

Ohio Registry of Effective Practices

iCARE, (Ohio's Stark County Care Team Collaborative)

Contact Information:

Phone: 330-492-8136

Address:

2100 38th Street N.W.
Canton, Ohio 44709

Available for Program Consultation: Yes

Available for Presentations/Workshops: Yes

General Program Overview:

A school/agency CARE TEAM is a team of multi-disciplinary, inter-agency professionals working together to address the obstacles facing at-risk students and their families. The program is holistic in scope, year-round, systemic, long-term and consequence-based. The goal of the program is to provide students and families with prevention, intervention, and support tailored to individual needs. It is a model for collaborative wrap-around services. Data shows dramatic improvements in attendance, achievement testing, graduation rates, academic performance and reduced negative behaviors. CARE TEAM is a growing concept in the State of Ohio with numerous school systems, mental health, and other social agencies beginning to work together to ensure success with Ohio's student population – from pre-school through age 21. The non-academic and academic barriers which are holding back our youth can be overcome with the right mix of providers, each providing their professional and specialized services, in real time, to solve and meet each child's particular need. These school linked strategies lay the basis for student success.

The Ohio CARE TEAM model, now called CARE TEAM Concepts, started in one school district over 12 years ago. There is favorable growth in all quantitative data over time in the areas of academic achievement, attendance, and graduation rates as reported on the Ohio state report card. In addition, there is also positive trend in school collaboration with outside agencies resulting in improved student center culture and climate changes.

There are approximately 14 different schools which have implemented a form of CARE TEAM in their building with their students. Implementation time can be as little as six months or as long as a year including staff development. Individual student benefits are immediate with building wide and systemic benefits realized over time as the CARE TEAM program becomes part of the school climate and culture. One CARE TEAM building has been using the concepts for over 12 years. The building with the least amount of time using CARE TEAM is six months.

According to the CARE TEAM brochure, a CARE TEAM provides:

1. Teams of teachers taking personal responsibility for the success of each of their students;
2. Academic, leadership, relationship, and other social skill building opportunities offered during, before, and after school, as well as summer programming for targeted student;
3. Academic mentoring and

tutoring by caring community partners; 4. An adult member of the school neighborhood who provides advocacy and support for families; 5. On-site mental health prevention/intervention and other drug prevention/intervention; 6. Family court and law enforcement involvement as appropriate; 7. Health and wellness support by school personnel; 8. Alcohol and drug prevention and intervention (CARE TEAM).

Table 1. School Demographic Information

| School | Type | Average Daily Membership (ADM) | Economically Disadvantaged (SES) | Grades | African-American | Multi-Racial | White | CARE TEAM Implementation |
|--------|---|--------------------------------|----------------------------------|--------|------------------|-----------------|-----------------|--------------------------|
| 1 | Rural | 950 | 39.5% | 7 – 12 | NC ¹ | NC ¹ | 98.2% | Fall 1998 |
| 2 | Small Urban | 780 | 65.8% | 6 – 8 | 19.6% | 4.8% | 73.8% | Fall 2003 |
| 3 | Rural | 438 | 20.2% | 6 - 8 | 3.4% | NC ¹ | 94.6% | Spring 2004 |
| 4 | Public Charter | 50 | NA ¹ | 9 – 12 | NC ¹ | NC ¹ | NC ¹ | Fall 2004 |
| 5 | Rural | 412 | 26.8% | 5 – 6 | NC ¹ | NC ¹ | 98.0% | Spring 2005 |
| 6 | Public Academy (school within a school) | 455 | 57.0% | 9 | 36.8% | 5.3% | 56.4% | Fall 2005 |

¹NC – not calculated, used if fewer than 10 students fall into this category

The ODE Report Card data for each of the schools improved over the course of having a CARE TEAM in their school. Each school started in Academic Watch or Continuous Improvement and received higher ratings in subsequent years. Only school #1 had enough longitudinal data to have students who participated in CARE TEAM services that have graduated. The graduation rate increased from 85.0% to 94.9% for all students (97-98 to 05-06) and the students who received CARE TEAM intervention services had a graduation rate of 96%.

The results of one specific school district’s evaluation showed that the students on the honor roll increased by 18% while course failures decreased by 60%. Another school district found that 86% of 6th graders, 58% of 7th graders, and 64% of 8th graders showed improvement in grades in at least one academic area.

The qualitative data (parents, students, and staff surveys) indicated that participation in the CARE TEAM Concept model services improved academic performance, and reduced social, emotional, and behavioral barriers to learning. The majority of parents and students, also indicated that they were less likely to abuse drugs and alcohol as a result of participation in programs and services that are part of the CARE TEAM Concept model.

Also in the qualitative data, students, parents, teachers, principals, social workers, counselors, and police officers reported that participation in the CARE TEAM Concept model had improved the lives and performance of students and schools. Also, many of the stories told by students were life changing and in many cases students indicated participation saved their lives. Students, parents, and staff indicated that their school building had an improved climate and culture, and therefore, was a more nurturing and safe learning environment for all students. Principals reported discipline referrals were reduced and students had developed assets for success as students and community members.

Further outcome data can be obtained from the project manager.

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Evidence of Effectiveness:

The evaluation of the CARE TEAM Concepts was a mixed methods design developed in conjunction with Ashland University. The study had three research questions: 1) What is the impact of participation in CARE TEAM on student success; 2) What is the impact of participation in CARE TEAM on school culture/climate; 3) What is the impact of participation in CARE TEAM on school achievement? Quantitative data were used to analyze school success through the state and local report cards, which are posted on the Ohio Department of Education website. Additional quantitative analysis of common educational data for student achievement was attained through student cumulative records. Qualitative data were collected through focus groups, interviews, site visits, student questionnaires, parent questionnaires, and staff questionnaires. Staff, parent, and student questionnaires were distributed and collected by CARE TEAM Concept.

The formal evaluation of the program involved a convenience sample of six sites located in central and northeastern Ohio. Table 1 shows the characteristics of each site.

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Capacity and Resources:

CARE TEAMS need to be the right-size to fit the needs of the student body. One CARE TEAM can service the needs of several (20 or more) students depending on the type of services required by the students. Pre-school to seniors graduating from high school are served by CARE TEAMS. CARE TEAMS serve more students in the middle grades and early high school. In the growing number of schools across Ohio that are using CARE TEAMS, the number of students served fluctuates as student needs decrease. The same is true for the services – they change as the needs of the students change. A standard or typical team serves the entire school through prevention activities and strategies, up to several hundred students in academic intervention, 30 to 60 in targeted social and behavioral intervention, and 30 to 40 in mental health treatment. To summarize, the CARE TEAM is implemented by teachers, counselors, administrators, and a plethora of social service agency personnel depending on the particular need of the child.

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Family and Community Partnerships:

Agency partners include: Mental Health, Alcohol and Drug Addiction Services, Family Services, Juvenile Court, Law Enforcement, Job and Family Services, Health, and Human Services Departments. Local foundations concerned with education, children and family development and stabilization (such as the Stark Foundation) also collaborated in the CARE TEAM. Certain targeted charities, faith-based groups, and local social service providers such as United Way also assisted with CARE TEAM work.

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Sustainability Plan:

Schools wishing to establish a new CARE TEAM Concept model must develop strategic plans that address: 1) funding and support through community engagement, 2) planning for project fidelity to the model, 3) training for implementation, 4) coaching and site visitation, 5) planning for evaluation of the outcomes, 6) monitoring the process, 7) refining and modifying projects based on data, 8) planning for continued development, 9) planning for sustaining project beyond the initial implementation, 10) planning for transitions of leadership and staff, and 11) renewing commitment of all stakeholders for continuous improvement.

Continued investment in current CARE TEAM Concept model sites is needed to ensure that fidelity to the model is achieved. Schools will need to identify the “tipping point” that ensures the CARE TEAM is the right size to meet the needs of all students.

Establish a multi-site research project to implement and compare the impact of the CARE TEAM Concept model on communities, districts, schools, families, and individual students. Selection of sites for CARE TEAM Concept projects by using a research model with match-paired schools to control variables and analyze changes in baseline data.

Changes in how schools and social agencies align fiscal and human resources could be studied to establish guidelines that ensure efficiency and effectiveness. Public and private collaboration would reveal the efficiency of agencies in serving the needs of the community. Finally, issues related to Medicare and insurance could ultimately be explored to establish guidelines for efficient partnerships.

Realignment of local resources will enable communities to sustain CARE TEAM projects. The initial cost of starting programs will lessen over time as systems develop the skills and resources to change the way services are delivered. By collaborating with multiple agencies, duplication and some costs are also reduced making sustainability a realistic expectation.

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Testimonies:

Students

“One of the CARE TEAM coordinators used to tell me that I ‘kept myself in a little box.’ CARE TEAM taught me to come out of that box. I had a lot more friends, and my grades started to improve...I don’t think many kids my age were taking time to volunteer at a food bank. Helping out at places like that really taught me a lot...I never thought I would go to college. CARE TEAM made a difference in me; slowly and steadily. Looking at the big picture, CARE TEAM made a big difference. I’m a success because CARE TEAM is a good program.”

“I think the mentoring program and after school program helps kids raise their self-esteem and do better in school.”

Parent

"More programs of this type are needed in today's world. The compassion and understanding for children like my son benefits not only him, but also those around him. Thank you to the CARE TEAM for what they are doing for my son."

Teacher

"The CARE TEAM keeps students from slipping through the cracks. It also gives the teachers more confidence that all students are accounted for and no one is being left behind."

Community Member

"The Fairless CARE TEAM is an outstanding example of committed professionals making a difference in the lives of youth in need. I wish we could instantly clone it in every community in the county."

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