

Ohio Registry of Effective Practices

Ready to Learn

School District: Cincinnati Public Schools

Partnering Agencies: United Way; Hamilton County Mental Health and Recovery Board; Cincy After School

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Available for Program Consultation: Yes

Available for Presentations/Workshops: Yes

General Program Overview:

Ready to Learn (RtL) is a comprehensive, school based mental health program which provides three levels of prevention and intervention services to students, parents, and teachers in two urban, high-need Cincinnati Public Schools. Based on the Learning Support Model (L.A. Educational Partnership, 1998), and following the Ohio Integrated Systems Model (OISM)/Pyramid of Intervention, RtL provides school-based mental health, academic enrichment, parent involvement, and support services in an effort to mitigate many factors that interfere with a student's academic performance. Activities are designed to strengthen students' social emotional growth and developmental assets and reduce risk factors that are barriers to learning.

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Evidence of Effectiveness:

The Ready to Learn (RtL) program is based on a strong belief that all children can be academically and socially successful if provided appropriate and adequate behavioral and parental support. RtL recognizes that many of the students at the two schools they serve come with inappropriate behaviors and inadequate family supports, and are not prepared to learn. Therefore, activities and services in the program are designed to do the following:

Initially, RtL works to engage and support parents in their children's education, and, reduce risk factors among students and families that are barriers to consistent attendance and focus on learning;

There are 2 performance measures dedicated to parent involvement; 1. parents are involved in school life and 2. parent's support their child's social emotional development.

Then, RtL implements a social competency curriculum (PATHS, Greenberg, 1995, Promoting Alternative Thinking Strategies) to strengthen the students' social skills and self-confidence; helps school staff identify early signs of students having mental health problems which are interfering in their academic achievement; provides on site counseling and facilitates students' participation in enrichment activities and life-long learning projects that make their education come to life.

Improvement in 3 dimensions of social competency are measured and reported as key indicators of program success.

1. Pro-social/communication
2. Academic readiness and
3. Emotional Regulation

The long term outcome of RtL activities is that students will be promoted to the next grade and score at or above the minimum level on state proficiency tests.

This comprehensive array of services have evolved through Central Clinic's experience and lessons learned over the past 9 years of the RtL program, listening to community input, and keeping current with best practices. Using the Learning Support Model (Los Angeles Partnership, 1998), RtL emphasizes healthy social emotional development, family support, and positive behavior and asset building by integrating educational and social emotional goals, coordinating services, and reducing fragmentation, thus creating a unified team that serves students, parents, and school staff.

RtL's logic model is built with the recognition of how many elements it takes for students to be academically successful. The initial and intermediate performance measures are selected because they are necessary to reach the long-term outcome. They are also selected to support the Positive Behavior Support model that Cincinnati Public Schools implements, which includes the Pyramid of Intervention (POI). RtL's intent and continuum of services complement the academic activities by the school staff, and are designed to reach all of the students with some of the services, as well as individual services for those students most in need.

In summary, all of these elements in RtL's logic model and program design are necessary to reach the long term outcome that children/youth will achieve academically. Parental involvement, regular attendance, strong social competencies, amelioration of mental health problems, and academic enrichment will support the school's academic efforts, leading to all students being promoted to the next grade and improved scores on the state proficiency tests.

OUTCOME DATA:

Since its inception in the 2000-2001 school year, Ready to Learn has had a long history of delivering effective and outcome driven services. Over these past 9 years, RtL has been responsive to the needs of each school's population and funders requests and therefore track the program's effectiveness on multiple tiers ranging from individual student intervention to overall academic improvement. During the 2008-2009 school year, the Ready to Learn activities were designed to:

- Increase student regular attendance
- Identify and clinically assess student mental health needs
- Promote students' access to mental health services
- Increase teachers support of students' social emotional adjustment

- Increase students' social competency
- Promote service learning among students
- Support students to achieve grade promotion and/or meet IEP goals
- Improve student's performance on state proficiency tests

2008 / 2009 SCHOOL YEAR OUTCOME RESULTS:

Ready to Learn has had a successful 2008-2009 school year in both schools served as noted in the combined outcomes results listed below:

- 63% of 1394 parents/caregivers (881) supported their child's social emotional development by attending one event during the school year as compared to 50% of 1187 parents (598) in 2007-2008
 - 96% of 1394 children/youth (1336) attended school regularly as compared to 94% of 1187 children (1116) in 2007-2008.
 - 77% of 52 teachers (40) support the child's social emotional adjustment through implementation of social-emotional health curriculum during the school year as compared to 78% of 50 teachers (39) in 2007-2008.
 - 100% of 176 children/youth (176) with mental health needs are identified and clinically assessed as compared to 92% of 118 children (109) IN 2007-2008.
 - 82% of the 176 children (145) identified gained access to appropriate and quality mental health services as compared to 99% of 109 children (108) in 2007-2008. There was an increase in children in 2008-09, but some families did not have appropriate funding (i.e. Medicaid) and were unable to engage in ongoing treatment. However, these students did receive intervention services at the school.
 - 92% of 695 children/youth grades 3-8 (622) demonstrated social competencies at the completion of the school year as compared to 89% of 366 children (325) in 2007-2008.
 - 97% of 695 children/youth grades 3-8 (676) have positive identity at normative levels by the completion of the school year as compared to 89% of 366 children (326) in 2007-2008
 - 83% of 147 children/youth (122) practiced acquired academic skills and knowledge in real life situations in their community as compared to 100% of 187 children in 2007-2008. For the 2008-2009 school year we better defined services learning following a model that required a student to complete 4 steps to qualify as a service learning project. IN addition, teachers are more reluctant to give up classroom time for service learning as the pressure for strong academic performance increases.
- 99% of 1394 children/youth (1391) achieved grade promotion and/or met IEP goals; as compared to 100% of 1187 students in 2007-2008.
- 41% of 798 children/youth (328) scored at the minimum state standard or higher on proficiency tests as compared to 50% of 700 (350) in 2007-2008.

The Ready to Learn program conducts ongoing performance improvement activities and the progress of the program as a whole is evaluated. The outcomes results listed above are reviewed with program staff which may result in making necessary changes to programming and interventions in order to effectively meet the needs of the school community. RtL provides quality mental health intervention services as demonstrated quantitatively in the above outcomes results but also expressed qualitatively within its reputation throughout the greater Cincinnati community.

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Fidelity:

Teachers and school administrators are experiencing constant and tremendous pressure for their students to pass the Ohio Achievement Assessments (OAA). Even though they agree that students' social emotional health and competence is critical to developing their academic abilities, the social emotional side does not get equal billing. The rigidly prescribed state academic curriculum leaves little time or room for presenting social emotional materials in the classrooms, and teachers do not want students removed from class for counseling sessions. This makes delivering counseling services more difficult. It is hard for students to stay after school, as transportation home is not available. Trying to integrate social emotional concepts into the regular schedule and curriculum has proven quite difficult. In our large school district, each school has implemented its own version of positive school culture, and do not have the capacity to implement another social emotional curriculum. These makes implementing an evidence based model with fidelity difficult. We don't know whether these issues are greater in large, urban school systems, or if all school based mental health personnel are experiencing these challenges. We would benefit from discussion and consultation around these issues.

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Capacity and Resources:

The target population for the Ready to Learn program (RtL) includes students in grades Kindergarten through 8th (ages 5 through 15), parents, guardians and school staff of 2 urban, high need schools, one in College Hill and 1 in Price Hill. The following chart illustrates the demographics of the two schools based on information obtained from the latest State of Ohio, Department of Education Report Cards. As one can see, both schools have a high percentage of students with disabilities and of economically disadvantaged students.

One school is located in Price Hill, and reflects the growing Hispanic population in that area. Some of the families are English-speaking, but many speak only Spanish. CPS, in partnership with United Way, has created an International Welcome Center for Parents, increasing the diversity of the population at the school. RtL employs a bilingual staff member to work closely with these families. RtL has added a Hispanic therapist to service these families at this school.

School Community (2009)	College Hill	Price Hill
Age/Grades	<i>5-15 years / K to 8</i>	<i>5-15 years / K to 8</i>
African-American	<i>94.2%</i>	<i>69.8%</i>
Multi-Racial	<i>3.0%</i>	<i>4.7%</i>
White	<i>2.4%</i>	<i>12.2%</i>
Hispanic	<i>0%</i>	<i>13.0%</i>
Students with Disabilities	<i>22.8%</i>	<i>23.7%</i>
Economically Disadvantaged	<i>87.8%</i>	<i>92.8%</i>
Enrollment	<i>720</i>	<i>631</i>
Daily Attendance	<i>96%</i>	<i>96%</i>
3 rd Grade Reading Proficiency	<i>51.3%</i>	<i>46.6%</i>
3 rd Grade Math Proficiency	<i>50%</i>	<i>51.7%</i>
Adequate Yearly Progress	<i>Not Met</i>	<i>Not Met</i>
Promotion Rate	<i>100%</i>	<i>100%</i>
Academic Rating	<i>Academic Emergency</i>	<i>Academic Watch</i>

Family and Community Partnerships:

As active members of the instructional learning teams at both schools, the RtL resource coordinator, the case manager, and parent involvement coordinator are able to stay current on the needs of the students, parents, and teachers. They identify and coordinate many activities, partners, and community services that will enrich the academic curriculum, as well as help families meet their basic needs. Examples of these partners include business (Adopt-A-Class, Avon), character building (Girl Scouts, Boy Scouts Learning for Life, Alcohol Council), and academic incentives (Cincinnati Scholarship Foundation, U.C. Economic Step Program, tutoring by volunteer Catholic parish students).

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Sustainability Plan:

A comprehensive school-based mental health program, such as RtL, requires braided, sustaining funding from a variety of resources. As active members of committees at United Way, the Hamilton County Mental Health and Recovery Services Board, Centerpoint, Mindpeace, Strive School Success Network, and Cincy After School, RtL personnel keep abreast of funding opportunities and possible collaborations. RtL has been funded by United Way for 9 years, and has just been awarded three more years of increased funding, based on its positive outcome results. RtL also subcontracts with Centerpoint, the agency who manages the HCMHRB prevention funding, and has had stable funding for the past 9 years.

RtL has increased the billable counseling services done on-site at the schools over the past year, which has increased the revenue from Medicaid. Students and their families can be seen on-site by independently licensed therapists for counseling, and can receive case management services as needed. The case manager can facilitate linkages in the community for additional resources and support families to keep psychiatric medication appointments. With referrals increasing, it is assumed that the Medicaid revenue will increase.

Through its community contacts, RtL is able to obtain volunteer and in-kind donations of time and services, which are invaluable. The schools continue to be generous in providing office space, and collaborate when possible with RtL on providing funding for student activities.

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