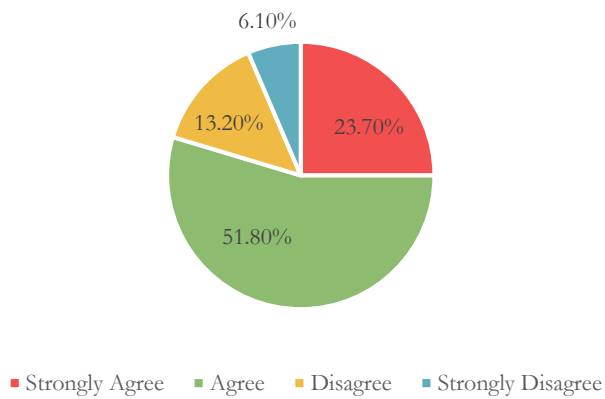
Post Test Question 3: I feel the student's ability to remain on task has changed since working with the Alta Consultant.

"Student used a planner to complete all work."

Pre Test Question 4

4.90%	
22.40%	
35.70%	
35.70%	

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Pre Test Question 4: I feel that the student completes assignments.

Post Test Question 4

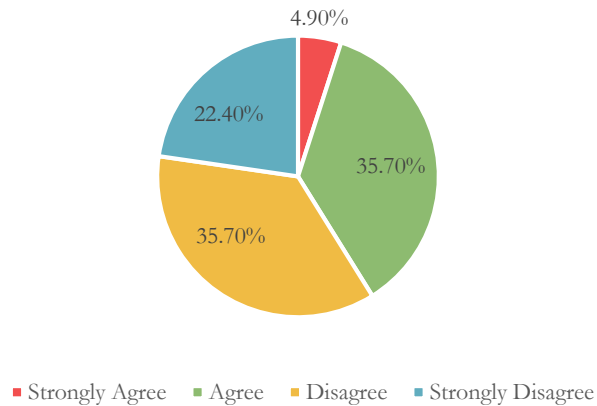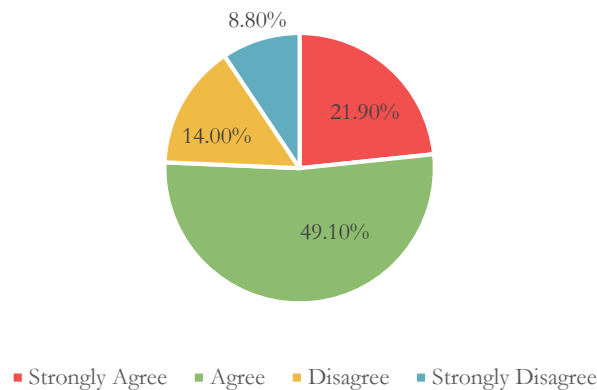|	
8.80%	
21.90%	
14.00%	
49.10%	

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Post Test Question 4: I feel that the student's ability to complete an assignment has changed since working with the Alta Consultant.

Post Test Question 5

When describing the changes or progress made by their student(s)' behavior, teachers reported the following:

Student used a planner to complete all work.

Fewer classroom removals; less disrespectful.

He completes his work- focused.

He is able to stay on task.

More motivated to complete schoolwork.

Student is able to meet school expectations more.

Student made improvements in behavior and coping skills.

Post Test Question 6

Yes 86.80% **No** 7.00%

Youngstown City School District teachers were asked if their needs were met as a teacher by Alta Care Group. An overwhelmin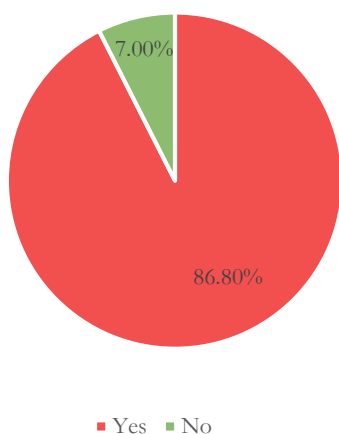g number of teachers, nearly 87%, reported that they felt the Alta Consultants had met their needs. Teachers surveyed reported that the Alta Consultant's availability, willingness to help, open communication, positive classroom management strategies, and teacher support are among the top five ways their needs had been met.

The 7% of teachers who were not satisfied and did not feel the Alta Consultant met their needs made suggestions for improvement such as the following:

- *"Would be beneficial for the Consultant to have more time with the student."*
- *"Consultant needed to observe and work with the child on a behavior plan."*
- *"Plan for behavior needed to be created and followed through daily."*
- *"Students need help from first to last day."*
- *"In school counselors were available and met needs, and OPT and case manager were poor with assisting with classroom needs and poor communication."*
- *"I would have liked to speak to his counselor more so that I could of worked on his behaviors in the classroom. [Consultant] did the best she could to help me."*
- *"More intensive counseling, needs additional help."*
- *"You cannot help if he refuses to cooperate. Just laughed at us."*

Teacher/Consultant Survey Results

Youngstown City School District teachers from ten schools participated in the Teacher- Consultant Survey. A total of 77 surveys were collected and analyzed by the Center for Human Services Development at Youngstown State University. Survey data was analyzed using IBM SPSS Statistics.

Teacher/ Consultant Survey Results
87% of teachers felt that the Alta Behavioral Consultant was available for consultation "Always or Often."
87% of teachers felt the Alta Behavioral Consultant provided effective and useful behavior interventions.
79% of teachers felt the Alta Behavioral Consultant effectively assisted during crisis.
65% of teachers felt the Alta Behavioral Consultant provided guidance with classroom management.
77% of teachers surveyed felt that the Alta Behavioral Consultant provided helpful feedback in meetings.
64% of teachers felt their need for removing students from class has been reduced since the Alta Behavioral Consultant's involvement.
87% of teachers felt the Alta Behavioral Consultant Services provide the school with a service that they would otherwise not have access to.
89% would recommend the Alta Behavioral Consultant Services to be continued at their school next year.

Comments made by teachers who participated in the survey:

"The Consultant has been so helpful in PSST meetings."
"My student(s) had another loving adult to help guide them."
"The Consultant was always helpful, knowledgeable."
"The Consultant was helpful with BIP."
"The Consultant is a very compassionate person and always helps."
"When we have a crisis on Monday, we have no one to help."
"Thankful for the help they have given."
"Consultant needs to be in the building more. She does what she can, but it's hard when she is only here two days a week."
"I feel the Alta Consultant is so overloaded with students that the students do not get enough counseling."
"Please keep Alta services as they are a great resource for families, teachers and students."
"Student was removed during academic time to address behavior/ emotions at times."
"The demands are too high and the staff was very busy. At times, he/she was unavailable."
"Be here every day!"

Administration Survey Results

In the spring of 2017, school administrators from the Youngstown City School District were asked to participate in the Administrator Survey. A total of 11 surveys were collected and analyzed by the Center for Human Services Development at Youngstown State University. Survey data was analyzed using IBM SPSS Statistics.

Administrators were asked to rate to what extent they agreed or disagreed with the following statements. The following table shows the percentage of administrators who responded "Strongly Agree" or "Agree" to the survey questions.

Administrator Survey Results
82% feel that the Alta Behavioral Consultant has been available to their staff when needed.
91% feel that the Alta Behavioral Consultant has helped guide how student behaviors and classroom removals are addressed in their building.
64% feel there has been a reduction of behavioral MFE referrals due to the consultation and interventions provided by the Alta Consultant Services.
82% feel that the Alta Behavioral Consultant Services have assisted with behavior management in the classrooms, allowing teachers more time to focus on academics and less on behavior.
82% feel the work the Alta Behavioral Consultants do with the students helps them be more ready to learn.
82% feel Alta Behavioral Consultant Services provide their school with a service that I would otherwise not have access to.
82% feel the teaching staff at my school seeks out and values the services of the Alta Behavioral Consultant.
46% feel that if the Alta Behavioral Consultant also provides counseling services to your E.D. Unit(s), those services are helpful in managing classroom behaviors. *27% responded "Unsure"   18% responded "Not Applicable"*
91% would recommend the Alta Behavioral Consultant services to be continued at their school next year.

Counseling services- also counselor provides valuable input in PSST meetings.

The Consultants have always been willing and able to help when needed- even for teachers sometimes!

Having someone to send our students to for professional counseling.

The Consultant has done an outstanding job with counseling our at risk students in crisis. He also has participated in parent meetings and communicated effectively with our parents and staff.

Helping with staff with classroom management, de-escalation with students, communication with parents and families, mediation.

Expertise in classroom management and behavior management.

The communication between administration and counselor.

Having a consultant that works well and supplements the work of my counselor and social worker with intervention strategies is significant. She also supports the development of writing behavior plans.

Additional support for students.

I need an Alta Therapist 5 days a week, all day long.

Need 2 counselors 5 days/week.

If the student need was not so high during the day, I would love to see them assist the teachers in behavior management strategies in the classroom.

Provide PD to staff.

More services

Just more hours in the building.

We would benefit greatly by having the Consultants' support 5 days a week; and in the implementation of additional wrap-around services for our at-most-risk students.

Consultant was not in classrooms at all, very little. Working one on one, mainly.

Be part of PBIS, Restorative Justice, Attend. teams. Totally worked in isolation with all. Teachers unaware of exactly what they did. No data to share with improvement? Not flexible hours due to personal needs.

Comments from Parents about Alta

During the academic year, Alta Care Group disseminates progress surveys to the parents and/or guardians of students receiving services from Classroom Connections Consultants. In this survey, parents and/or guardians were asked, "What has helped the most at Alta?"

In the interest of confidentiality, the comments provided by Alta Care Group from the parent/guardian progress surveys were unidentified.

Parents and/or guardians responded with the following statements:
❖ *Having the Consultant as a support and resource.*
❖ *Counseling, period.*
❖ *It's nice to have support for him.*
❖ *Availability of services in the school.*
❖ *Everyone taking time out of their schedules to make sure that he is on task and keep reminding him about his positive attributes for school.*
❖ *My son needs help seeing things differently and counseling helped with that.*
❖ *Having a counselor at school helps.*
❖ *The therapist's interactions with child.*
❖ *Counseling at school, working with his teacher.*
❖ *The therapist's contact with the school and the follow up calls to the parent.*

Recommendations

Over the course of the year, the Classroom Connections program, by Alta Care Group, has provided a number of services to students, families, faculty, and administration. While analyzing the data collected, the Center for Human Services Development at Youngstown State University identified the following data collection recommendations for the 2017-2018 school year:

- **Parent Surveys:** The Center would like to implement parent surveys during the 2017-2018 school year to gain important feedback regarding the services provided to their students, any behavioral changes notice, and other qualitative data that may be helpful to Alta Care Group and the implementation of the Classroom Connections program.

- **Student Surveys:** The Center would like to gather qualitative feedback from the students, both client and non-client students, to gain an understanding of strengths and weaknesses of the Classroom Connections, as well as ways to identify student needs for future programming.

- **Administration:** The Center would like to gather additional input from administration, teachers and staff to broaden the evaluation by such methods as focus groups and/or face-to-face meetings.

- **Pre and Posttest surveys:** The Center would like to gather qualitative information via consistent pre and posttest surveys to identify students so that growth can be evaluated during the academic year, although not identified in any way that would breach confidentiality.

- **Longitudinal Data:** The Center would like to track demographics, attendance, grades, and disciplinary issues of students served by Alta Care Group Consultants compared to those students not served. Such data would be beneficial to Alta Care Group in adjusting the program to meet the needs of Youngstown City School District and their students and families.

Limitations

Over the course of the evaluation of the Classroom Connections program by Alta Care Group, the following limitations were recognized. It is important to understand the limitations as it may lead to lack of clear conclusions.

- **Limited findings:** Data findings captured in the evaluation are limited due to the unavailability of data for the 2016-2017 academic year. For example, data regarding demographics, attendance, grades, and disciplinary issues of students served by Alta Care Group Consultants.
- **Outcome Measures:** Alta Care Group attempted to gain feedback regarding outcome measures from the Youngstown City School District; however, Alta Care Group was unsuccessful in obtaining this data.
- **Time constraints:** Evaluation work was limited due to time the data was collected and the deadline for the report. While this report includes the strengths and weaknesses of the program, more time to analyze the data collected would offer a more in-depth analysis from the Center for Human Services Development at Youngstown State University.

Alta Care Group Surveys

On the following four pages are the surveys implemented in the 2016-2017 academic year by Alta Care Group in the Classroom Connections program. These surveys were significant in the evaluation process as a means to measure program strengths and weaknesses. The surveys are titled Teacher Pre Survey, Teacher Post Survey, Teacher- Consultant Survey, and Administration Survey. The data provided on the surveys were unidentifiable as to remain confidential.

Teacher Pre Survey

In order to better serve you, Alta Care Group is working with Youngstown State University's Center for Human Services Development to develop a program evaluation. The Center is asking you to take a few minutes to complete this short survey to determine the program effectiveness in order to build upon the strengths and correct any weaknesses. Your input is very important in making Alta Consultation Services more effective. For confidentiality purposes, please do not sign your name on the survey. If you have any questions concerning the survey, please contact Elizabeth Cianciola, Research Associate/Evaluator, YSU Center for Human Services Development at (330) 941-2227.

Please answer to what extent you agree or disagree with the following statements regarding your student.

Student Number _____   **Date** _____

Question:	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	No Opinion (5)
1. I feel that the student uses appropriate behavior most days.					
2. I feel that the student is ready to learn most days.					
3. I feel that the student is able to stay on task most days.					
4. I feel that the student completes assignments.					

5. Briefly describe the student's behavior(s) to be addressed:

   _____

   _____

6. What service(s) provided by the Alta Consultant do you feel would be the most beneficial? (i.e.

   work with the student, provide support to teacher, classroom observation, etc.)

   _____

   _____

Teacher Post Survey

In order to better serve you, Alta Care Group is working with Youngstown State University's Center for Human Services Development to develop a program evaluation. The Center is asking you to take a few minutes to complete this short survey to determine the program effectiveness in order to build upon the strengths and correct any weaknesses. Your input is very important in making Alta Consultation Services more effective. For confidentiality purposes, please do not sign your name on the survey. If you have any questions concerning the survey, please contact Elizabeth Cianciola, Research Associate/Evaluator, YSU Center for Human Services Development at (330) 941-2227.

Please answer to what extent you agree or disagree with the following statements regarding your student.

Student Number _____   **Date** _____

Question:	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	No Opinion (5)
1. I feel that the student's behavior has changed since working with the Alta Consultant.					
2. I feel that the student's readiness to learn has changed since working with the Alta Consultant.					
3. I feel the student's ability to remain on task has changed since working with the Alta Consultant.					
4. I feel that the student's ability to complete an assignment has changed since working with the Alta Consultant.					

5. Briefly describe any changes or progress made in the student's behavior(s):
_____
_____

6. Were your needs as a teacher met by Alta Care Group?   Yes   No

    a. If yes, how were your needs as a teacher met by the Alta Consultant?
_____
_____

    b. If no, what needs should be addressed by the Alta Consultant?
_____
_____

Teacher- Consultant Survey

In order to better serve you, Alta Care Group is working with Youngstown State University's Center for Human Services Development to develop a program evaluation. The Center is asking you to take a few minutes to complete this short survey to determine the program effectiveness in order to build upon the strengths and correct any weaknesses. Your input is very important in making Alta Consultation Services more effective. For confidentiality purposes, please do not sign your name on the survey. If you have any questions concerning the survey, please contact Elizabeth Cianciola, Research Associate/Evaluator, YSU Center for Human Services Development at (330) 941-2227.

Please rate the following regarding the services provided by the Alta Behavioral Consultant.

School_____

Question:	Always	Often	Sometimes	Rarely	Never	N/A
1. I feel the Alta Behavioral Consultant is available for consultation.						
2. I feel the Alta Behavioral Consultant provides effective and useful behavior interventions.						
3. I feel the Alta Behavioral Consultant effectively assists during crisis.						
4. I feel the Alta Behavioral Consultant provides guidance with classroom management.						
5. I feel the Alta Behavioral Consultant provides helpful feedback in meetings.						
6. I feel my need for removing students from class has been reduced since the Alta Behavioral Consultant's involvement.						
7. I feel Alta Behavioral Consultant Services provide my school with a service that I would otherwise not have access to.						
8. I would recommend the Alta Behavioral Consultant Services to be continued at my school next year.						

9. What Alta Behavioral Consultant Service(s) has/have been the most valuable to you?

_____

10. Please place additional comments or suggestions for improvement here:

_____

_____

Administration Survey

In order to better serve you, Alta Care Group is asking you to take a few minutes to complete this short survey. The purpose of the survey is to determine the program effectiveness in order to build upon the strengths and correct any weaknesses. Your input is very important in making Alta Consultation Services more effective. For confidentiality purposes, please do not sign your name on the survey. If you have any questions concerning the survey, please contact Elizabeth Cianciola, Research Associate/Evaluator, YSU Center for Human Services Development at (330) 941-2227.

Question:	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	N/A
1. I feel that the Alta Behavioral Consultant has been available to me/ my staff when needed.						
2. I feel that the Alta Behavioral Consultant has helped guide how student behaviors and classroom removals are addressed in my building.						
3. I feel there has been a reduction of behavioral MFE referrals due to the consultation and interventions provided by the Alta Behavioral Consultant Services.						
4. I feel that the Alta Behavioral Consultant Services have assisted with behavior management in the classrooms, allowing teachers more time to focus on academics and less on behaviors.						
5. I feel the work the Alta Behavioral Consultants do with the students helps them be more ready to learn.						
6. I feel Alta Behavioral Consultant Services provide my school with a service that I would otherwise not have access to.						
7. I feel the teaching staff at my school seeks out and values the services of the Alta Behavioral Consultant.						
8. If the Alta Behavioral Consultant also provides counseling services to your E.D. Unit(s), do you feel those services are helpful in managing classroom behaviors?						
9. I would recommend the Alta Behavioral Consultant services to be continued at my school next year.						

10. What Alta Behavioral Consultant Service(s) has/have been the most valuable to you?
_____
_____

11. Please list areas/ services Alta Behavioral Consultants could do to improve services provided.
_____
_____

THE SPEAKER'S TASK FORCE ON
EDUCATION AND POVERTY

Rep. Bob Cupp, Chair

November 16, 2017 Meeting

10:00 AM – Vern Riffe Center, 77 S High St, 31st Flr. South Room BC
Columbus, Ohio 43215

Agenda

1. Call to Order

2. Non-legislative Member presentations

3. Task Force wrap-up discussion

4. Adjournment

What Cambridge Does

- **Cambridge primarily focuses on Dropout Recovery schools**
  - These are different from Dropout Prevention schools in that the overwhelming majority of our students have already dropped out of school or are so credit deficient that they would have no opportunity to graduate from a traditional public school.

  - We focus heavily on wraparound services; each school employs a full time LSW, retention specialists, and placement specialists (focused on job skills and job placement).

  - Our schools average around 33% special needs students; a number that would be much higher had these students ever attended school regularly enough in the past to be identified. And roughly 98% of our students qualify for free and reduced lunch.

  - Our focus now is squarely on career technical education and ensuring our students graduate with an industry credential and receive job placement.

  - We believe we are saving lives just as much as we are providing an education.

The Cost of Dropping Out

- Dropping out of high school impacts more than an individual's income.
  - The majority of local, state, and federal inmates are high school dropouts
  - One study estimated that the country could save $18.5 billion in annual crime costs by raising the graduation rate of males by 5 percentage points
  - High school dropouts are also less healthy, die earlier, and cost the nation many billions of dollars in Medicaid costs.
 - But most of us already know statistics like these…

The Cost of Dropping Out

- If we can solve, or at least alleviate, many problems by simply graduating more students, imagine the impact we can have by graduating them with an industry credential that immediately leads to a career. *We can and we intend on making a dent in the cycle of poverty.*

- Since 2013 we've graduated over 700 students who otherwise wouldn't have HS diplomas.

Cambridge
EDUCATION GROUP

Significant Learning Through the Task Force

- I learned that there many different legitimate options for addressing the issue of closing the achievement gap. But as the meetings went on I found myself coming back to the following graphic from one of my favorite books titled "Essentialism"...

Essentialism
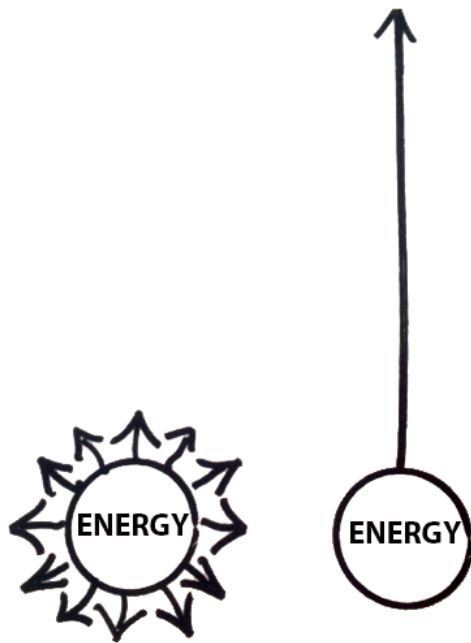
My approach would be to focus on 2 areas:

1. Remove unnecessary barriers for career tech programs and attempt to fracture the cycle of poverty.

2. Fund schools in a way so that we can attract and retain high quality teachers. *I believe that great people are the only thing that can improve the current situation.*

People Make the Difference Example #1

Growth Measures

| NWEA MAP School Grade Level Percentiles				
	MATH		READING	
3rd Grade	Fall16	Spring 17	Fall16	Spring 17
GreatTeacher 1	18	65	36	77
GreatTeacher 2	4	26	6	44
AvgTeacher 3	1	6	1	5
Teacher 4	9	10	5	3
Teacher 5	1	1	5	1
	Near or above grade level (50th percentile) and/or above normal growth.			

*Cambridge internal data

Explanation

- This is real data from 5 different 3rd grade teachers in our schools.
- Each school has very similar demographics.
- Each teacher is provided with the same resources and professional development.
- Leading your students from the 18th to the 65th percentile, or the 6th to the 44th percentile is remarkable. Average teachers get unremarkable results. We need to be able to attract more high quality teachers and retain them once we have them.
- **People are the key.**

Cambridge
EDUCATION GROUP

People Make the Difference Example #2
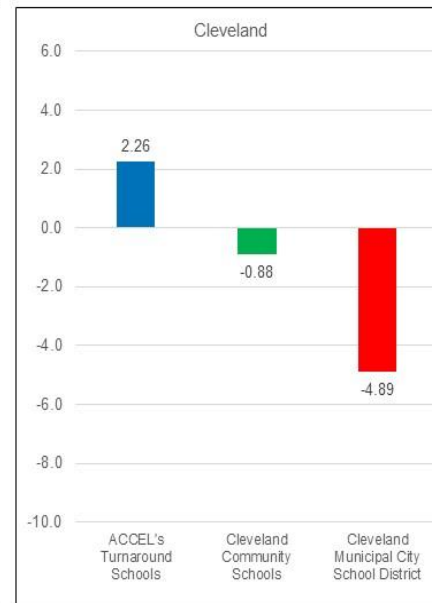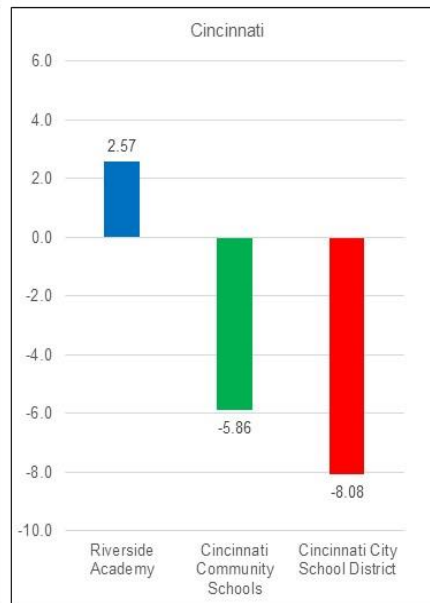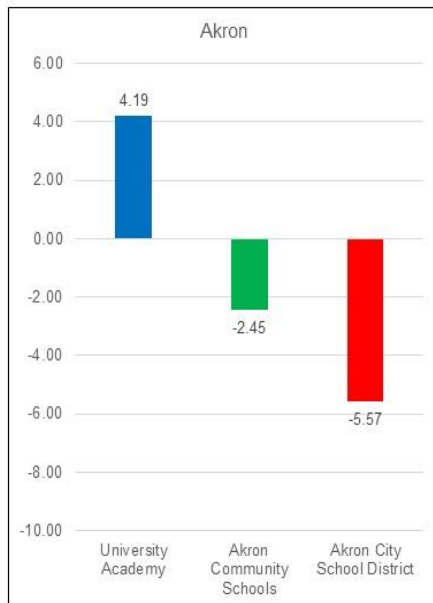
✓ *Accel is a company that focuses almost solely on developing teachers.*

Our Challenge with Attracting and Retaining Great Teachers & Leaders who Make the Difference
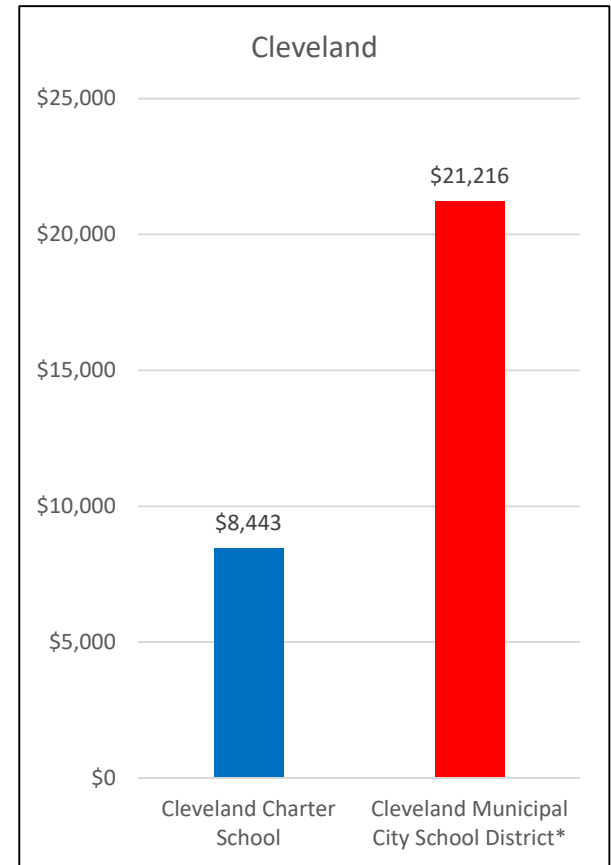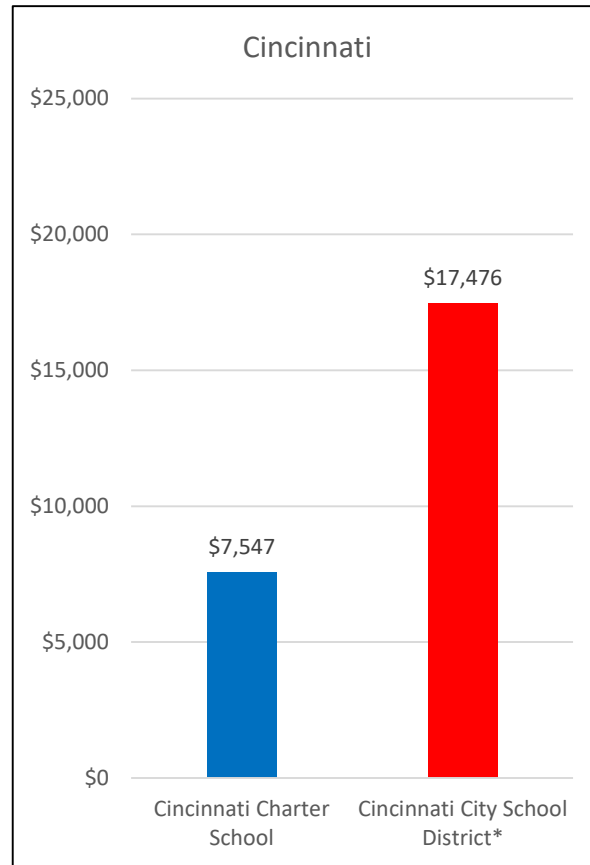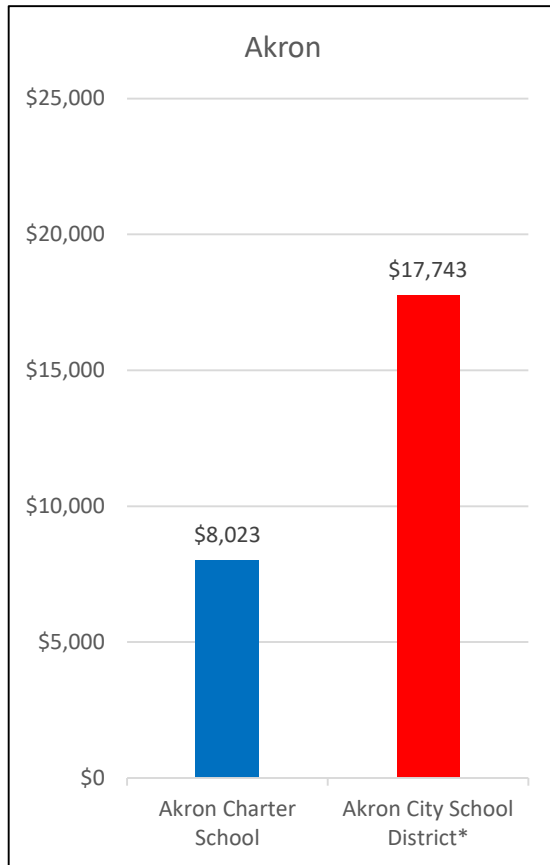
Summary

- I'm very sorry I was unable to share my thoughts with the group in person and hope I get the opportunity to elaborate on this in the future. I truly believe the biggest impact we can have is by focusing on the people teaching and leading our students in poverty, and by attacking the back end of K-12 education by encouraging specialized programs focused on career tech so there are fewer students in poverty in the future.

Wellston City Schools

Task Force on Education & Poverty

November 16, 2017

Wellston City Schools: Demographics

- ❑ High Student Poverty & Small Student Population

- ❑ 85 Square Miles

- ❑ Enrollment: 1,448

- ❑ Econ. Disadv.   87.7%

- ❑ Students with Disabilities   18.3%

- ❑ Mobility Rate   14.1%

- ❑ Chronic Absenteeism   21.2%

Gap Closing

All Students

White Students
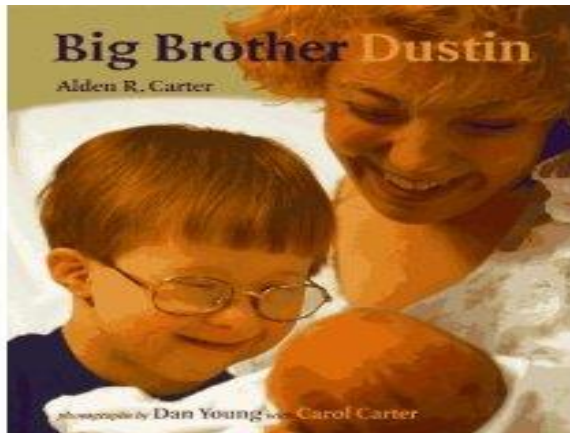
Students with Disabilities

Economically Disadvantaged

POVERTY MATTERS & CAN CREATE SPEEDBUMPS BUT IT'S NOT AN EXCUSE!
IT TAKES A MULTI-FACETED APPROACH.

Achieving excellence in education for ALL learners.

- *The purpose of WCS is to:*
  - *educate ALL students using differentiated instruction,*
  - *develop the whole child,*
  - *provide a caring, safe & respectful environment,*
  - *develop successful members of society.*

- *Excellence in education for ALL learners = Ensuring all students leave us career and college ready.*

WELLSTON CITY SCHOOLS IS ON A JOURNEY TO ACCOMPLISH THIS MOST IMPORTANT MISSION - TO BUILD A SYSTEM RESPONSIVE TO OUR STUDENTS' NEEDS SO THEY ARE SUCCESSSFUL AFTER HIGH SCHOOL!
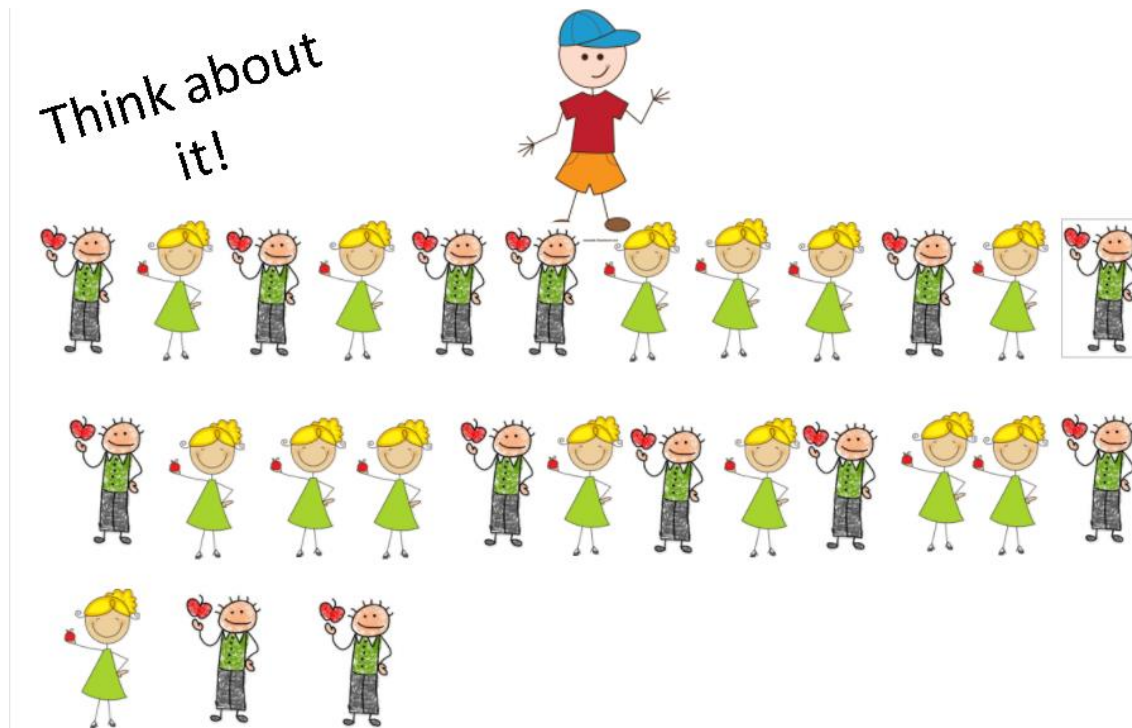
Over the course of a single child's 13 year journey through our system (our big team) will on average receive instruction and guidance from 27 teachers.

What do we know?
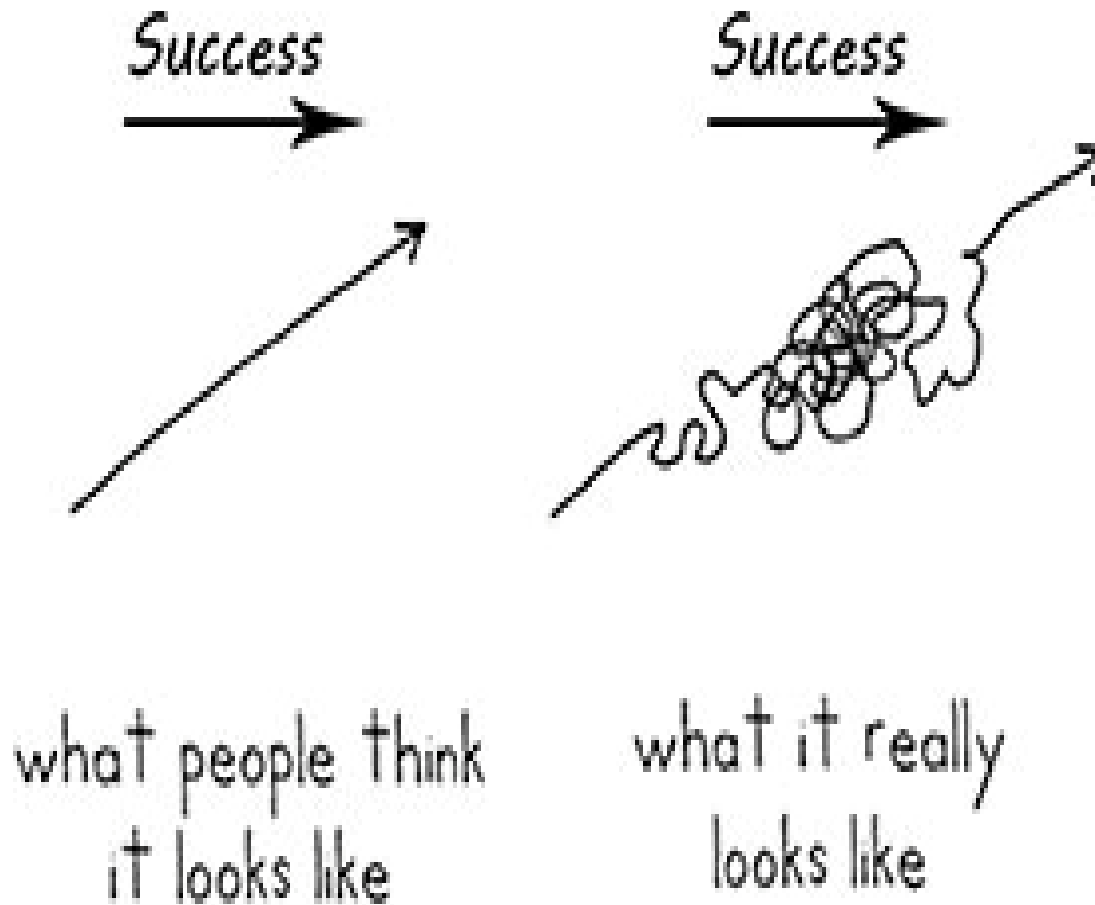
Success →

what people think
it looks like

Success →

what it really
looks like

POVERTY MATTERS & CAN CREATE SPEEDBUMPS BUT IT'S NOT AN EXCUSE!
IT TAKES A MULTI-FACETED APPROACH.

SUMMER READING LOSS	STUDENT SUPPORTS
• Weekly Summer Reading Program (PK-5) 　• Partner with Library, area businesses, organizations, TLC (summer food program) • Moved Summer School to 2-weeks before school starts to help jump start student learning.	• Caring Adults • Behavioral & Health Supports • Collaboration with Social Services • Community Connectors Grant • 21st Century Grant (PK-5) • Power Packs/CEP Program

CULTURE & CLIMATE

- Building a system that is responsive to student needs through collaboration & problem solving. This is necessary because our stakeholders have changed, which requires us to adjust our culture.

- Working to teach behavioral expectations through a **PBIS** framework in order to to establish a climate in which appropriate behavior is the norm.

OHIO IMPROVEMENT PROCESS

DLT/CSLT
- Build capacity of BLTs to support the Ohio 5-Step Process
- Provide TBT training in Ohio 5-Step Process
- Collect data on quality of TBT implementation
- Set benchmark standards
- Use BLT student performance and adult implementation data to provide guidance and support to BLTs
- Determine district-wide and/or building-to-building support needed from internal and external sources

BLT
- Monitor TBT implementation and instructional practices
- Use data to make decisions about professional development and other support needed by TBTs
- Identify strengths and weaknesses of TBT student data
- Provide timely flow of BLT data to DLT (as defined by DLT)
- Articulate roles and responsibilities of BLT to building staff

TBT
- Give common assessment to students
- Analyze results
- Use assessment data to group students by needs or deficit skills
- Provide intervention/enrichment by differentiating instruction
- Re-assess students, evaluate effectiveness of practices
- Summarize student performance and instructional practice data and report to BLT

The Ohio 5-Step Process

STEP 1 Collect and chart data.

STEP 2 Analyze data.

STEP 3 Establish shared expectations for implementing specific changes.

STEP 4 Implement changes consistently.

STEP 5 Collect, chart, and analyze post data.

WELLSTON CITY SCHOOLS

MISSION
Wellston City Schools will achieve excellence for *ALL* learners.
(Note: Our mission addresses rigor & application.)

GOALS & MEASURES

ACHIEVEMENT GOAL:
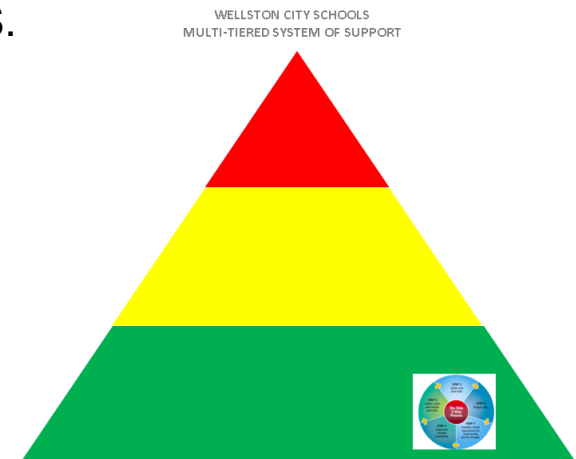By the end of 2018, 85% of all students and each subgroup will be "On Track or Green" in reading and math as measured by the STAR/Early Literacy Screening Report.

GROWTH GOAL:
By the end of 2018, 85% of all students and each subgroup will achieve a *growth target of 41 SGPs* in reading and math as measured by the STAR/Early Literacy Growth Report.

DISTRICT STRATEGY A (OIP FOCUS)

Implement, monitor and support the *Ohio Improvement Process* as the continuous improvement framework for cultivating collaborative practices and increasing student achievement.

→ All teams participate in structured collaborative planning using similar protocols including the 5-Step Process.
→ All teams analyze *common formative assessment* data together using similar protocols at the TBT, BLT, and DLT levels.
→ All teams analyze student work in all disciplines specific to the data including alignment to the standard. *Note:* A strength is identified as 80% of the students mastering the standard.
→ All teams prioritize, establish *and study* effective classroom instructional practices.
→ All teams analyze the relationship between adult implementation of shared strategies and student results.
→ All TBTs utilize Resource 16 as a measure to gauge implementation of the collaborative process.

DISTRICT STRATEGY B (ASSESSMENT FOCUS)

Implement, monitor and support a comprehensive assessment system.

→ All *summative* assessments are designed with the same format (State Assessments, ACT/SAT) including type of questions, layout, spiral review (70% new, 30% old) etc.
→ All *teacher-created* assessments match the rigor of the standards using DOK and resources such as the Deconstructed Standards.
→ All *identified* teachers administer benchmark assessments at the specified time (BAS, STAR Reading/Math/EL)
→ All teachers utilize *formative/common* assessments to drive instruction.

DISTRICT STRATEGY C (PREVENTION & INTERVENTION FOCUS)

Implement, monitor and support a Multi-Tiered System of Support (MTSS) at all grade levels/content areas, PK-12, for ALL students.

NOTE: ALL students means ALL students including students who are academically challenged, academically gifted, SWD, or have behavioral, environmental, health/mental or social issues.

→ Establish protocols for tiered services of support which include but are not limited to Academic Coaching, identification of the lowest 20%; entering/exiting Tier 2 or Tier 3; defining what assessment & curriculum looks like at *each* tier.
→ Study and establish an *explicit* Instructional Framework that includes application: whole group/modeling, small group/guided practice (differentiation), and independent practice.
→ Incorporate effective literacy strategies into the instructional framework across all content areas. For example: Close Reading, Orton Gillingham, LETRS, Balanced Literacy/LLI
→ Establish protocols to support inclusive practices through the delivery of intervention services during small group and/or independent practice.

Revised July 10, 2017

Literacy Focus

Data consistently shows reading/literacy as an area of weakness – skills versus application.

2014-2015   Provided Balanced Literacy Professional Development which included coaching at Bundy Elementary (PK-2).

2015-2016   Continued implementation & professional development

2016-2017   Ohio Early Literacy Initiative (PK-3)
Supplemental Reading Instruction (K-9)

2017-2018   Ohio Early Literacy Initiative (PK-3)
Supplemental Reading Instruction (K-9)
Provided Balanced Literacy Professional Development which included coaching at WIS & WMS.

Focus: Literacy
Who: Lowest 20%
Research Based: Supplemental Reading Instruction

WELLSTON CITY SCHOOLS
MULTI-TIERED SYSTEM OF SUPPORT

"Wellston City Schools achieving excellence for ALL learners"
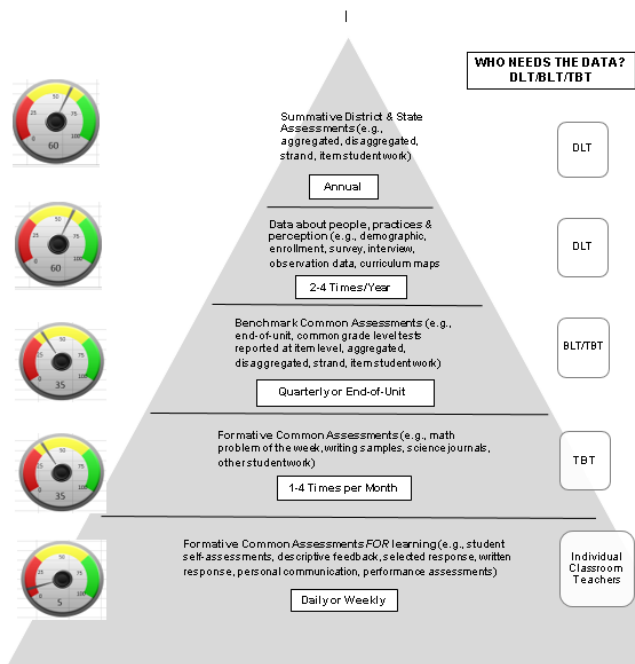
WCS FY17 Adult Implementation Data

As of May 17, 2017   *Total Walk-thrus: 24*   *Attempted Walk-thrus: 8*

Wellston City Schools **District** LLI Adult Implementation Data	Yes (Nov. 15)	No (Nov. 15)	Yes (Jan. 4)	No (Jan. 4)	Yes (Jan 17)	No (Jan 17)	Yes (Feb '17)	No (Feb '17)	Yes (Mar 2, '17)	No (Mar 2, '17)	Yes (May 12 '17)	No (May 12 '17)
The LLI Lesson is occurring in the G.E. Classroom.	20%	80%	76%	24%	50%	50%	65%	35%	84%	16%	100%	0%
A LLI Lesson is present	40%	60%	71%	29%	58%	42%	70%	30%	84%	16%	100%	0%
Each student has his/her own book.	40%	60%	52%	48%	50%	50%	80%	20%	81%	19%	100%	0%

What assessment data do we use in the 5-Step Process?

	WHO NEEDS THE DATA? DLT/BLT/TBT
Summative District & State Assessments (e.g., aggregated, disaggregated, strand, item student work) **Annual**	DLT
Data about people, practices & perception (e.g., demographic, enrollment, survey, interview, observation data, curriculum maps) **2-4 Times/Year**	DLT
Benchmark Common Assessments (e.g., end-of-unit, common grade level tests reported at item level, aggregated, disaggregated, strand, item student work) **Quarterly or End-of-Unit**	BLT/TBT
Formative Common Assessments (e.g., math problem of the week, writing samples, science journals, other student work) **1-4 Times per Month**	TBT
Formative Common Assessments *FOR* learning (e.g., student self-assessments, descriptive feedback, selected response, written response, personal communication, performance assessments) **Daily or Weekly**	Individual Classroom Teachers

Celebrations

| Statement	1st Semester	2nd Semester
# of Students Served	192	309
# of Students Who Achieved Benchmark Level	3 (1st Graders)	9 (G1=5, G2=4, 1 SWD)
#of Students Who Made Progress on the BAS	159 (83%)	213 (69%)
# of Students Who Made Progress on STAR	122 (63%)	202 (65%)
# of Students Who Were NOT Assessed on Either STAR or BAS in Fall or Winter	25 (13%)	28 (9%)
# of Students Who Scored Proficient on the Spring ELA Ohio State Tests	N/A	40 (21%)
# of CWD Served	76 (40%)	118 (38%)
# of CWD Who Made BAS Progress	57 (75%)	81 (69%)
# of CWD Who Scored Proficient on the Spring ELA Ohio State Tests	N/A	13 (11%)

TEACHER OBSERVATIONS

- "I wanted to share a discovery I found when analyzing my OST data. The supplemental reading instruction seemed to really assist these students in the area of writing. Seven out of the nine students were green or yellow. I think this is exciting!"

- Supplemental reading instruction has given us an attempt to back up – to meet kids where they are, empowering teachers to make a difference through literacy thereby empowering students.

- Several stories of a student proudly checking out a library book for the first time, and a student volunteering to read out loud for the first time.

- Teachers feeling like teachers and felling like they are making a difference because they are seeing progress and watching students succeed. ("I feel like a teacher.")

Student Perception Data

Do you think you have become a better reader because of the LLi small groups?

Answered: 49   Skipped: 0
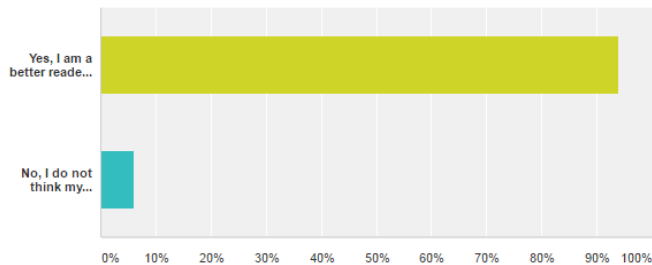
Answer Choices	Responses	
Yes, I am a better reader as a result of my small group.	93.88%	46
No, I do not think my reading ability has changed.	6.12%	3
Total		49

In May 2017, a student survey was developed to get input from the students regarding their experiences with the supplemental reading instruction (LLI).

WHAT DOES OUR DATA TELL US?

If we implement supplemental reading instruction within the general education classroom, with the lowest 20%, then we will increase the number of students showing an increase in reading as measured by the Fountas & Pinnell Benchmark Assessment, STAR Early Literacy & Reading and the Ohio State ELA Tests.

- In the Spring, 69% of the students participating in supplemental reading instruction (LLI) increased the reading level on the Fountas & Pinnell BAS.

- This year, we saw an increase in our STAR Reading data in all but (1) grade level, K-9.

- This year, the preliminary data shows that there is an increase in *ALL* ELA Ohio State Test Results.

- Better at the 5-Step Process (Problem Solving)
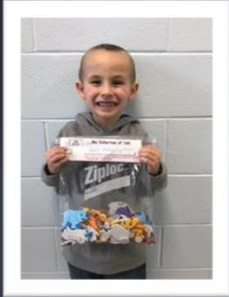
Liam
- 97 SGP on STARS!!!
- In September, Liam could count to 11, identify 7 out of 52 letters, and he knew 2 out of 52 sounds and now has them all!
- can blend, segment, and read the first few sets of sight words!

Addilyn

I would like to recognize Addilyn because of her growth in reading. She started book club at a level C and is now at level G. In addition to growth in reading, she increased significantly in terms of participation. By the end of the second quarter, she was eagerly answering questions and volunteering to read aloud.

Ariah
- Favorite books are The Boxcar Children and Junie B. Jones and her Big Fat Mouth
- Loves to read chapter books
- Favorite thing about school is writing in her journal and
- illustrating pictures
- 90 SGP   Star Reading
- 67 SGP   Star Math

WCS Achieving Excellence for ALL Learners
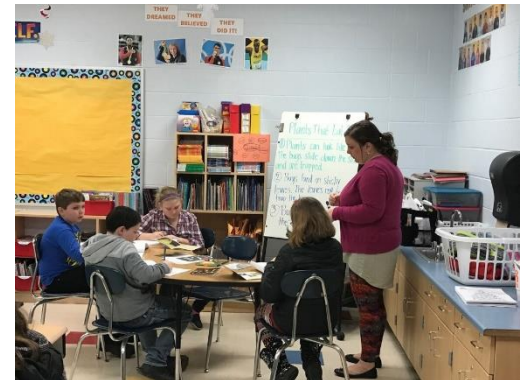
Wellston City Schools: Celebrations

❑ All but two grade levels increased by as much as 25% in Reading on our STAR Assessments (District).

❑ In Language Arts, ALL Ohio State Test results increased as much as 27%;

❑ Students at or above proficient increased in 16 out of 23 areas;

❑ Eight of the Ohio State Test indicators exceeded the state average;

❑ We went from an F to a C on the District, Bundy and Wellston Intermediate K-3 Literacy Component!

❑ WIS met the PI Index of 117 for the first time with it's students identified as Gifted!

2016-2017 Local Report Card
Wellston City Schools

K-3 Literacy
The K-3 Literacy component looks at how successful the school is at getting struggling readers on track to proficiency in third grade and beyond.

COMPONENT GRADE

C

VIEW MORE DATA

K-3 Literacy Improvement
37.4%...C

Progress
The Progress component looks closely at the growth that all students are making based on their past performances.

COMPONENT GRADE

C

Value Added

Graduation Rate
The Graduation Rate component looks at the percent of students who are successfully finishing high school with a diploma in four or five years.

COMPONENT GRADE

B

VIEW MORE DATA

Graduation Rates
93.8% of students graduated in 4 years.......................................A
92.7% of students graduated in 5 years.......................................B

4th Grade Social Studies
- FY15   63.7%
- FY16   88.9%
- FY17   91.3%

3rd Grade Reading
- FY16   42.3%
- FY17   69.4%

5th Grade Reading
- FY16   37.0%
- FY17   61.0%

5th Grade Math
- FY16   62.0%
- FY17   69.0%

WCS Achieving Excellence for ALL Learners

PERFORMANCE INDEX
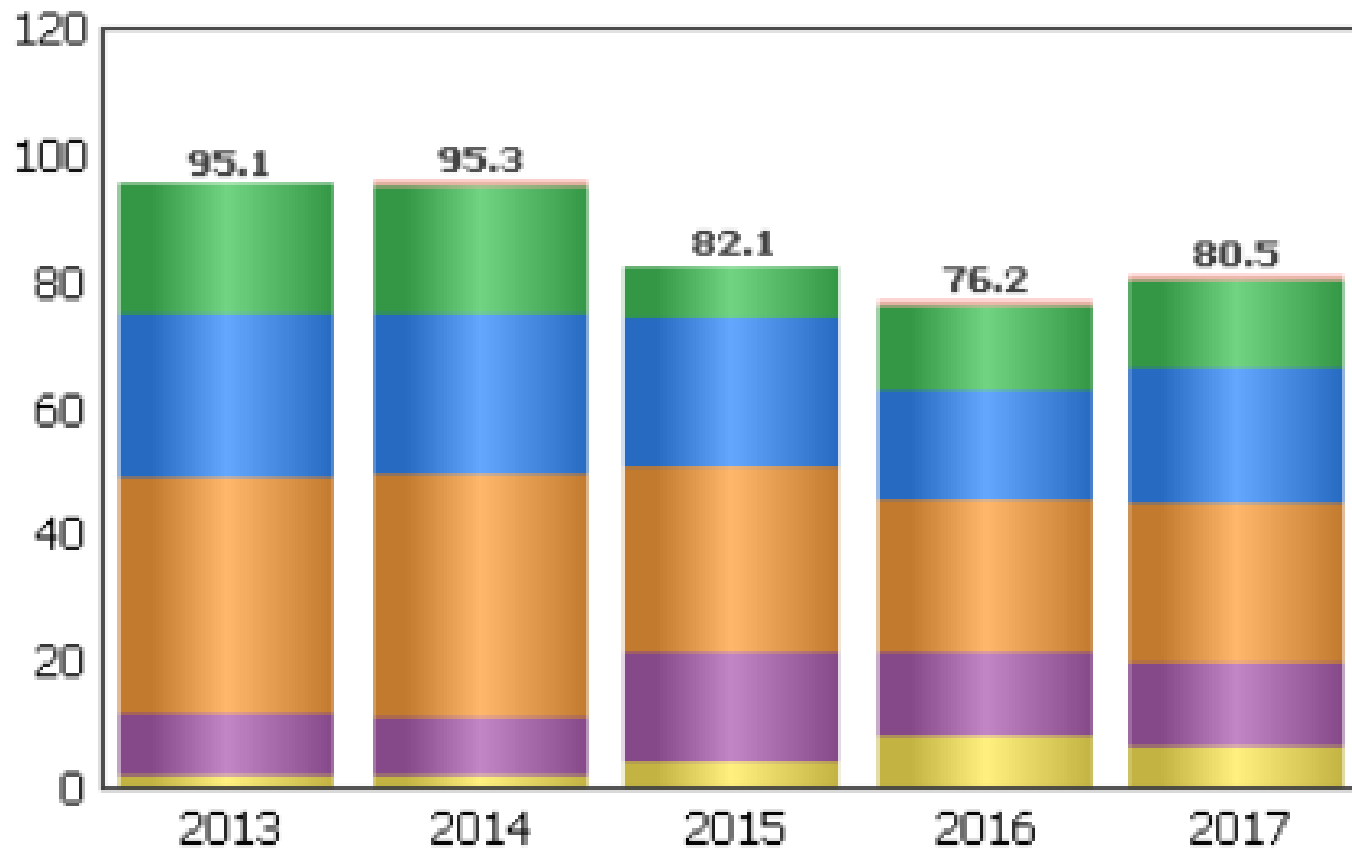
THANK YOU!

KIPP ●●
COLUMBUS

To and Through College

SITE NEW CAMPUS

KIPP

EASTON Town Center

PORT COLUMBUS INTERNATIONAL AIRPORT

270

670

71

317
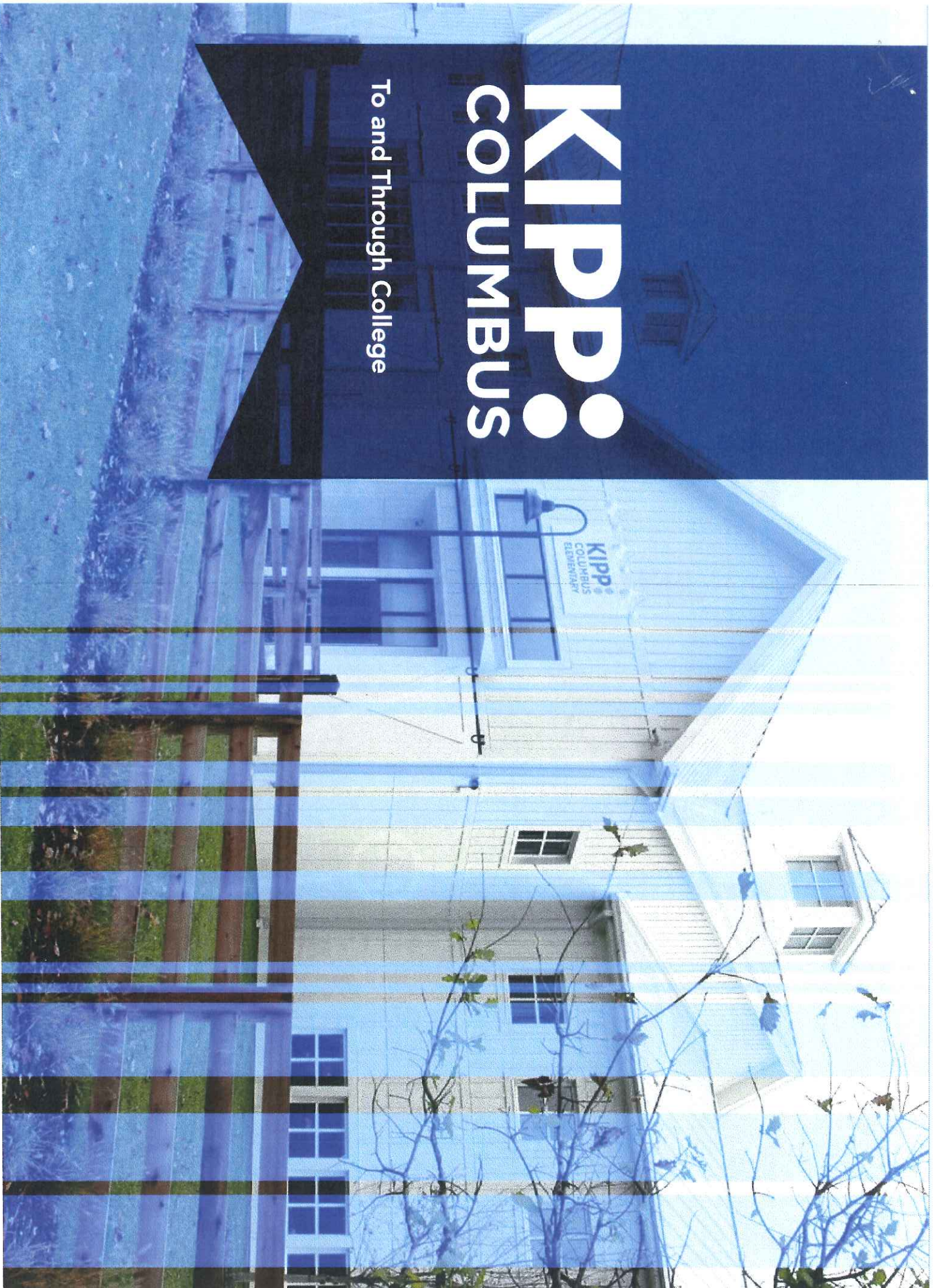
Agler Rd.

FORMER **KIPP JOURNEY ACADEMY**

Gahanna

Sunbury

SITE PHASE 2 VIEW

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O'Neil Langan Architects • Moody Nolan • OLIN • EDGE

9-12
KIPP COLUMBUS HIGH
FFE 814.00

KIPP COLUMBUS
SCIENCE CENTER
FFE 812.00

6-8
2-5
KIPP COLUMBUS
ELEMENTARY/MIDDLE
FFE 812.50

PK
K-1
KIPP COLUMBUS PRIMARY
FFE 797.00

INSPIRATION DRIVE

AGLER ROAD

ALUM CREEK
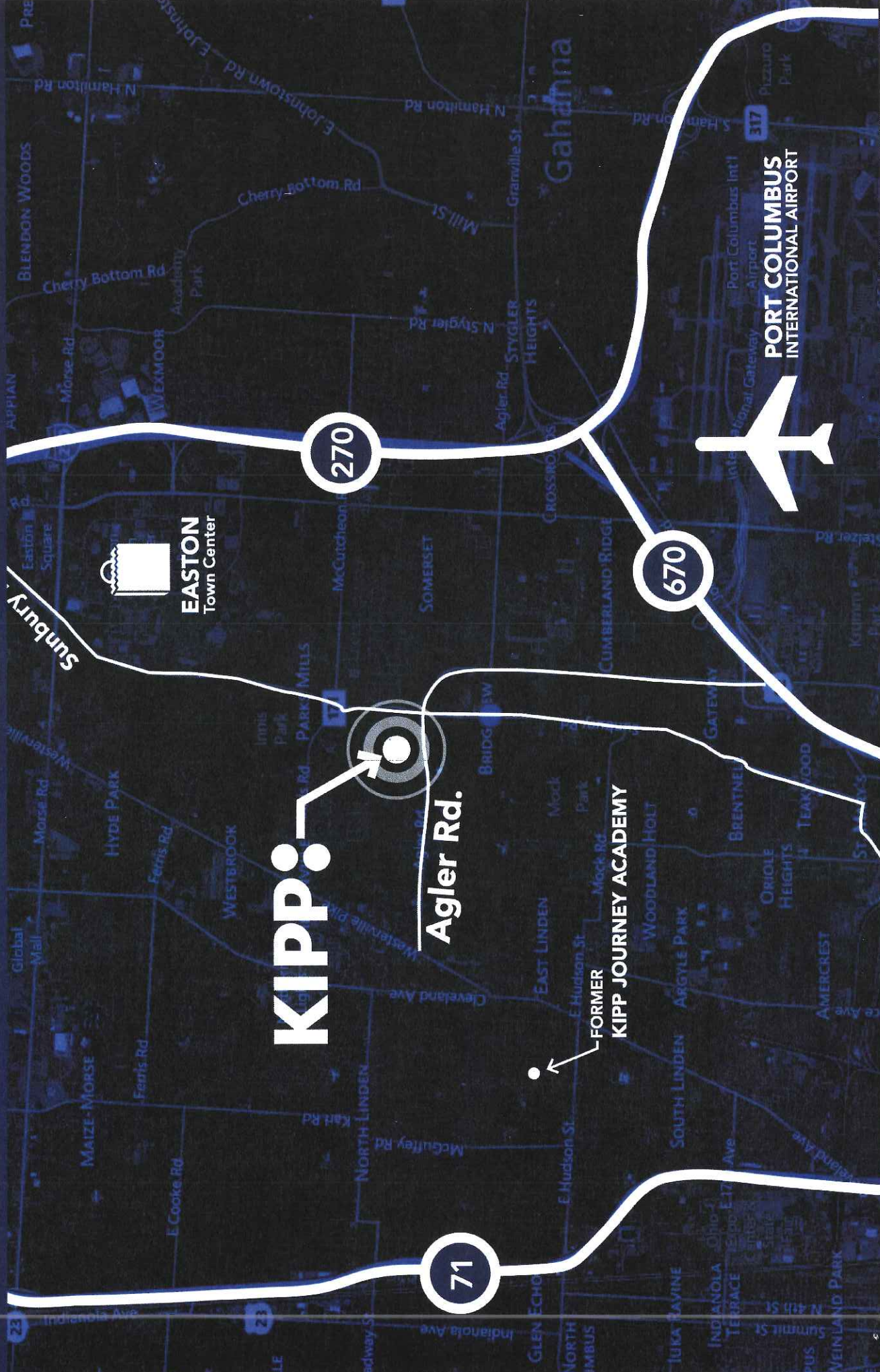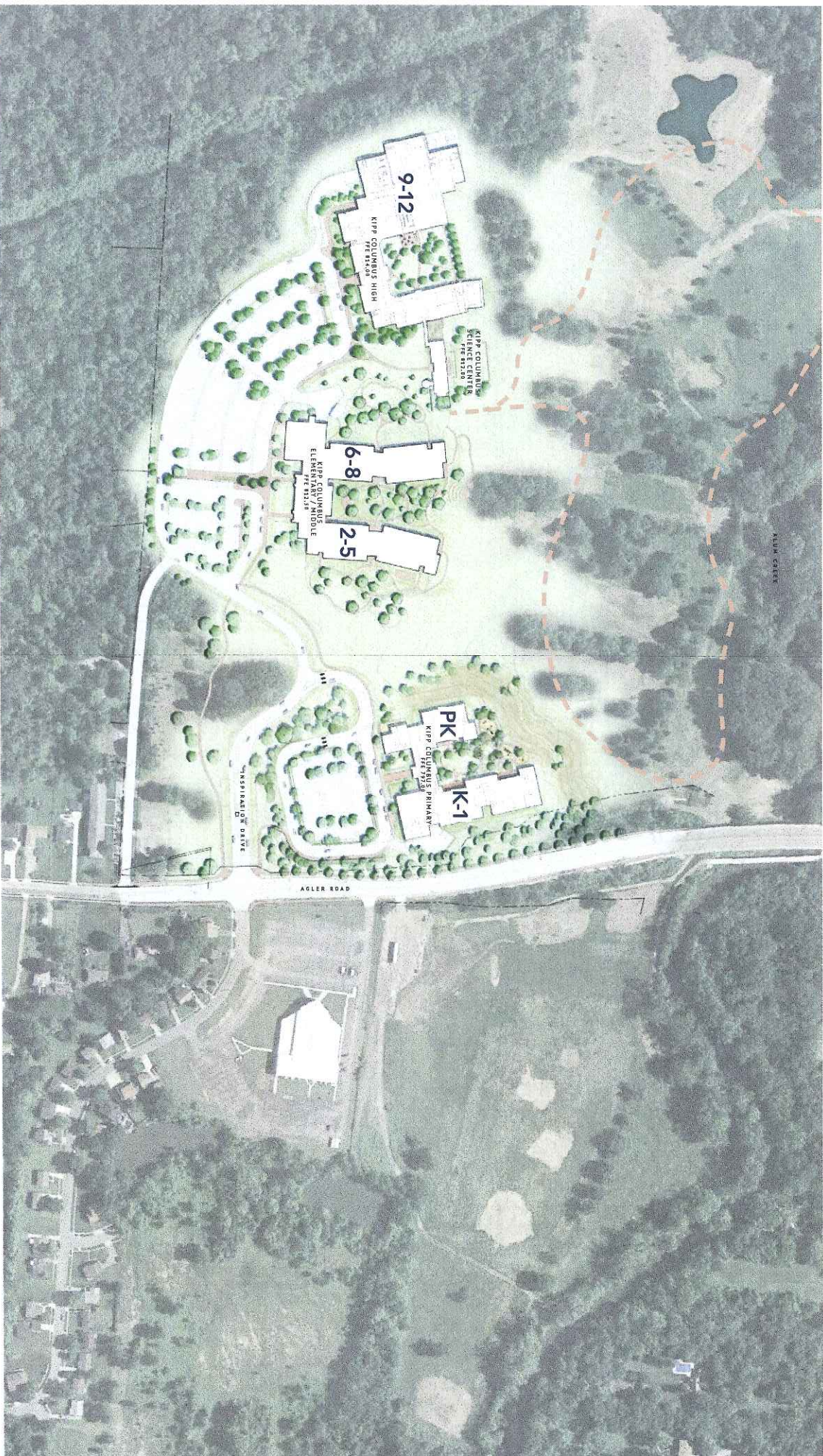
EXTERIOR FORMER KIPP COLUMBUS BUILDING
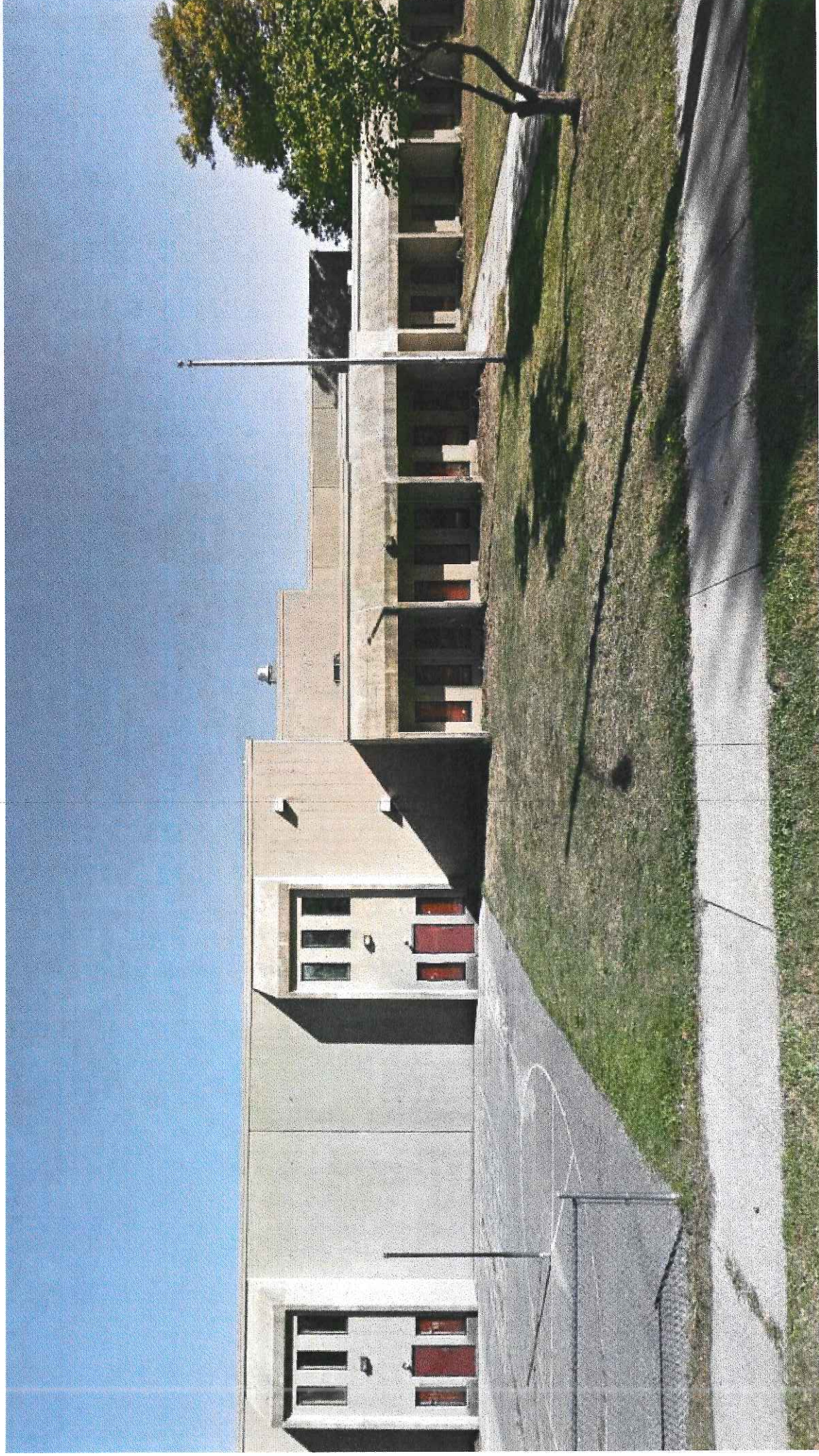
EXTERIOR PERSPECTIVE **PRIMARY SCHOOL**

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DROP-OFF

ENTRY

INFANTS

TODDLERS

PRE-K

PRE-K

PRE-K

PRE-K

PRE-K

PRE-K

FLEX

SMALL GYM

ADMIN

COURTYARD

DINING / GYM

FOOD PREP

MECH

ELEC

K

K

K

K

K

FLEX

ART

MUSIC

K

1ST

FLEX

LOFT

1ST

1ST

1ST

1ST

1ST

1ST
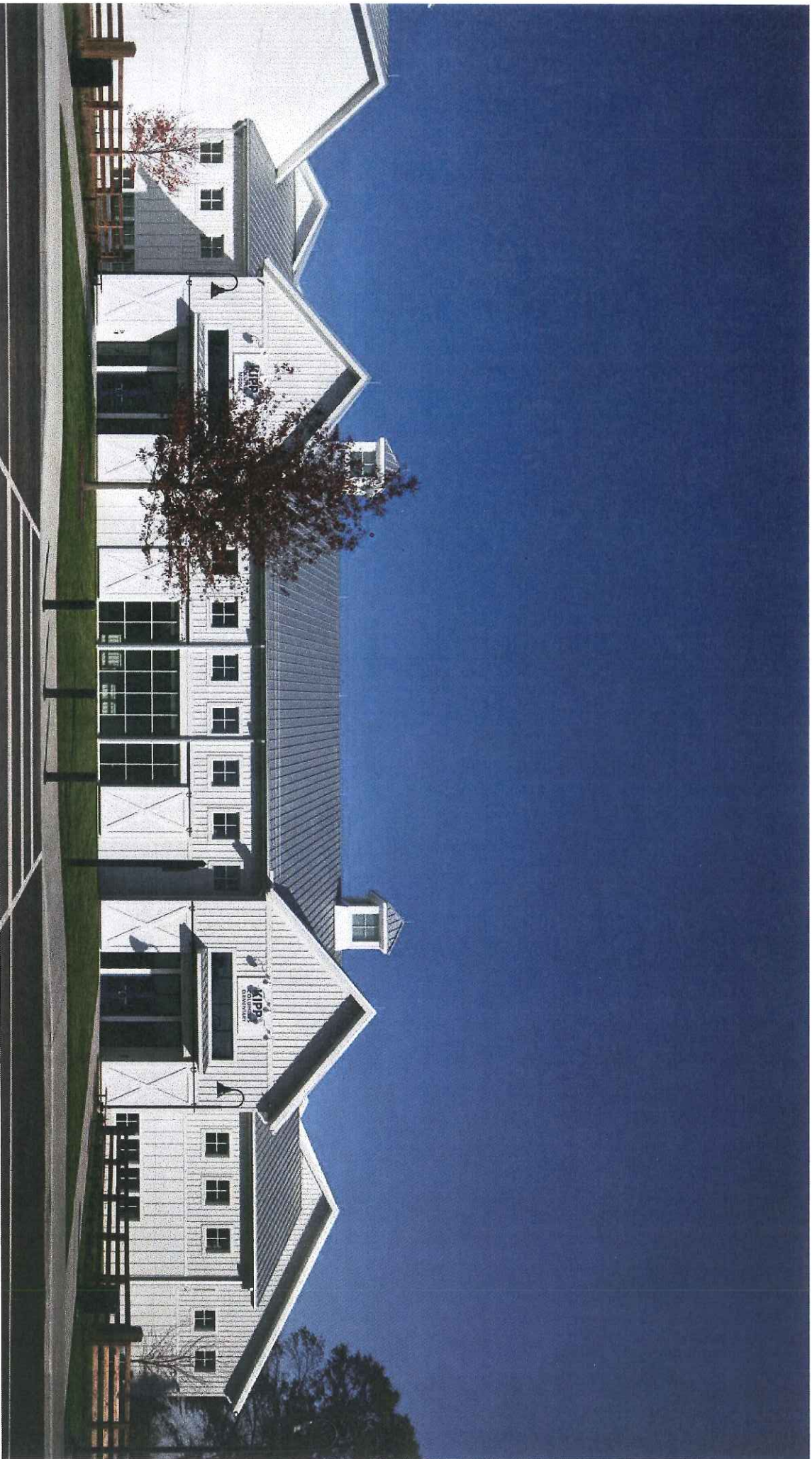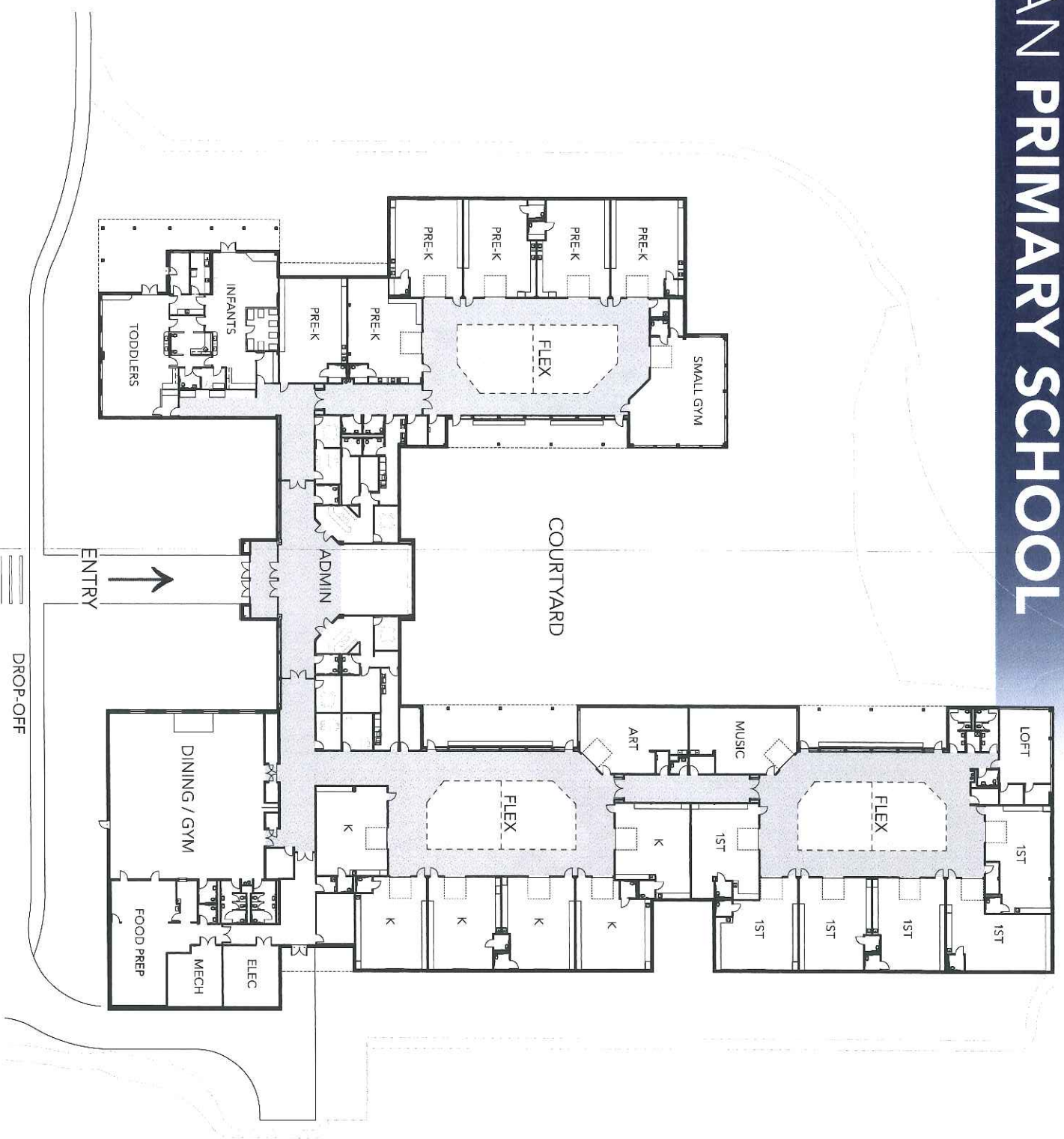
LOBBY RENDERING **PRIMARY SCHOOL**

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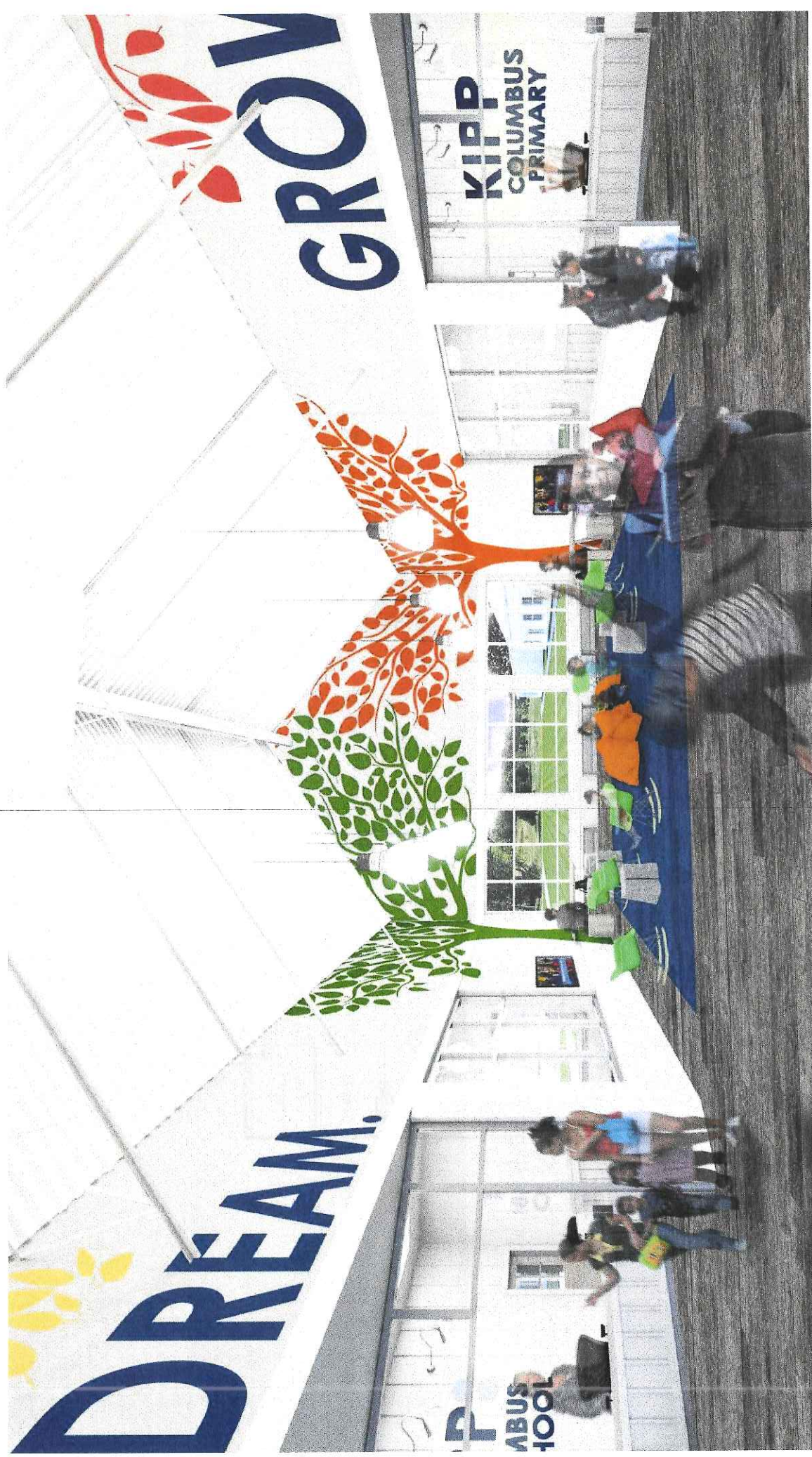
FLEX SPACE PRIMARY SCHOOL

SYCAMORE GROVE

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CLASSROOM PRIMARY SCHOOL
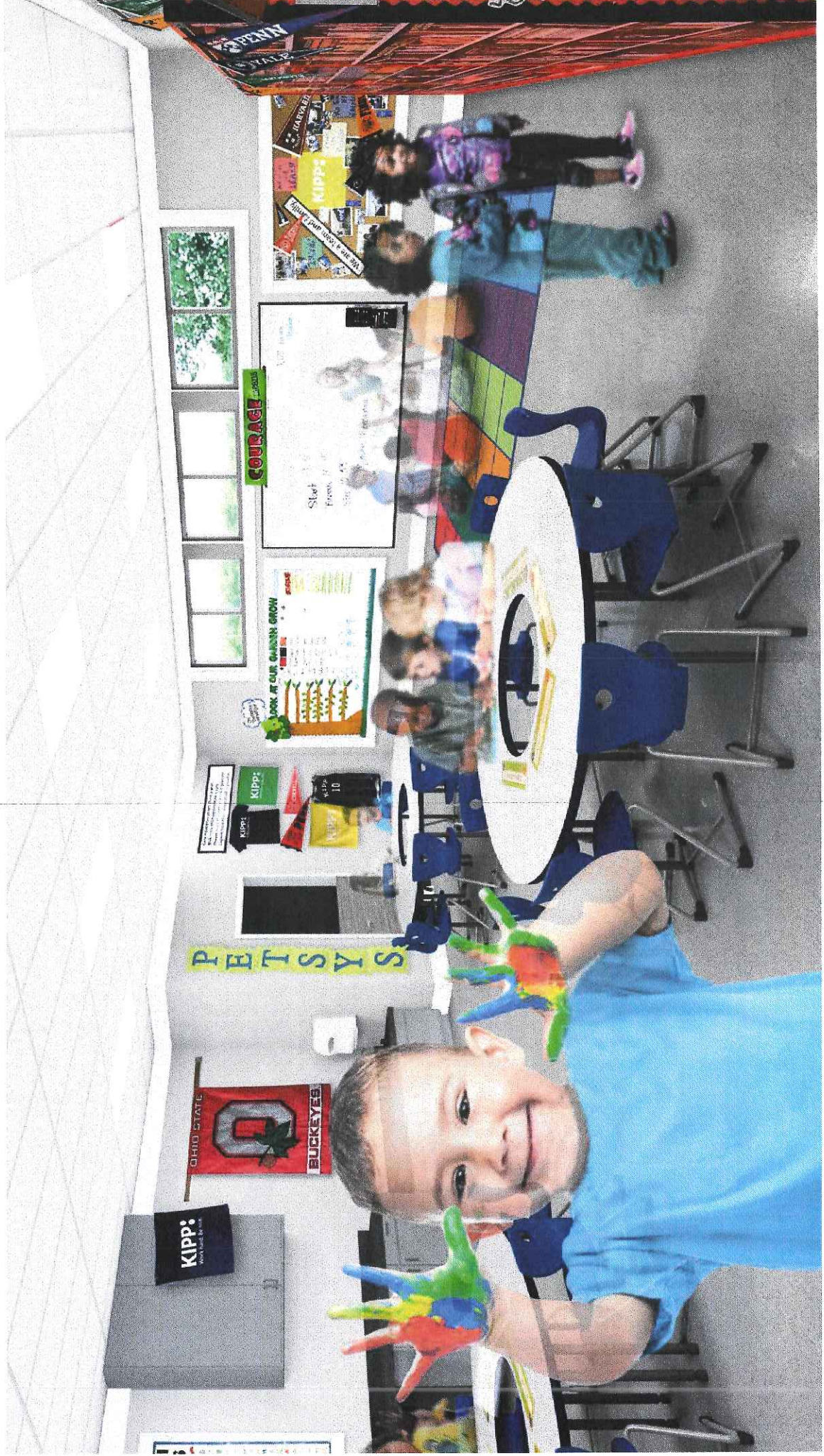
COURTYARD PERSPECTIVE PRIMARY SCHOOL

EXTERIOR PERSPECTIVE **HIGH SCHOOL**

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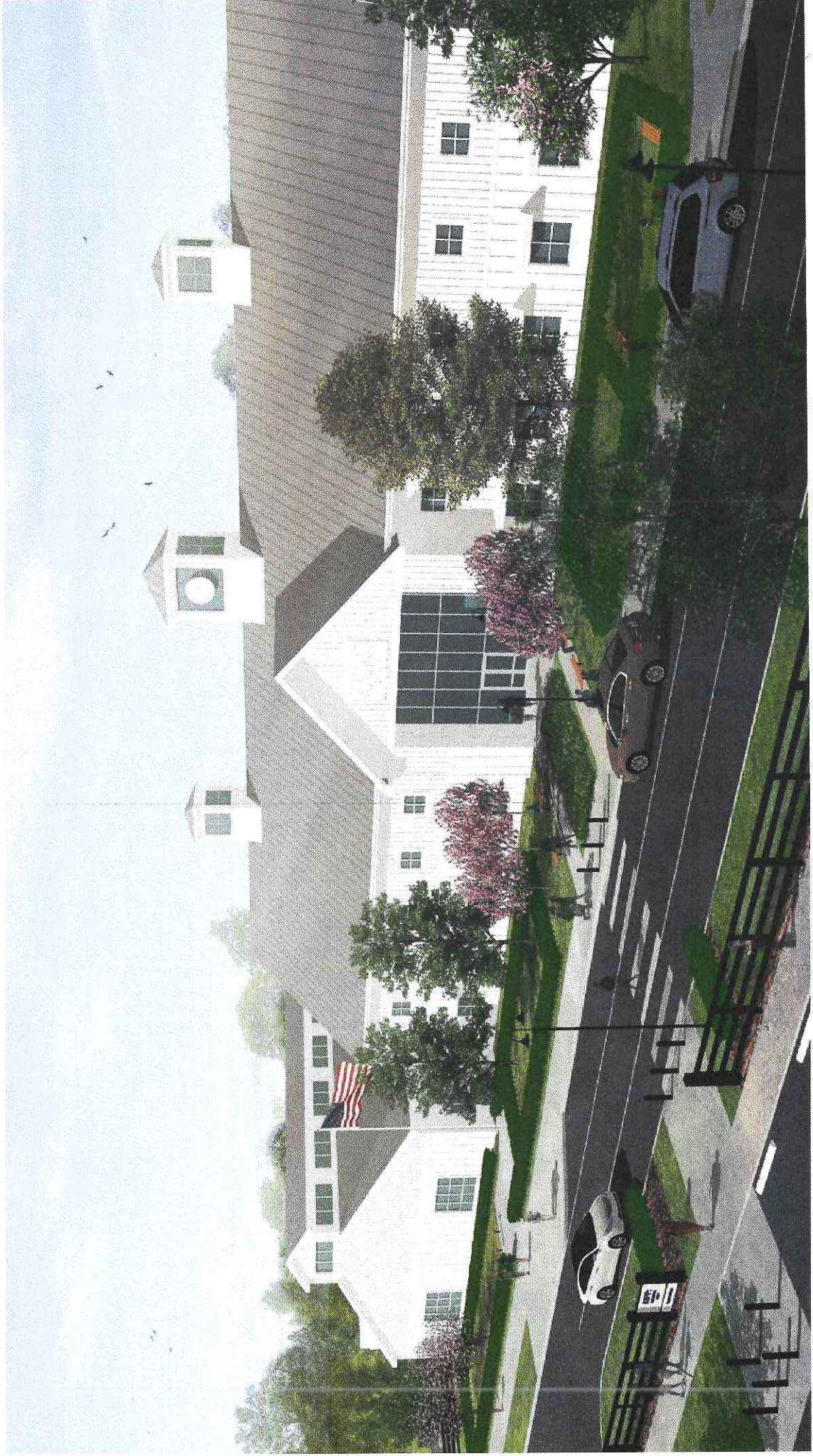
WEST ELEVATION / ENTRY **HIGH SCHOOL**
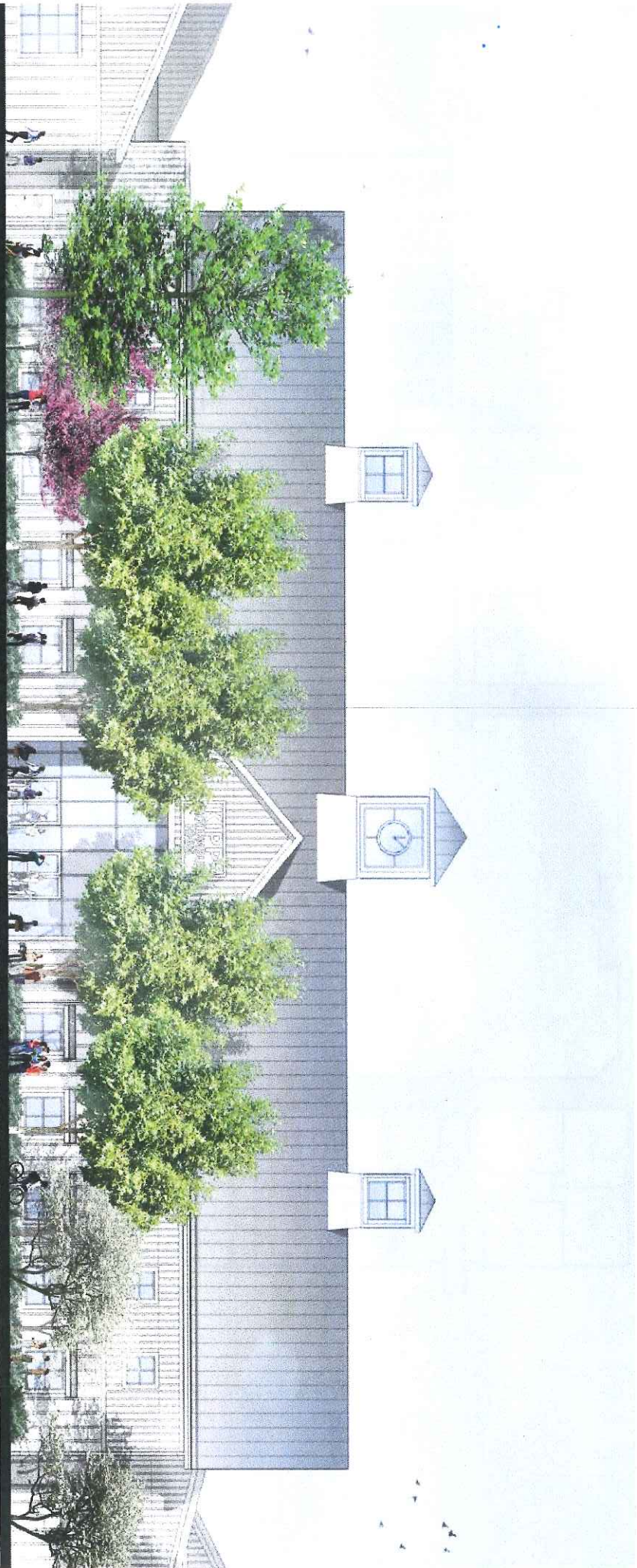
MAIN LEVEL PLAN **HIGH SCHOOL**

ENV. CENTER

AMPH.

ELA

KTC

PREP

BIO

ENV. SCI.

CHEM

PHYS.

ELA

MATH

MATH

MATH

MATH

MATH

IT

ELEC

HIST.

HIST.

ELA

LANG.

COURTYARD

ADMIN

MAIN ENTRY

DROP-OFF

ENG.

ELA

ENG.

ENG.

ENG.

DINING

MARKET

PERF. ARTS

VIS. ARTS

ELA

VIS. ARTS

VIS. ARTS

BLENDED LEARNING

BLACK BOX

FLEX

WEIGHT RM

ELA

LOCKERS

LOCKERS

PREFUNCT.

GYM

KITCHEN

STOR

OUTDOOR COURT

EVENT ENTRY

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MTG.

OFFICES

OPEN OFFICE

OFFICES

OPEN

EXEC DIR.

LOFT

OFFICES

LOBBY **HIGH SCHOOL**

COURTYARD PERSPECTIVE **HIGH SCHOOL**

ARTS WING **HIGH SCHOOL**

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ART CLASSROOM **HIGH SCHOOL**

DAIMLER · O'Neil Langan Architects · Moody Nolan · OLIN · EDGE
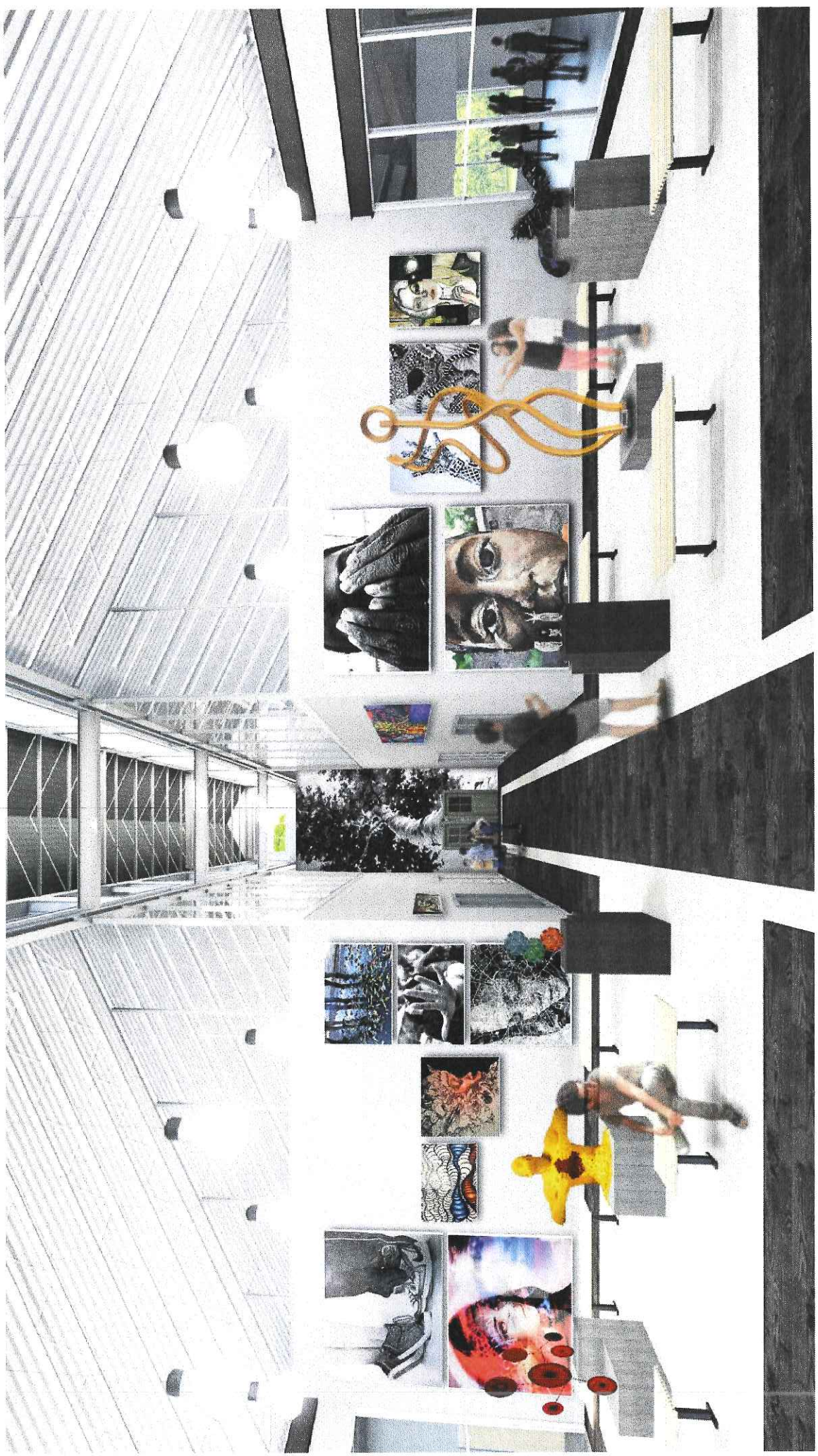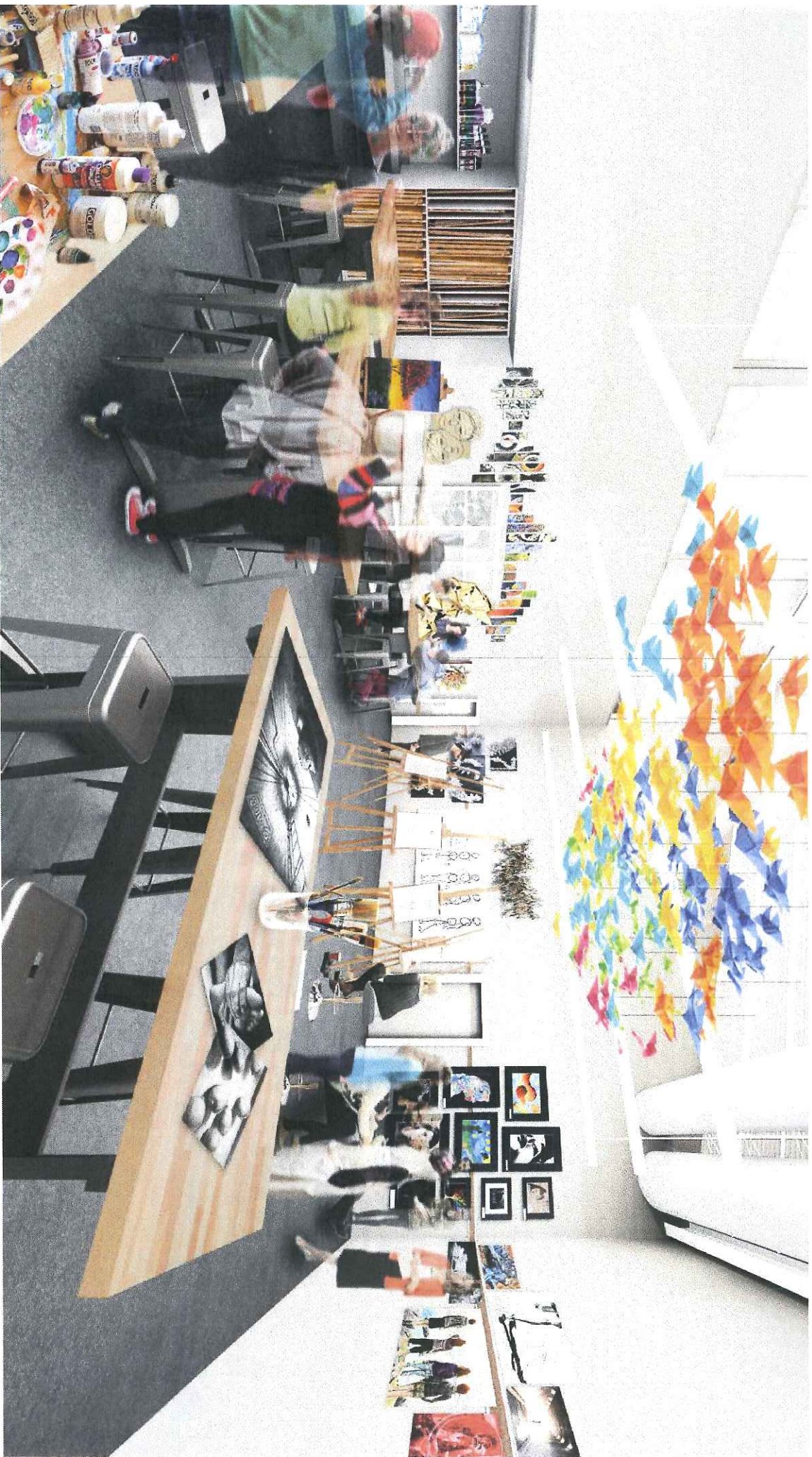
HUMANITIES CLASSROOM **HIGH SCHOOL**

GYMNASIUM HIGH SCHOOL

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MARKET HIGH SCHOOL

GLOBAL GRILL

MARKET. MARKET. MARKET. MARKET. MARKET. MARKET. MARKET. MARKET. MARKET. MARKET. MARKET.

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DINING HIGH SCHOOL

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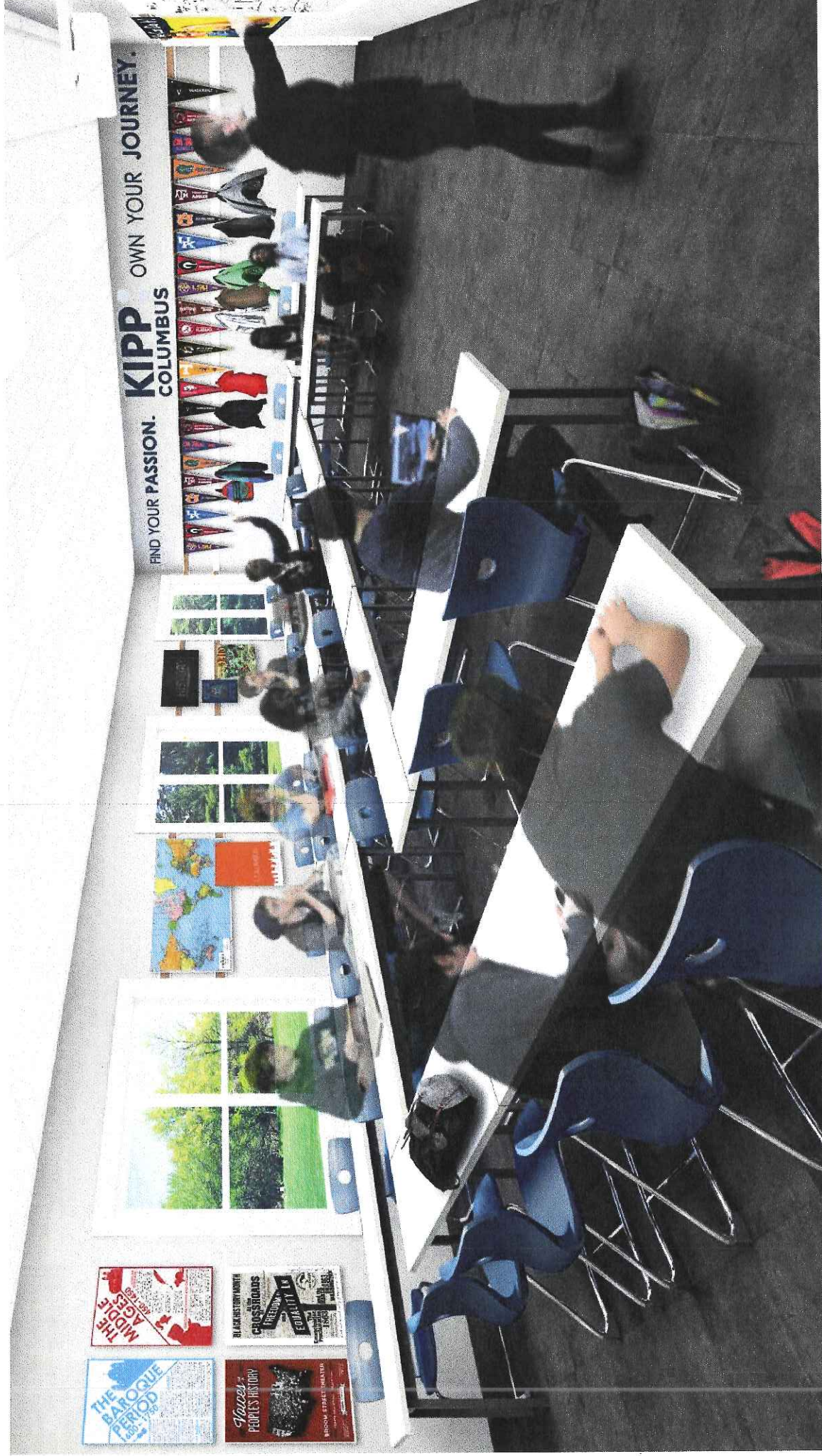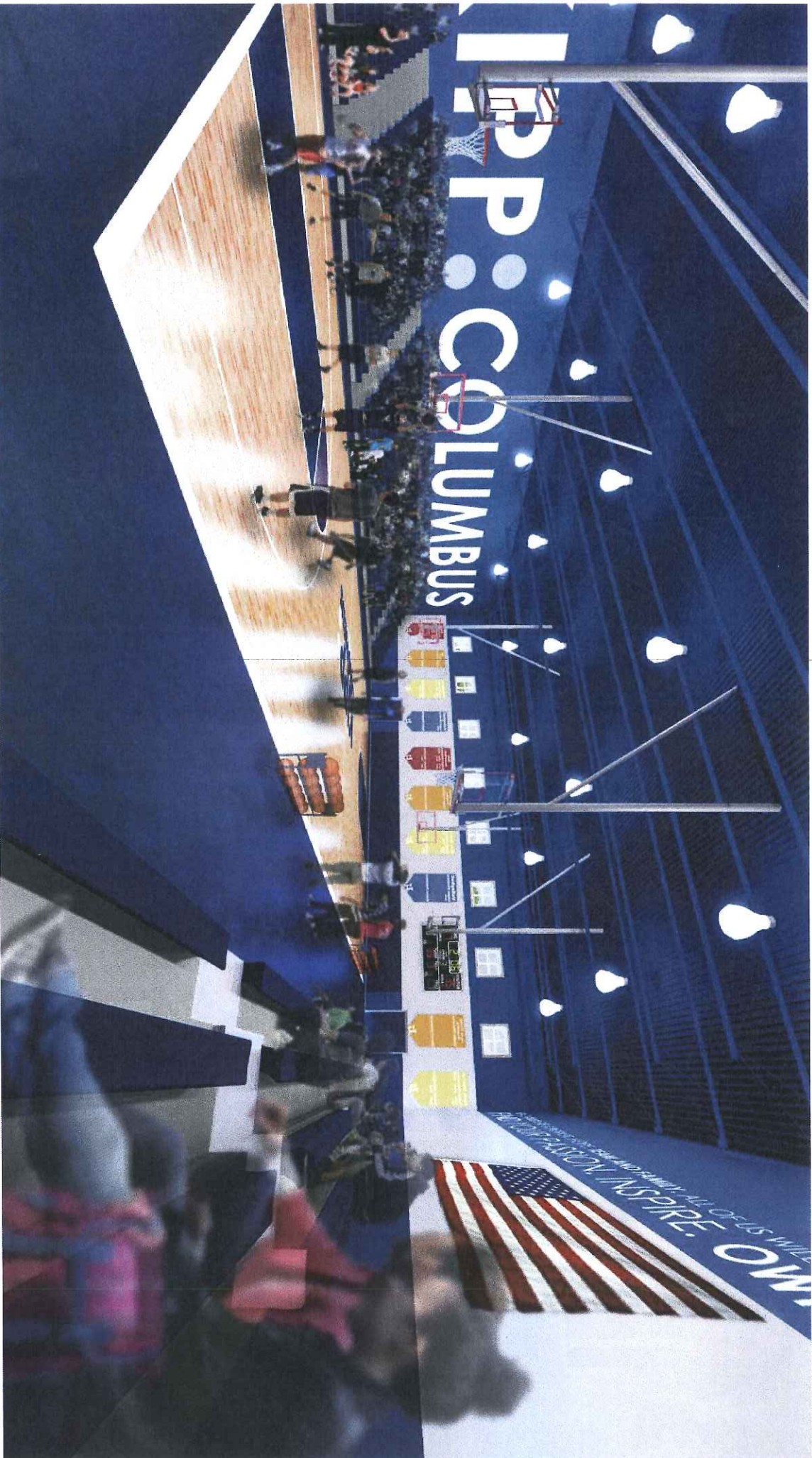
AMPHITHEATER **HIGH SCHOOL**

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ENVIRONMENTAL SCIENCE CENTER

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ENVIRONMENTAL SCIENCE CENTER

ELEC. CLOS.

STORAGE

STAFF TOILET

HALL

ELEC. CLOS.

GIRLS TOILET

BOYS TOILET

JANITOR

ENTRY

WORKSHOP

GALLERY

CLASSROOM

MEETING ROOM 1

MEETING ROOM 2

ENTRY

CORRIDOR

DAIMLER • Flansburgh Architects • OLIN
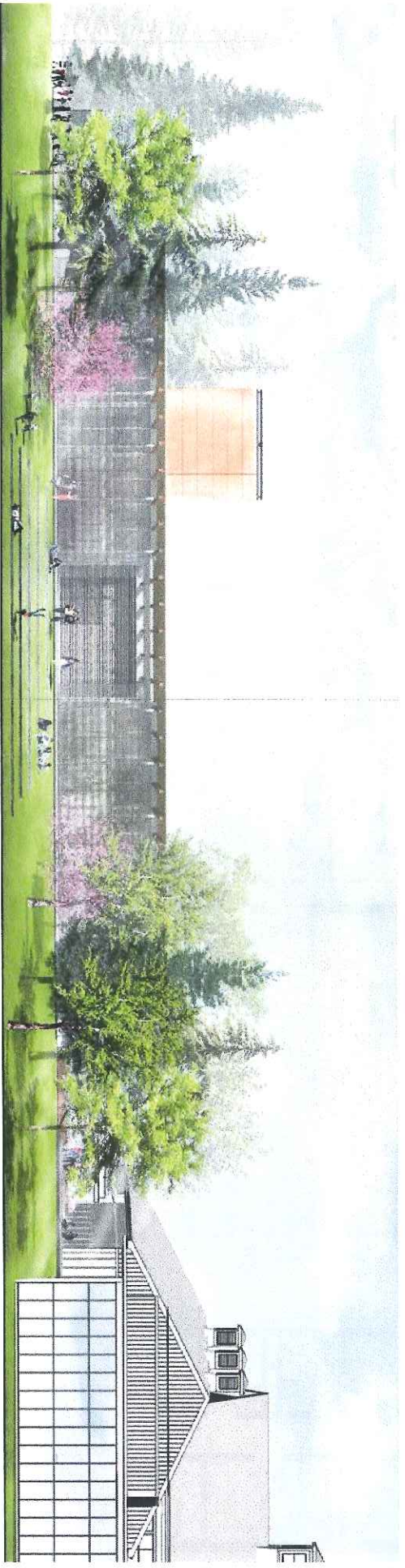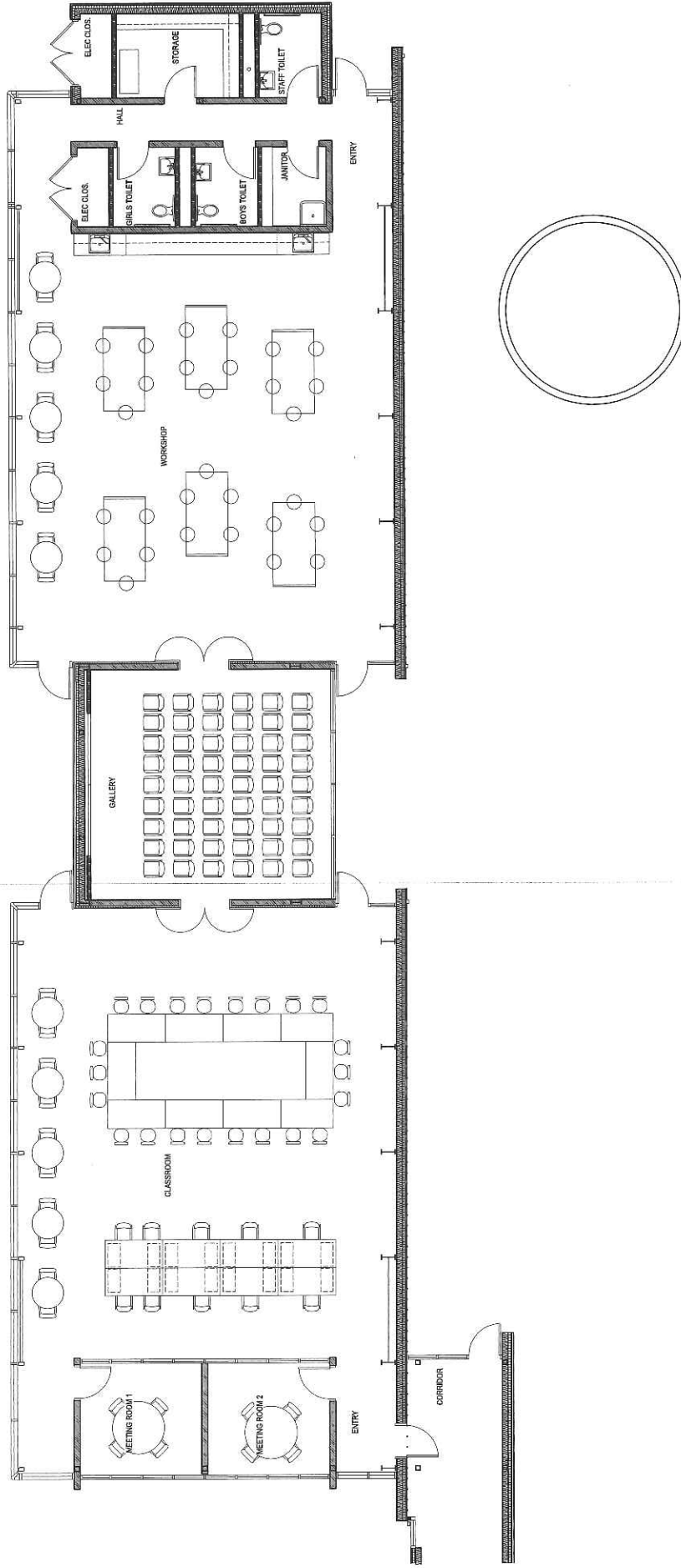
ENVIRONMENTAL LOOP STATIONS

ENVIRONMENTAL LOOP STATIONS

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THE COTTON WOOD

THE HOLLOW

GRASSLAND

THE POND

GRASSLAND

THE COUNCIL OF TREES

THE BROOK

THE FOREST EDGE

PRESIDENT'S REPORT

BRIGHT

NEW LEADERS FOR OHIO SCHOOLS

BRIGHT NEW LEADERS FOR OHIO SCHOOLS IS A NONPROFIT 501(c)(3) PUBLIC-PRIVATE PARTNERSHIP OF THE OHIO DEPARTMENT OF EDUCATION, OHIO BUSINESS ROUNDTABLE, AND FISHER COLLEGE OF BUSINESS AT THE OHIO STATE UNIVERSITY.

Ohio | **Department of Education**

OHIO BUSINESS ROUNDTABLE

THE OHIO STATE UNIVERSITY
FISHER COLLEGE OF BUSINESS

41 South High Street, Suite 2240, Columbus, OH 43215

BrightOhio.org

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NEW LEADERS FOR OHIO SCHOOLS

LETTER FROM THE PRESIDENT

Thomas Maridada II
President and CEO
BRIGHT New Leaders
 for Ohio Schools

Dear Friends, Partners and Supporters:

I want to thank each of you for your contributions to the success of BRIGHT New Leaders for Ohio Schools. Due to your support, 100 percent of the initial cohort of BRIGHT Fellows who were trained and licensed are now serving in leadership roles throughout the state of Ohio. We are currently training Cohort 2, and later this fall we will begin recruiting Cohort 3. Our program is at a critical precipice, as we are now moving from the pilot stage to full program implementation.

Richard Stoff, Chairman of the BRIGHT Board of Directors and President and CEO of the Ohio Business Roundtable, has often said that BRIGHT has 3 Moments of Truth:

1 | **First Moment of Truth — If we build it, will they come?** The answer is Yes. We had more than 1,500 applications for 60 slots in Cohorts 1 and 2.

2 | **Second Moment of Truth — If we train elite educational leaders, will they be hired to serve in school districts throughout the state of Ohio?** The answer is Yes. 100 percent of the initial cohort were hired and are now serving in schools throughout the state.

3 | **Third Moment of Truth — Will our leaders make a difference and close achievement gaps?** The answer is we don't know. We have yet to quantify their impact. It may take several years because that's how long it takes to change the culture of a school. However, we know that our BRIGHT Leaders, along with their colleagues in the schools where they serve, are saving lives.

I applaud Richard Stoff for his visionary leadership in creating this bold new disruptive innovation that enhances the talent pool of transformational leaders to meet the needs of the most vulnerable children in the state of Ohio. He, along with Dr. Anthony Rucci and Dr. Roy Lewicki of Ohio State's Fisher College of Business, as architects of BRIGHT, created a program that is the only one of its kind in the nation. Each of our Board of Directors, legislative advocates and appointing authorities, including Ohio Governor John Kasich, has been critical to BRIGHT's success.

From the start, focus groups were conducted in Cincinnati Public Schools, Cleveland Metropolitan Schools and Columbus City Schools to get feedback and identify the core competencies required for outstanding school leaders. I would like to thank Dr. Mary Ronan, Superintendent of Cincinnati Public Schools; Eric Gordon, CEO of the Cleveland Metropolitan School District; and Dr. Daniel Good, Superintendent of Columbus City Schools, and their teams, for their early investment and thought leadership in helping to inform our practice.

In the initial design of the program, it was intended that the Fellows would earn an MBA, be assigned a business mentor and serve for a full school year under the apprenticeship of an accomplished principal. Understanding that program development is an iterative process, my goal has been to assist in designing an ecosystem of supports that empowers our BRIGHT Fellows to move from recruitment, selection and training to service as transformational leaders in the field of education. Several key components were added to build upon the initial design:

- Courses from the College of Education in instructional leadership, early childhood, literacy instruction, data-driven instruction, special education, and more
- A year-long colloquia, in partnership with Battelle for Kids, to delve deeper into topics such as social-emotional learning and trauma
- Instructional rounds and site visits to help the BRIGHT Fellows examine the practice of successful schools in Ohio that are beating the odds
- A master rubric, in partnership with New Leaders for New Schools, to assess the efficacy and leadership competencies of the BRIGHT Fellows (conducted quarterly)
- Principal Coaches with a proven track record of raising student achievement, to provide 100 clock hours of technical assistance and support, and to measure the Fellows' growth throughout their three years with the program
- Leadership domains and assessments to drive the in-building experience The domains include (1) action planning and execution, (2) leading teams and data-driven instruction, (3) instructional excellence and (4) providing critical feedback to significantly increase stakeholder performance
- A protocol for an electronic portfolio to assess leadership competence, submitted by Fellows as a precursor to the recommendation for licensure
- An additional service requirement for Fellows to co-teach a minimum of one class period, at least three times a week, under an accomplished teacher, to better understand how to close achievement gaps and accelerate learning at the classroom level

Collaboration is a hallmark of this initiative. BRIGHT's success owes much to the efforts of key stakeholders and partners, including but not limited to:

- Ohio Governor John Kasich and his cabinet
- Senate President Larry Obhof, former Senate President Keith Faber and all members of the Ohio Senate
- House Speaker Clifford Rosenberger, former House Speaker William Batchelder and all members of the Ohio House of Representatives
- Members of the Ohio Congressional Delegation
- Ohio Business Roundtable Chairman Gary Heminger of Marathon Petroleum, former Chairs Phillip Cox of Cincinnati Bell and Michael Thaman of Owens Corning, and all members of the Ohio Business Roundtable
- Ohio State University President Michael Drake, Fisher College of Business Dean Anil Makhija, College of Education and Human Ecology Dean Cheryl Achterberg and faculty of the university
- Dr. Ronald Heifetz, Founding Director of the Center for Public Leadership and the King Hussein bin Talal Senior Lecturer in Public Leadership at the Harvard Kennedy School of Government
- Paolo DeMaria, State Superintendent of Public Instruction, Ohio Department of Education; the State Board of Education; and John Carey, Chancellor, Ohio Department of Higher Education
- Ohio school district superintendents, accomplished principal mentors, principal coaches and the thousands of courageous classroom teachers in our state
- National education partners — The New Teacher Project, New Leaders, Teach for America and Battelle for Kids
- Jones Day, for its wealth of pro bono legal assistance
- Board of Directors of BRIGHT (see page 15)

These stakeholders and partners have played a monumental role in our success. To all of them, we say, "Thank you for your assistance and support. BRIGHT's success is your success." Our BRIGHT New Leaders will transform and change the lives of the most vulnerable children in the state of Ohio. Thank you again for your contribution to this important work.

Sincerely,

Thomas Maridada II
President and CEO

NEW LEADERS FOR OHIO SCHOOLS

THE SEARCH FOR EXCEPTIONAL LEADERS CONTINUES

Gaining admission to the BRIGHT Fellowship program is a rigorous, highly selective, multi-stage process. Only those candidates who demonstrate true potential to serve as extraordinary school leaders advance through the process.

BRIGHT seeks exceptional leaders with the proven ability to:

- Inspire others to fulfill their true potential
- Gain people's trust and commitment to follow the leader's vision
- Make tough decisions and take action in complex situations
- Build and lead a high-performance team
- Lead change by encouraging diversity, fostering innovation and maintaining a high tolerance for uncertainty, ambiguity and risk

Above all, BRIGHT is looking for individuals with uncompromising ethical standards, a deep belief in the potential of all children to succeed and the personal passion to help them achieve a bright future.

Program Improvements

Based on our experience with the inaugural cohort of BRIGHT Fellows, we are improving the program to make it more impactful for both our Fellows and the children they will be serving. The new and improved program will provide for better pacing and greater reflection, and will allow us to go even deeper in preparing our Fellows for the enormous challenges they will face as building leaders changing culture and turning around high-priority schools.

The inaugural cohort of BRIGHT Fellows completed the program in 12 months. For Cohort 2, the program will be expanded to span 18 months, from January 2017 to June 2018.

The expanded timeline will assist us in providing a more coherent and effective delivery model and framework for BRIGHT. This will give our Fellows the opportunity to take a deeper dive into instructional leadership, which is a critical component of the skill set we wish to cultivate in participants.

JANUARY – JULY 2017
- First phase of MBA coursework at OSU
- Fellows may choose to remain employed in current job until July 2017

AUGUST 2017 – JUNE 2018
- In-building placement to serve full-time as Principal Intern under supervision of an accomplished principal
- Continued MBA coursework

JUNE 2018 AND BEYOND
- Graduation from OSU
- MBA degree awarded
- K-12 principal licensure granted
- Begin three-year commitment to serve as a building leader

Based on our experience with the inaugural cohort of BRIGHT Fellows, we are improving the program to make it more impactful for both our Fellows and the children they will be serving.

BRIGHT

The Evolution of the BRIGHT Fellowship Program Design

The BRIGHT Fellowship experience has expanded over time. The Cohort 1 Fellowship was a 12-month experience, while the Cohort 2 Fellowship will be an 18-month experience.

PLANNING PHASE
NOV 2012 – FEB 2015

- MBA
- C-Suite Business Mentors
- In-building Residency with Mentorship by an Accomplished Principal

COHORT 1 PROGRAM DESIGN
MARCH 2015 – AUG 2016

- MBA (Designed with Education Courses)*
- C-Suite Business Mentors
- 1,100 Clock Hour In-building Residency with Mentorship by an Accomplished Principal
- Quarterly Assessment Evaluation Using Master Rubric Designed in Partnership with New Leaders
- 100 Clock Hours of Principal Coaching
- Year-long Colloquia in Education Topics
- 30 Clock Hour Instructional Boot Camp in Ohio Standards for Rigorous Instruction
- 60 Clock Hours of Virtual Coaching by The New Teacher Project in Rigorous Instruction
- Site Visits to High-Performing Schools
- 60 Clock Hours of On-Boarding Support for Placement
- Executive Coaching for Placement, Resume Building and Interviewing
- Certification in Ohio Teacher Evaluation System (OTES) Protocol
- Ohio Department of Education K-12 Administrative License

COHORT 2 PROGRAM DESIGN
SEPT 2016 – PRESENT

- MBA (Designed with Education Courses)+
- C-Suite Business Mentors
- 1,100 Clock Hour In-building Residency with Mentorship by an Accomplished Principal
- Quarterly Assessment Evaluation Using Master Rubric Designed in Partnership with New Leaders
- 200 Clock Hours of Principal Coaching
- Year-long Colloquia in Education Topics
- 30 Clock Hour Instructional Boot Camp in Ohio Standards for Rigorous Instruction
- 60 Clock Hours of Virtual Coaching by The New Teacher Project in Rigorous Instruction
- Instructional Rounds Designed by United Schools Network School Performance Institute
- Site Visits to High-Performing Schools
- 60 Clock Hours of On-Boarding Support for Placement
- Executive Coaching for Placement, Resume Building and Interviewing
- Certification in Ohio Teacher Evaluation System (OTES) Protocol
- Ohio Department of Education K-12 Administrative License

*Education courses in Cohort 1: Instructional Leadership, Theories of Instruction, Cultural Processes in Education, Culture and Efficacy in Education, and School and Educational Law
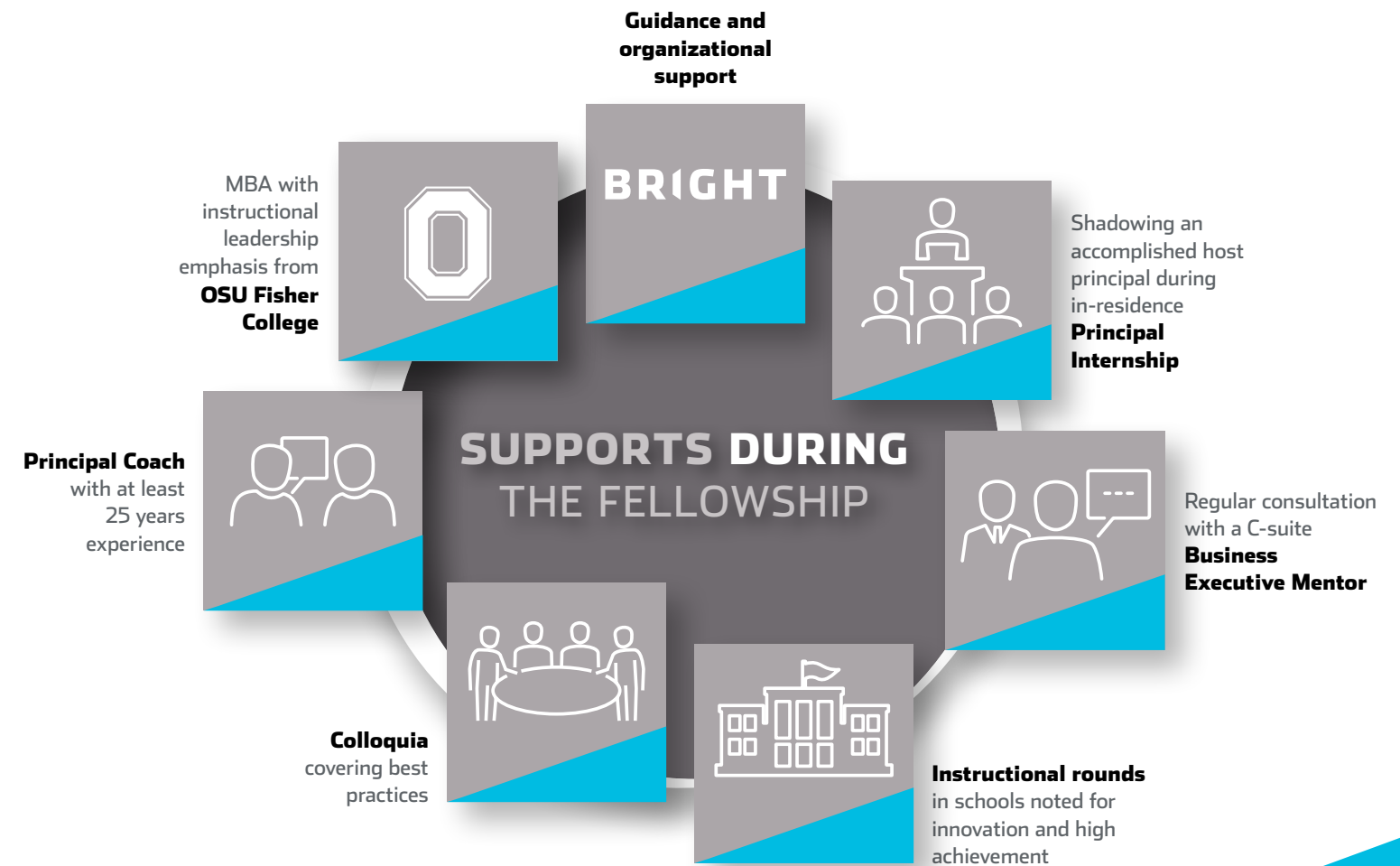
+For Cohort 2, all education courses from Cohort 1 remain, along with the following new courses: Data-Driven Instruction, P-12 Literacy Instruction, and Social-Emotional Learning and Trauma Interventions.

Program Features	BRIGHT	New Leaders	NYC	REEP MBA	Relay	UVA
Recruitment and selection process developed in partnership with industrial psychologists focused on leadership competencies	◢					
Robust orientation experience	◢	◢	◢	◢	◢	◢
Adaptive leadership workshops	◢					
Colloquia experiences on critical education topics	◢	◢	◢	◢	◢	◢
MBA customized for an education leadership context	◢			◢		
Year-long immersion residency as Principal Intern	◢		◢			
Access during and after Fellowship year to veteran principal coach and/or superintendent	◢	◢				◢
Executive-level, C-Suite business mentor	◢					
Fast track to K-12 Professional Administrator License	◢					
Ongoing professional development and feedback	◢	◢	◢			◢

BRIGHT — BRIGHT New Leaders for Ohio Schools
New Leaders — New Leaders, Inc., Aspiring Principals
NYC — NYC Leadership Academy, Aspiring Principals Program
REEP MBA — Rice University, Education Entrepreneurship MBA for School Leaders
Relay — Relay Graduate School of Education, National Principals & Supervisors Academy
UVA — University of Virginia, Darden/Curry Partnership for Leaders in Education School Turnaround Program

The **BRIGHT** experience is more than just earning an MBA, serving as a principal intern with mentorship from an accomplished principal and meeting periodically with a business executive mentor.

Guidance and organizational support

MBA with instructional leadership emphasis from **OSU Fisher College**

BRIGHT

Shadowing an accomplished host principal during in-residence **Principal Internship**

Principal Coach with at least 25 years experience

SUPPORTS DURING THE FELLOWSHIP

Regular consultation with a C-suite **Business Executive Mentor**

Colloquia covering best practices

Instructional rounds in schools noted for innovation and high achievement

BRIGHT provides a robust, multi-faceted support system for its Fellows that enriches their learning experience with the insights and expertise of leaders from both educational and business arenas.

JOB PLACEMENTS
FOR COHORT 1 GRADUATES

This map shows the job placement locations for the 30 Cohort 1 BRIGHT Fellow graduates, as well as the type of position each graduate secured.
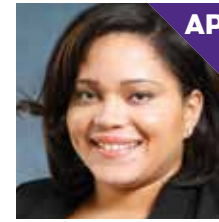
Racquel Armstrong — AP
Assistant Principal
Monticello Middle School
Cleveland Heights-University Heights

George Asimou — O
Counsel, Education Law and Policy
Walter | Haverfield, LLP
Cleveland

Meran Rogers — S
Founding CEO
Global Ambassadors Language Academy
Cleveland

Michael Salwiesz — AP
Assistant Principal
Dennison Elementary School
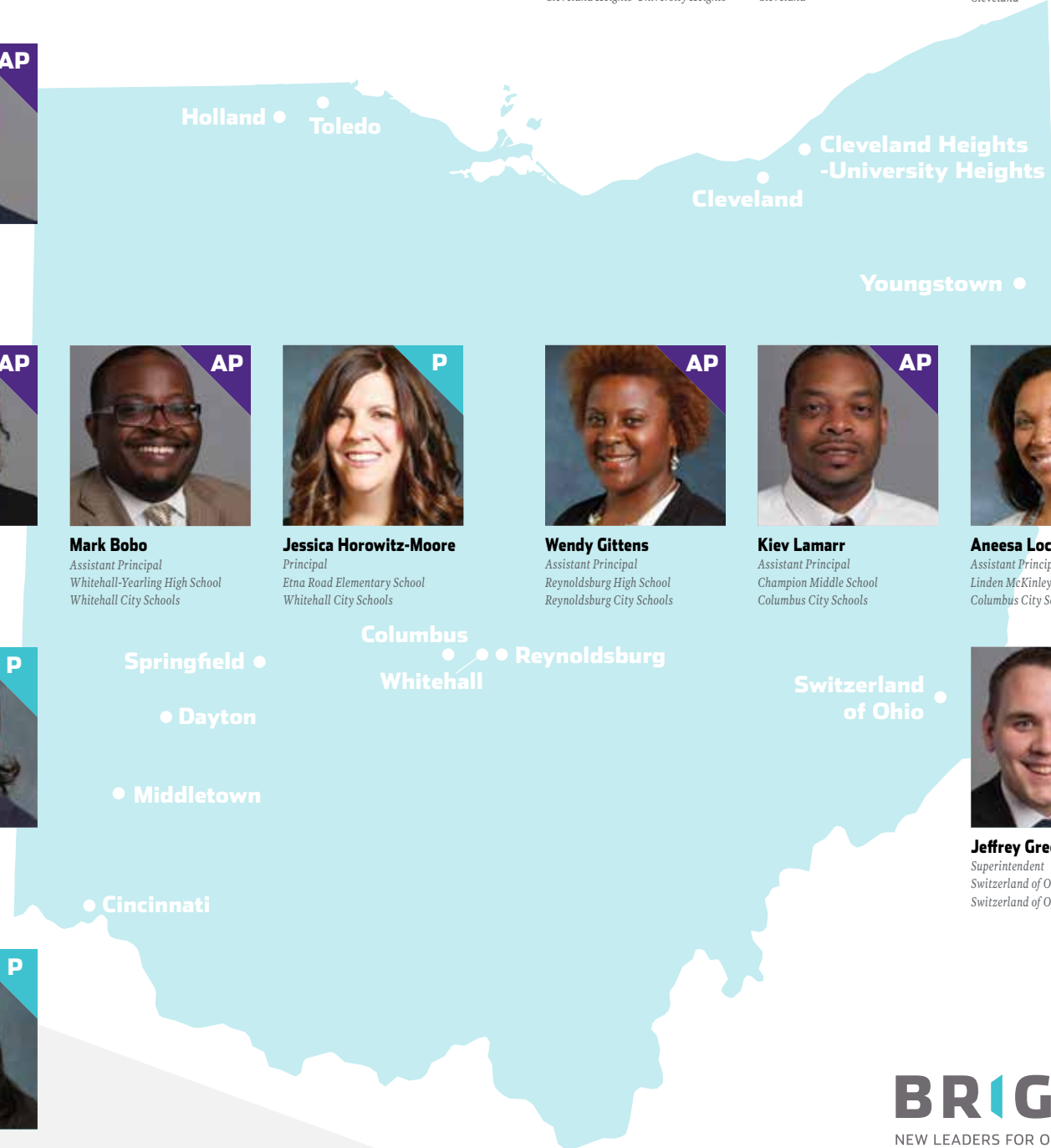*Cleveland Metropolitan Schools*

Anthony Williams — AP
Assistant Principal
Jamieson Elementary School
Cleveland Metropolitan Schools

Tinola Mayfield-Guerrero — O
Educational Specialist
iLEAD Spring Meadows
Holland, OH

Shaun Mitchell — AP
Assistant Principal
DeVeaux Elementary School
Toledo Public Schools

Lea Dotson — P
Principal
Life Skills Academy
Youngstown

Dominique Howse — D
Director
Community and Family Engagement
Youngstown City Schools

Astrid Arca — D
Director
School Performance Institute
United Schools Network (Columbus)

Amy Berio — P
Principal
Sonshine Christian Academy
Columbus

Steven Browne — AP
Assistant Principal
Dominion Middle School
Columbus City Schools

Sherra Cook — AP
Assistant Principal
KIPP Academy
Columbus

Mark Bobo — AP
Assistant Principal
Whitehall-Yearling High School
Whitehall City Schools

Jessica Horowitz-Moore — P
Principal
Etna Road Elementary School
Whitehall City Schools

Wendy Gittens — AP
Assistant Principal
Reynoldsburg High School
Reynoldsburg City Schools

Kiev Lamarr — AP
Assistant Principal
Champion Middle School
Columbus City Schools

Aneesa Locke-Hines — AP
Assistant Principal
Linden McKinley High School
Columbus City Schools

Tyree Pollard — AP
Assistant Principal
Afrocentric Middle School
Columbus City Schools

Geron Tate — AP
Assistant Principal
Windsor Elementary School
Columbus City Schools

Jennifer Vargo — P
Principal
Broadleigh Elementary School
Columbus City Schools

Arzell West-Estell — P
Principal
Rosa Parks Elementary School
Middletown City Schools

Caitlin Smith — AP
Assistant Principal
Fairview Elementary School
Dayton City Schools

Taylor Porter — AP
Assistant Principal
Meadowdale 7-12 School
Dayton Public Schools

Tracy Carter — P
Principal
Clark Preparatory Academy
Springfield

Jeffrey Greenley — S
Superintendent
Switzerland of Ohio Local Schools
Switzerland of Ohio

Apollos Harris — D
Director of Special Education
Summit Academy Secondary School
Middletown

Kelley Bagayoko — D
Administrator
Early Childhood Education
Cincinnati Public Schools

David Maile — AP
Assistant Principal
Fairview-Clifton German
Language School
Cincinnati Public Schools

Priya Sonty — P
Principal
North Fairmont LEAP Academy
Cincinnati Public Schools

Map locations: Holland • Toledo • Cleveland Heights-University Heights • Cleveland • Youngstown • Springfield • Dayton • Columbus • Whitehall • Reynoldsburg • Switzerland of Ohio • Middletown • Cincinnati

BRIGHT
NEW LEADERS FOR OHIO SCHOOLS

Job Placements for Cohort 1 Graduates

- **AP** Assistant Principal
- **P** Principal
- **D** District-Level Director
- **S** Superintendent | CEO
- **O** Other

BRIGHT's support for its Fellows continues beyond the completion of their Principal Intern experience and MBA coursework.

POST-FELLOWSHIP SUPPORTS

Ohio K-12 administrative license, valid for 5 years

Experience from full academic year as a **Principal Intern**

Ongoing consultative access to **OSU Fisher College faculty**

Continuing access to **BRIGHT Principal Coach**

Direct support from school district (professional development)

Continuing access to **BRIGHT Business Mentor**

Three on-campus **alumni gatherings** per year

Paired with a **BRIGHT New Leader** from the previous cohort

As **BRIGHT** Fellows secure placement as school leaders, they continue to benefit from ongoing access to OSU Fisher College faculty, principal coaches and business mentors, as well as from alumni gatherings and professional development and more.

To all our many partners, we say, "Thank you for your support. **BRIGHT**'s success is your success!"

HOST SITES FOR PRINCIPAL INTERNS

The following schools (and their principals) and school districts (and their district leaders) hosted Cohort 1 BRIGHT Fellows as Principal Interns.

BREAKTHROUGH SCHOOLS, ALAN ROSSKAMM
- E-Prep & Village Prep (Cliffs Campus), Randy Yates
- E-Prep & Village Prep (Woodland Hills Campus), Ashley Squires & Chris O'Brien

CANTON CITY SCHOOLS, ADRIAN ALLISON
- Altitude Career Tech and Wellness Academy @ Crenshaw, Tiffany Hardwick-Joseph
- Schreiber Reading and Math Preparatory School, Chastity Trumpower

CINCINNATI PUBLIC SCHOOLS, MARY RONAN
- Academy of World Languages, Jacquelyn Rowedder
- Hughes STEM High School, Kathy Wright
- Kilgour School, Angela Cook Frazier
- Riverview East Academy, Charlene Myers
- Westwood School, Christopher Grant
- Withrow University High School, Paul Daniels

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS SCHOOLS, TALISA DIXON
- Boulevard Elementary School, Shelly Pulling
- Noble Elementary School, Rachel Coleman

CLEVELAND METROPOLITAN SCHOOL DISTRICT, ERIC GORDON
- Ginn Academy, Nick Petty
- Warner Girls Leadership Academy, Audrey Staton-Thompson

COLUMBUS CITY SCHOOLS, DAN GOOD
- Avondale Elementary School, April Knight
- Champion Middle School, Stephanie Bland
- Northland High School, Jason Johnson
- Ohio Avenue Elementary School, Olympia Williams
- Starling K-8 School, Bill Doermann
- Yorktown Middle School, Ronnie Brown

DAYTON PUBLIC SCHOOLS, LORI WARD
- Charity Adams Earley Girls Academy, Shirlette Burks

MIDDLETOWN CITY SCHOOLS, SAM ISON
- Highview 6th-Grade Center, Jennifer Dennis
- Middletown High School, Carmela Cotter

REYNOLDSBURG CITY SCHOOLS, TINA THOMAS-MANNING
- Reynoldsburg High School (Livingston Campus), Danielle Bomar
- Reynoldsburg High School (Summit Campus), Jocelyn Cosgrave

SOUTH-WESTERN CITY SCHOOLS, BILL WISE
- West Franklin Elementary School, Dawn Lauridsen

SWITZERLAND OF OHIO LOCAL SCHOOL DISTRICT, JOHN HALL
- Monroe Central High School & Woodsfield Elementary, Casey Tolzda & Josh Ischy
- River High School & River Elementary School, Ed Trifonoff & Rob Caldwell

TOLEDO PUBLIC SCHOOLS, ROMULES DURANT
- Chase STEM Academy Elementary, Jack Hunter
- Ella P. Stewart Academy for Girls, Teresa Quinn
- Old West End Academy Elementary, Kathy Gregory
- Scott High School, Treva Jeffries

BRIGHT Fellows benefit immeasurably from the insights and experiences of their educator hosts and business executive mentors.

BUSINESS LEADER PARTNERS

We thank the following business leaders, engaged through the Ohio Business Roundtable, who served as mentors to or otherwise supported the Cohort 1 BRIGHT Fellows.

Jane Grote Abell
CEO
Donatos

Michael Anderson
Chairman
The Andersons

George Barrett
CEO
Cardinal Health

John Barrett
CEO
Western & Southern Financial Group

Stephanie Bisselberg
Senior VP
AK Steel

Rick Chiricosta
CEO
Medical Mutual of Ohio

Michael Connelly
CEO
Mercy Health

Phillip Cox
Chairman
Cincinnati Bell

Tanny Crane
CEO
The Crane Group

Thomas Feeney
CEO
Safelite Group

Deborah Feldman
CEO
Dayton Children's Hospital

Renee Filiatrout
Senior VP
AK Steel

Michael Gonsiorowski
Regional President
PNC Bank

Jim Hagedorn
CEO
Scotts Miracle-Gro Company

Joseph Hamrock
CEO
NiSource

Dee Haslam
Co-Owner
Cleveland Browns

Gary Heminger
CEO
Marathon Petroleum

James Henning
President
Duke Energy

Dale Heydlauff
Senior VP
AEP

Erin Hoeflinger
President
Anthem Ohio

Chad Jester
President
Nationwide Insurance Foundation

Susan Krieger
VP
State Farm Insurance

Jim Kunk
Executive VP
Huntington Bank

Michael Lawson
President
Grant Medical Center

Randall McShepard
VP
RPM International

Melisa Miller
CEO
Alliance Data

Bernie Moreno
CEO
The Moreno Group

Dennis Nash
CEO
Kenan Advantage Group

Santa Ono
President
University of Cincinnati

Stephen Rasmussen
CEO
Nationwide Insurance

Albert Ratner
Co-Chairman Emeritus
Forest City Realty Trust

Edward Roth
CEO
Aultman Health Foundation

Robert Schottenstein
CEO
M/I Homes

Alex Shumate
Managing Partner
Squire Patton Boggs

John Skory
President
The Illuminating Company

Barbara Snyder
President
Case Western Reserve University

Bruce Soll
Counsel
LBrands

Stephen Steinour
CEO
Huntington Bancshares

Al Stroucken
Chairman
Owens-Illinois

Frank Sullivan
CEO
RPM International

Mike Thaman
CEO
Owens Corning

Tim Timken
CEO
TimkenSteel

Lorraine Vega
Senior VP
KeyCorp

Les Wexner
CEO
LBrands

Sheila Wright
Director
Good Community Foundation

Tom Zenty
CEO
University Hospitals

KEY MILESTONES

FEBRUARY 7, 2012

Inspiration: Ohio Governor John Kasich delivers the State of the State address from Wells Academy in Steubenville, named Ohio's No. 1 ranked public elementary school for student achievement, despite being virtually 100% economically disadvantaged.

NOVEMBER 12, 2012

Action: In response to the Governor, Ohio Business Roundtable releases "Failure Is Not An Option: How Principals, Teachers, Students and Parents from Ohio's High-Achieving, High-Poverty Schools Explain Their Success," independent research conducted by Public Agenda.

JUNE 2013

Means: Ohio 130th General Assembly passes Amended Substitute House Bill Number 59, authorizing and funding "New Leaders for Ohio Schools," known today as "BRIGHT."

SEPTEMBER 2013

Dr. Roy Lewicki and Dr. Tony Rucci are engaged as Co-Academic Directors of BRIGHT.

JANUARY 2014

BRIGHT engages with The Ohio State University Fisher College of Business.

APRIL 2014

Partnership launch with nationally renowned New Leaders for New Schools.

JUNE 2014

BRIGHT commissions scitrain, ltd. to (a) conduct meta-analysis of 100 peer-reviewed articles, journals and studies focused on the impact principals have on their schools and (b) investigate practices related to the selection, recruitment and development of principals, and competencies or attributes of principals.

SEPTEMBER 2014

BRIGHT conducts focus groups with principals and district leadership in three largest districts in Ohio (Cincinnati, Cleveland and Columbus).

JANUARY 2015

www.BrightOhio.org launched, opening recruitment period for BRIGHT Cohort 1.

MARCH 2015

Dr. Thomas G. Maridada II appointed as President and CEO of BRIGHT.

APRIL 2015

Ohio Business Roundtable engages Dr. Ronald Heifetz, founding director of the Center for Public Leadership and King Hussein bin Talal Senior Lecturer in Public Leadership at Harvard Kennedy School, for yearlong Adaptive Leadership Symposium.

MAY 2015

BRIGHT Cohort 1 selected (850 applications for 35 seats).

JUNE 2015

BRIGHT Cohort 1 begins yearlong Principal Internship and MBA coursework at OSU Fisher College of Business.

NOVEMBER 2015

Opening of recruitment and selection process for BRIGHT Cohort 2.

MAY 2016

BRIGHT Cohort 2 selected (650 applications for 35 seats).

AUGUST 2016

BRIGHT Cohort 1 graduates from OSU Fisher College of Business and are awarded 5-year, K-12 Professional Administrator License by Ohio Department of Education (ODE).

100% job placement for Cohort 1 Fellows who were awarded the MBA and licensed by ODE.

OCTOBER 2016

Ohio Congressional Delegation in a letter to the U.S. Secretary of Education extends overwhelming bipartisan support for and pride in the creation of BRIGHT.

DECEMBER 2016

Cohort 2 MBA classes start.

FEBRUARY 2017

Governor John Kasich continues funding for BRIGHT in his proprosed 2018–19 budget.

AUGUST 2017

Cohort 2 begins in-building Principal Internships throughout Ohio.

Cohort 3 recruitment begins.

APRIL–MAY 2018

Cohort 3 final selection and Fellowship offers awarded.

MAY 2018

Cohort 2 granted MBAs from OSU Fisher College of Business; ODE awards 5-year, K-12 administrative licensure.

JULY 2018

Cohort 1 begins Year 2 of post-fellowship assignment.

Cohort 2 begins Year 1 of post-fellowship assignment.

DECEMBER 2018

Cohort 3 orientation and MBA coursework begins.

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GOVERNANCE AND BOARD OF DIRECTORS

Appointing Authorities

Honorable John Kasich, Governor of Ohio

Honorable Larry Obhof, President of the Ohio Senate

Honorable Clifford Rosenberger, Speaker of the Ohio House of Representatives

Chairman of the Board of Directors

Richard Stoff, President and CEO, Ohio Business Roundtable

Directors

Michael Anderson, Chairman, The Andersons, Inc.

John Carey, Chancellor, Ohio Department of Higher Education

Paolo DeMaria, Superintendent of Public Instruction, Ohio Department of Education

Theodore Ginn, Sr., Founder and Executive Director, The Ginn Academy

Michele Hawkins, Managing Director and Chief Compliance Officer, Fort Washington Investment Advisors

Col. James Jones, Commander, 121st Air Refueling Wing, Ohio Air National Guard (retired)

Larry Moses, President Emeritus and Senior Philanthropic Advisor, The Wexner Foundation

Dr. Christopher Reeder, Owner, Premier Plastic Surgery & Dermatology Associates

Richard Seas, Superintendent, Adams County Ohio Valley School District

Ex-Officio Directors

Dr. Cheryl Achterberg, Dean, The Ohio State University College of Education and Human Ecology

Dr. Anil Makhija, Dean, The Ohio State University Fisher College of Business

STAFF

Dr. Thomas Maridada II, President and CEO

Idin Pirasteh, Director of Operations

SENIOR ADVISORS

Dr. Roy Lewicki, Fisher College of Business, The Ohio State University

Dr. Anthony Rucci, Fisher College of Business, The Ohio State University

PRESIDENT'S REPORT

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THE SPEAKER'S TASK FORCE ON
EDUCATION AND POVERTY

Bob Mengerink, Superintendent
Educational Service Center of Cuyahoga County

Describe the work that you do that impacts children from economically disadvantaged backgrounds and how it makes a difference in overcoming and closing the achievement gap.

As an educational service center, our sole purpose is to help our districts meet the needs of all of their students. In doing so, much of our work is conducted on a regional basis with multiple districts who may be working to address similar needs. In other situations our work is focused on bringing together the multiple youth-serving systems that have historically worked in silos. Regionally, one primary example is the support we provide in facilitating the First Ring Superintendents Collaborative. This is a unique collaborative that brings together the Cleveland Metropolitan Schools and 16 inner-ring districts that are contiguous to the Cleveland Schools and experience similar rates of poverty and mobility as the City of Cleveland. This Collaborative brings together different networks of administrators from these participating districts, including Superintendents, Treasurers, Directors of Pupil Services, Curriculum Directors, PR and Communication staff, Safety and Security personnel and High School Principals. These multiple groups work together to develop shared tools, resources and strategies to meet the unique needs of their districts and their students. The Collaborative's work is guided by a Strategic Plan to increase access to high-quality early childhood, improve student wellness and increase college and career readiness.

Our ESC also provides technical assistance to districts in conducting equity audits. These audits use district data on demographics, discipline, attendance, enrollment and achievement to better understand the achievement gaps within a district for subgroups of students, including those that are economically disadvantaged. The equity audits can reveal to districts if economically disadvantaged students are disproportionately disciplined at higher rates, excluded from higher-level courses or demonstrating limited achievement at higher rates. This, then, allows districts to review and consider adult behaviors, practices and policies that may be unintentionally biased towards economically disadvantaged students and further exacerbating the achievement gap that began even before they entered school.

Additional work has been centered on helping educators understand the impact of poverty on their students and developing strategies for mitigating these effects. One grant-funded project we manage is bringing together six different school districts in a year-long effort to study and implement strategies for disrupting poverty that have been presented in a book published by ASCD entitled *Turning High Poverty Schools Into High Performing Schools* written by William

Parrett and Kathleen Budge. One unique aspect of this work is a poverty simulation in which educators are immersed in role-playing a month of poverty. By experiencing the realities of low-income families educators can begin to understand and be more sensitive to the realities of their students living in poverty and the often traumatic impact of these experiences.

Through another grant-funded project, Project AWARE, our ESC has provided training on youth mental health and created resources for better integrating the schools and social service agencies in Cuyahoga County. Now in the fourth year of a five year project, we are providing regional and district-based trainings specific to the traumatic effects of poverty as an adverse childhood experience with the aim of increasing educators understanding of how living in poverty negatively impacts the neurological development of a child's brain and the subsequent effects on learning. Through Project AWARE, we have also hired a System Navigator as a resource for district administrators to call when they are faced with a child or family in crisis. Our System Navigator previously facilitated the service coordination for Family and Children First Council and has a working knowledge of the multiple social service agencies in order to help districts and families access these services. Our System Navigator also helps the social service agencies interact with the school districts for joint planning and coordination for youth that are being served by multiple systems.

The System Navigator is also one example of the other aspect of our work in bridging the gap between the social service agencies and the school districts. Our ESC has developed a close working relationship with our agencies through the Family and Children First Council and I now serve as Chair of the Council. This is significant in that it demonstrates how our FCFC and partner agencies also recognize the importance of integrating their work with the school system where all children spend a majority of their day. Through multiple committees the FCFC partners regularly identify gaps and barriers in the system and work to find solutions to these issues. Our ESC has also facilitated regional efforts between the school districts and our social agency partners to address the needs of the at-risk youth population, many of whom are economically disadvantaged. This work includes a data sharing agreement through Case Western Reserve University in which all of the First Ring School Districts are participating. Through this agreement and Case Western Reserve University's longitudinal data system, research can be conducted to study the impact of societal factors, such as poverty, on outcomes such as achievement. In addition, we can begin to study the impact of interventions, such as high-quality early childhood, on mitigating the impact of these negative factors on future success. Our ESC also worked with the Cuyahoga County Department of Children and Family Services to create an interagency agreement between DCFS and Cuyahoga County school districts to increase the educational stability of youth in foster care. In addition, we are working closely with Cuyahoga County Juvenile Court to help districts reduce truancy. We know that there is still much work ahead to increase coordination across the systems to help provide wrap around services for students at-risk and in poverty, but each opportunity for collaboration strengthens the relationships between the schools and the social service agencies, which is a critical step in sustainable change.

Offer what you believe to be the most significant things learned over the course of the Task Force's hearings.

We know that children from families in poverty often experience many negative factors that disrupt their early ability to learn, their cognitive and social-emotional readiness for school, and their subsequent achievement in school. We also know that, without additional academic and non-academic supports, this achievement gap that begins before school continues to grow between elementary and middle school, with a loss in learning most notable during the summer months. These students are also more likely to repeat a grade and complete fewer years of schooling than children born to families with a higher socioeconomic status. Poverty is also associated with other negative outcomes, such as poor health and nutrition, which only exacerbates their inability to attend school or concentrate on learning.

The first five years of a child's life are the most critical for cognitive and emotional development. From both national studies and local research efforts in Cuyahoga County and Cleveland, as well as in the day-to-day work of schools, we know that high-quality early childhood education can increase a child's readiness in math and literacy and improve their ability to participate, concentrate and collaborate. Any kindergarten teacher and administrator can tell you about their observations of difference in the "readiness to learn" between students who have or have not had high-quality early childhood experiences. We also know that multiple years of high-quality early childhood education have a more significant impact and this impact is more significant for students who are economically disadvantaged.

Unfortunately, families in poverty often have less access to high-quality early childhood education for many reasons. In many instances, these families are not aware of the importance of high-quality early childhood education or understand how to access the system. In addition, most families in poverty are driven by cost and convenience when making decisions on early childhood education. High-quality early childhood opportunities may be too costly or not be located nearby, transportation may be unavailable, cumbersome or too costly to get them to a high-quality site at a distance, or high-quality centers may only provide half-day options when families in poverty need full-day coverage to accommodate working parents' schedules. It is these kind of barriers, sometimes unintentionally created by others, that prevent a break in the cycle of poverty. It is also these kind of barriers that other efforts, such as GroundWork Ohio or PRE4CLE in Cleveland, are trying to eliminate.

While high-quality early childhood education can help close this early achievement gap, more is still needed to help students and families address the multiple social and wellness challenges that stem from living in poverty. As it was so perfectly presented in the article by Philip DeVol, it is the responsibility of families and communities to change the mental models and survival mechanisms of each "piece of the pie" for families in poverty. There are many examples, even in Ohio, of how wraparound services can be used as a lever for change. The long-held tradition of offering free- or reduced lunches in schools has expanded to providing breakfast to

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economically disadvantaged students, as well. Understanding something as deep-rooted as Maslow's Hierarchy of Needs tells us that if students don't have their basic needs met and are hungry, they can't learn. This has evolved to some schools in high poverty districts collaborating with local hospitals to provide medical and dental services either within the schools or via mobile units to students and even families. Access to mental health services when needed is often complicated, costly or cumbersome, even when working in partnership with local mental health providers. Often, again, the "rules" or policies developed by those outside of poverty limit access to these services who may need it the most.

A few years ago, Cleveland Metropolitan Schools, created Investment Schools, within which a coordinator facilitates wraparound services from multiple agencies for students needing social supports, as well as academic enrichment. Nationally, the United States Department of Education funded Promise Neighborhoods, a place-based strategy to make more efficient use of overlapping investments in a community to improve the effectiveness and efficiency of service delivery with the understanding that in these communities, factors such as underperforming schools, rundown housing, neighborhood violence and poor health are all interconnected and they all perpetuate each other. These efforts have occurred across the nation and some areas, such as some Cleveland neighborhoods, are creating their own place-based strategies from this model. Finally, across Ohio, the Family and Children First Councils in each County have a role to play in convening those social agencies that provide wraparound services such as health, dental, vision care, mental and behavioral health, nutrition and wellness, adult education, and vocational skills. They, most uniquely, can provide service coordination to the multiple systems, which in and of itself is a barrier. While all Family and Children First Councils operate at different capacities, many (especially those in the urban areas) are high-functioning, with representation from the local social agencies and work harder at making sure that youth and families are served than any other group I've experienced during my three decades as a Superintendent.

BOYS & GIRLS CLUBS
OHIO ALLIANCE

November 15, 2017

The Honorable Robert Cupp
Speaker's Task Force on Education and Poverty
77 S. High Street, 13th Floor
Columbus, OH 43215

Dear Chairman Cupp:

As the Speaker's Task Force on Education and Poverty examines the role of wrap-around services for youth as they impact education and poverty, we thank you for the opportunity to share the viewpoint of the Ohio Alliance of Boys & Girls Clubs. We have a long history of partnering with the Ohio General Assembly, whose support is critical to our success and impact, and we are proud to be a resource to you regarding youth development issues and policies impacting the communities we serve.

The Ohio Alliance of Boys & Girls Clubs is made up of 62 Club sites that serve nearly 50,000 youth with out-of-school-time programming across Ohio. Since the founding of our first Club in Ohio more than 100 years ago, our organization has grown its footprint and impact, and today plays a critical role in helping children succeed. Our focus on providing programming during after-school and summer hours helps communities bridge the gap between school and home, and ensures that our kids have access to programs and mentors that will challenge them to achieve in school, develop a strong moral compass and make healthy lifestyle choices. We offer these programs to our youth at a cost of $5-$10 per school year to become a member of a Club. We can keep this cost to our members so low due to the support we receive from communities, foundations, businesses, and a small percentage of funding from government sources.

Every day in Ohio, over 431,000 youth leave school with nowhere to go.[1] They risk being unsupervised, unguided, and unsafe. Ohio's Boys & Girls Clubs help to fill that time with our programming for the kids who need us most. Over 85% of our Club members qualify for free or reduced-price school lunch, and 60% live in single-parent households.

Youth who attend a Boys & Girls Club in Ohio have access to a full range of out-of-school-time programming that Clubs provide, including homework help, meals, athletics and character development activities. Some examples of that programming include:

1) *Power Hour* - homework help, tutoring and learning activities
2) *Summer Brain Gain* - a comprehensive curriculum of project-based learning activities designed to combat the summer learning loss that is experienced by most low-income youth over the summer break

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[1] America After 3PM, Afterschool Alliance, http://afterschoolalliance.org/AA3PM/

3) *SMART Girls* - a small-group health, fitness, prevention/education and self-esteem enhancement program designed to meet the developmental needs of girls
4) *Passport to Manhood* - promotes and teaches responsibility in Club boys through targeted discussions and activities that reinforce positive behavior

These programs are having an impact on the youth we serve, which is illustrated by data collected from Ohio Boys & Girls Clubs through the National Youth Outcomes Initiative, or NYOI. NYOI is our tool for measuring the impact of the Clubs in a consistent manner using a common set of research-informed indicators of Clubs' priority outcomes. This data shows that from 2012 to 2014, the **percentage of Club members who are on grade level for their age increased from 85-90 percent.** Additionally, the number of Ohio's Club **youth who expect to participate in post-secondary education increased by 3 percentage points – more than 1,300 children**. The percent of Club youth who successfully **obtained summer employment increased from 58-67 percent** during this time period.

Data about Club Members' overall experience is also reported through the National Youth Outcomes Initiative. **Sixty-four percent of Ohio's Club youth said that the Club is the safest place in their community.** Nearly sixty percent of Club youth reported getting the Centers for Disease Control's recommended 60 minutes of physical activity per day, which is more than twice the national average among youth ages 6-18.

We understand that the state legislature is carefully examining ways to strengthen our state's response to the opioid crisis that is devastating communities across Ohio. We wanted to share with you some of the ways that Ohio's Boys & Girls Clubs are on the front lines when it comes to the opioid epidemic. Our Clubs are providing a safe, positive environment for youth whose parents or guardians are struggling with addiction in many high-need areas of the state. Additionally, Clubs are providing critical healthy lifestyles programs to our youth which emphasize drug use prevention education. In fact, in 2016 the leaders of the Ohio General Assembly and Attorney General Mike DeWine created the Ohio Joint Study Committee on Drug Use Prevention Education, which issued a report in February of this year that recommends supporting Boys & Girls Clubs because they provide a safe, positive place for kids to spend their non-school hours and include programming, nutritious meals, academic support, and the Smart Moves program, which focuses on drug and alcohol prevention and healthy lifestyles.[2]

Our Clubs' healthy lifestyles programs are proving to be effective, as demonstrated by results from the 2016 NYOI Survey of Clubs teens, which uses the same set of questions used by the Center for Disease Control in their 2015 Youth Risk Behavior Survey (YRBS). In comparing data from the two surveys, we saw the following differences:

- percentage of Ohio's **Club teens who abstain from smoking cigarettes is 11 per cent greater than average Ohio teens**
- percentage of Ohio's **Club teens who abstain from drinking alcohol is 20 per cent greater than average Ohio teens**
- percentage of Ohio's **Clubs teens who abstain from taking illicit prescription drugs is 11 per cent greater than average Ohio teens**

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[2] *Ohio Joint Study Committee on Drug Use Prevention Education*, 9-10, 2017
www.ohioattorneygeneral.gov/Files/Publications-Files/Publications-for-Schools/Ohio-Joint-Study-Committee-on-Drug-Use-Prevention

- percentage of Ohio's **Club teens who abstain from smoking marijuana is seven per cent greater than average Ohio teens**

In short, Boys & Girls Clubs are not just delivering wrap-around services and programs – we are delivering results. We recommend this Task Force consider the important role of out-of-school time programming for youth across Ohio as you deliberate the value of wrap-around services. Ohio's Boys & Girls Clubs reach many of the most vulnerable in our state and we make a significant impact that improves lives, benefits communities, and is cost-efficient. We welcome the opportunity to grow our programs to meet the high demand for our services, and we look forward to continuing our partnership with the Ohio General Assembly.

If you have any questions or need additional information at any time, do not hesitate to contact me or Becky Watts, G2G consulting, bwatts@G2Gconsulting.com, 202-415-6802.

Sincerely,

James R. Randolph
President
Ohio Alliance of the Boys and Girls Clubs