

Budget

Columbus City School District (043802) - Franklin County - 2014 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (396)

U.S.A.S. Fund #:

Plus/Minus Sheet (opens new window)

Purpose Code	Object Code	Salaries 100	Retirement Fringe Benefits 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
Instruction		52,835.00	9,602.00	79,700.00	135,000.00	870,000.00	0.00	1,147,137.00
Support Services		0.00	0.00	105,000.00	0.00	0.00	0.00	105,000.00
Governance/Admin		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Prof Development		157,693.00	27,912.00	5,000.00	2,000.00	0.00	0.00	192,605.00
Family/Community		0.00	0.00	585,000.00	0.00	0.00	0.00	585,000.00
Safety		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation		0.00	0.00	3,000.00	0.00	0.00	0.00	3,000.00
Total		210,528.00	37,514.00	777,700.00	137,000.00	870,000.00	0.00	2,032,742.00
Adjusted Allocation								0.00
Remaining								-2,032,742.00

Application

Columbus City School District (043802) - Franklin County - 2014 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (396)

Applicants shall respond to the prompts or questions in the areas listed below in a narrative form.

A) APPLICANT INFORMATION - General Information, Experience and Capacity

1. Project Title: Columbus Near East Side Health Sciences Academies

2. Executive summary: Provide an executive summary of your project proposal and which goal(s) in question 9 you seek to achieve. Please limit your responses to no more than three sentences.

Columbus City Schools (CCS) and The Ohio State University Wexner Medical Center (OSUWMC) will partner to create a five (5) school feeder pattern known as the Health Sciences Academies to serve the children of the Near East Side of Columbus. Increasing student achievement is the goal of the Health Sciences Academies which will address the academic and non-academic barriers through rigorous curriculum, technology driven trans-disciplinary, problem-based pedagogy and School Based Health Centers. This goal and implementation strategy is aligned to the Columbus Education Plan.

710 3. Total Students Impacted:

4. Lead applicant primary contact: - Provide the following information:

First Name, last Name of contact for lead applicant: Michael Fulwider

Organizational name of lead applicant: Columbus City Schools

Unique Identifier (IRN/Fed Tax ID): [REDACTED] / IRN: 043802

Address of lead applicant: 270 E. State Street, Columbus, OH 43215

Phone Number of lead applicant: 614-365-5888

Email Address of lead applicant: mfulwider7158@columbus.k12.oh.us

5. Secondary applicant contact: - Provide the following information, if applicable:

First Name, last Name of contact for secondary applicant: Trudy Bartley

Organizational name of secondary applicant: The Ohio State University

Unique Identifier (IRN/Fed Tax ID): [REDACTED]

Address of secondary applicant: Bricker Hall 190 N Oval Mall Columbus, OH 43210

Phone number of secondary applicant: 614-247-8037

Email address of secondary applicant: bartley.80@osu.edu

6. List all other participating entities by name: Provide the following information for each additional participating entity, if applicable: Mention First Name, Last Name, Organizational Name, Unique Identifier (IRN/Fed Tax ID), Address, Phone Number, Email Address of Contact for All Secondary Applicants in the box below.

N/A

7. Partnership and consortia agreements and letters of support: - (Click on the link below to upload necessary documents).

* Letters of support are for districts in academic or fiscal distress only. If school or district is in academic or fiscal distress and has a commission assigned, please include a resolution from the commission in support of the project.

* If a partnership or consortium will be established, please include the signed Straight A Description of Nature of Partnership or Description of Nature of Consortium Agreement.

UploadGrantApplicationAttachment.aspx

8. Please provide a brief description of the team or individuals responsible for the implementation of this project including relevant experience in other innovative projects. You should also include descriptions and experiences of partnering entities.

CCS has a long history of successfully implementing new and innovative school concepts, including alternative, career technical, culture-based (African), global language-based, art-focused and single-gender schools. The CCS innovative schools are high-performing, and have waiting lists with lottery admission. Columbus Alternative High School (CAHS) is an example of one of the open lottery-based innovative schools with a focus on high expectations and advanced learning. All classes at CAHS are considered honors-level, and students are expected to take a college-level course beginning their junior year. CAHS offers Advanced Placement courses and the International Baccalaureate Program. CCS will be responsible for the financial management, teacher recruitment, student recruitment and curriculum alignment aspects of this project. CCS has experience with the implementation and financial management of large scale, district-wide initiatives. CCS is currently in year 4 of Race to the Top implementation. Work in the following core educational assurance areas exemplifies much of the work our district has accomplished thus far: Standards and Assessments, Using Data to Improve Instruction, Great Teachers and Leaders, and Turning Around the Lowest Achieving Schools. As the largest school district in Ohio, CCS has the infrastructure to manage a project of this scale. Teachers are supportive of innovation, particularly when the end result is an increase in student achievement and success. Leading the development and implementation team for Columbus City Schools is: - Michael Fulwider - special assistant to the Superintendent, Columbus City Schools - Darryl Sanders - Chief Academic Officer, Columbus City Schools - Alesia Gillison - Executive Director High School and Middle School Division, Columbus City Schools - Twana Young - Director Math and Science Curriculum, Columbus City Schools The OSUWMC is one of the largest and most diverse academic medical centers in the country. This powerful enterprise is driven by mission: to improve people's lives through innovation in research, education and patient care. OSUWMC also shares a common vision: working as a team, we will shape the future of medicine by creating, disseminating and applying new knowledge, and by personalizing health care to meet the needs of each individual. Central to how we carry out our mission and vision are our values: excellence, collaborating as one university, integrity and personal accountability, openness and trust, diversity in people and ideas, change and innovation, simplicity in our work, empathy and compassion, and leadership. These values are extended to the community and will be reflected in the development of the East feeder Health Sciences Academies. Leading the design and development from OSUWMC are: - Steven Gabbe, MD, Chief Executive Officer of OSUWMC and Senior Vice President of Health Sciences at OSU. - Elizabeth Seely, Executive Director of University Hospital East - Trudy Bartley, Assistant Vice President of Government Affairs for the Ohio State University, PACT - Interim Executive Director. - Fred Ransier, III is a partner in Vorys, Sater, Seymour and Pease, LLP, Vice Chair of the Board of Trustees at OSUWMC East, PACT Board Chair - Dr. Daniel Clinchot, Associate Dean for Medical Education for the College of Medicine and Associate Professor of Physical Medicine and Rehabilitation. - Deborah S. Larsen, PhD, Dean and Director of the School of Allied Medical Professions at The Ohio State University. - Dr. Quinn Capers IV, MD, FACC, FSCAI, The Ohio State University Medical Center, Associate Dean of Admissions, Assistant Professor of Clinical Medicine, Director of Peripheral Vascular Interventions, Division of Cardiovascular Medicine at OSUWMC. - James L. Moore III, Ph.D., EHE Distinguished Professor of Urban Education

B) PROJECT DESCRIPTION - Overall description of project and alignment with Outcomes

9. Which of the stated Straight A Fund goals does the proposal aim to achieve? - (Check all that apply)

Student achievement

Spending reductions in the five-year fiscal forecast

Utilization of a greater share of resources in the classroom

10. Which of the following best describes the proposed project? - (Select one:)

New - never before implemented

Existing and researched-based - never implemented in your district or community school but proven successful in other educational environments

Mixed Concept - incorporates new and existing elements

Enhancing/Scale Up - elevating or expanding an effective program that is already implemented in your district, school, or consortia partnership

11. Describe the innovative project.

CCS and OSUWMC will partner to create the Health Sciences Academies in the five school East High School feeder pattern to serve the children of the Near East Side of Columbus. Through rigorous instruction across content areas tied to the theme of Health Sciences, the students of the Health Sciences Elementary, Middle & High School Academies will graduate prepared to go to college, get a job, start a business, or join the military. The need for an innovative approach to education in this feeder pattern is best evidenced by data from 2012-13 Ohio Department of Education Report Card which indicates that the overall grades for the five (5) schools in this pattern are as follows: Trevitt Elementary = F, Eastgate Elementary = D-, Ohio Avenue Elementary = D-, Champion Middle School = C, East High

School = F The major activities of this partnership align with those outlined in the Columbus Education Plan and include the following: Early Childhood/Kindergarten Readiness Plan: All three of the elementary schools (Trevitt, Eastgate and Ohio Avenue) will have a high-quality, Pre-K program in the building with a curriculum aligned to Common Core with a Health Sciences (HS) focus. Recruit and Retain Outstanding School Leadership: The HS Oversight Committee, comprised of leadership from CCS and OSUWMC will recruit and/or retain excellent leadership for the HS Academy schools. CCS teachers and administrators as well as OSUWMC faculty and students explore through professional development, ways to implement 21st Century learning skills such as flipped classrooms and blended-learning models designed to maximize student engagement and knowledge retention. The goal is for all staff to increase their efficacies through the application of effective curriculum, instruction and assessment strategies. Every child's classroom will have the capacity to support state-of-the-art teaching tools and data: The Learning Circle Education Services system will provide real-time achievement data to HS schools. This data from formative and summative assessments will be used to make immediate instructional changes to meet the learning needs of each child. All schools in this feeder pattern will use innovative technology to enhance the learning process. Classrooms will be linked to the University so that students can participate in online instruction with the OSUWMC. In addition, technology such as computers and tablets will be provided to assist in bridging the digital divide in one of the most economically disadvantaged areas in the district. Every child given pathways to college and career: The HS Academies will offer a college preparatory curriculum aligned to the Common Core and State Content Standards that will enable students to enroll in post-secondary education, from career-specific certificate programs to four-year degree programs and beyond. To acclimate students to post-secondary work, dual enrollment and college credit-bearing courses will be emphasized in the junior and senior years of high school. Our Community will embrace the well-being of all our children: To improve the well-being of all children in this pattern, a Family and Community Engagement (FACE) Center will be located in each of the five schools. These centers will focus on the removal of non-academic barriers to learning, with the placement of needed resources in each school, including school-based health centers with a full-time social worker, Family Nurse Practitioner, Psychiatric Nurse Practitioner, Dietician, RN Caseworker and a Pharmacist. Further partnerships include Franklin County Department of Jobs and Family Services (FCDJFS) to provide opportunities for parents to fulfill work requirements for government subsidies, non-profits to provide needed after school services, as well as OSU personnel to provide academic support and enrichment to students. Existing Adult Learning programs will be expanded through a separate initiative with CCS and CSCC.

12. Describe how it will meet the goal(s) selected above. - If school/district receives school improvement funds/support, include a brief explanation of how this project will advance the improvement plan. When implemented in the Fall of 2014, the graduated curriculum roll out plan for the five (5) schools in this feeder pattern will be as follows: Fall 2014 - Pre-K, K, 5th, 6th, 8th, 9th Fall 2015 - 1st, 4th, 7th, 10th Fall 2016 - 2nd, 3rd, 11th Fall 2017 - 12th, Pre-K - 12 curriculum review At the center of all school reform and transformation is academic achievement for all students, hence, the majority of the metrics used to measure success of the Health Science Academies are focused on academic achievement. To address the low academic achievement of the five schools in this pattern (discussed in #11), a rigorous, yet interactive and engaging curriculum around the theme of health sciences will be developed. This curriculum will align with Common Core and Ohio Academic Content Standards, while simultaneously embedding a health science focus throughout the curriculum. This curriculum will include the use of transformative learning models such as blended learning using Massive Open Online Courses (MOOC's) developed jointly between the two partners, as well as flipped and problem/project-based learning classrooms. Research shows that descriptive indicators, including factors like race, socio-economic background, physical and mental health issues and unemployment rates to be inextricably linked to student performance. Therefore, to address these non-academic barriers (descriptive indicators) a Family and Community Engagement (FACE) Center will be implemented in each of the five schools. In addition to case managers from Franklin County Department of Jobs and Family Services (FCDJFS), part-time case workers from Franklin County Children Services, and a number of community-based agencies to provide supplemental and after schools programs for all five schools, OSU College of Nursing will locate a full service School Based Health Center in Champion Middle School and East High School. The purpose of the School Based Health Centers is to provide an inter-professional collaborative practice (ICPC) that delivers high quality integrated primary and mental healthcare that is patient- and population-centered, safe, efficient, effective, evidence-based and equitable. The funding from this application will support the hiring of the health professionals and will allow for full-scale implementation at the school based centers, including: evidence-based programs targeted to decrease some of the most prevalent morbidities facing Americans today, including overweight/obesity and other chronic conditions. Having a full service health clinic in schools has many benefits. One specific advantage is that students are reportedly more willing to seek health care for sensitive issues at school based health centers within the school walls (Health and Human Services, 2013). Of all the services offered in school based health centers, mental health care is in the highest demand. School based counselors tend to specialize in assistance with academic performance, but they tend to lack experience in offering assistance with mental health issues (HHS, 2013). The activities within this proposal address several of the Core Academic Improvement strategies listed in the CCS District Academic Improvement Plan including: address priorities to strengthen the core academic program, professional development to improve student performance; use of data to plan instruction and intervention for students by all district leadership, principals and teachers; use of technology to impact teaching and learning; and expand pre-K.

C) SUSTAINABILITY - Planning for ongoing funding of the project, cost breakdown

13. Financial Documentation - All applicants must enter or upload the following supporting information. Responses should refer to specific information in the financial documents when applicable:

a. Enter a project budget

b. Upload the Straight A Financial Impact Template forecasting the expected changes to the five-year forecast resulting from implementation of this project. If applying as a consortia or partnership, please include the five-year forecasts of each school district, community school or STEM school member for review.

c. If subsection (b) is not applicable, please explain why, in addition to how the project will demonstrate sustainability and impact.

N/A

14. What is the total cost for implementing the innovative project?

2,032,742.00 * Total project cost

* Provide a brief narrative explanation of the overall budget. The narrative should include the source and amount of other funds that may be used to support this concept (e.g., Title I funding, RttT money, local funding, foundation support, etc.), and provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.)

The following personnel costs are associated with the curriculum planning and development and the summer bridge program for the East Feeder Health Sciences Academies. - Substitute teachers for teacher team planning 100 days @ \$130 each, \$13,000.00 - Teacher curriculum/professional development 50 teachers for total of 100 hours each @ 30.62/hour, \$153,100.00 - Teacher curriculum/professional development Fringe benefits (17.7%), \$27,099.00 - Summer Bridge planning and curriculum development 6 teachers for a total of 25 hours each @ 30.62/hour, \$4,593.00 - Summer Bridge planning and curriculum development Fringe benefits (18.2%), \$813.00 - Summer Bridge Coordinator 2 coordinators for a total of 75 hours each @ 30.62/hour, \$4,593.00 - Summer Bridge Coordinator Fringe benefits (17.7%), \$813.00 - Summer Bridge Instructors 22 teachers for a total of 50 hours @ 30.62/hour, \$33,682.00 - Summer Bridge Instructors Fringe benefits (17.7%), \$5,962.00 - Summer Bridge Administrator 2 administrators for a total of 50 hours @ 37.27/hr, \$3,727.00 - Summer Bridge Administrator Fringe benefits (17.7%), \$660.00 Total Personnel \$248,042.00 The following supply costs are for curriculum development, classroom projects and summer bridge. - Curriculum development, \$2,000.00 - Classroom projects and academics, \$125,000.00 - Summer bridge materials, \$10,000.00 Total supplies \$137,000.00 This equipment expense allows for 1-1 digital devices throughout the elementary and middle schools. - iPads for 1-1 computing 1450 @ \$600 each \$870,000.00 Total equipment \$870,000.00 The following purchased services provide academic and non-academic supports for students, marketing of the Health Science Academies, parent outreach, student transportation and program evaluation. Start up of Health Centers at East HS and Champion MS, \$560,000.00 Use of OSUMC Clinical Skills Education and Assessment Center \$2,970/day for 10 days, \$29,700.00 COPE (mental health) curriculum and training, \$5,000.00 Recruitment and marketing, \$55,000.00 Academic enrichment - Momentum arts program, \$50,000.00 Evaluation, \$50,000.00 Parent University, \$25,000.00 Transportation, \$3,000.00 Total purchased services, \$777,700.00 Total \$2,032,742.00

15. What new/recurring costs of your innovative project will continue once the grant has expired? If there are no new/recurring costs, please explain why.

0.00 * Specific amount of new/recurring cost (annual cost after project is implemented)

* Narrative explanation/rationale: Provide details on the cost of items included in the budget (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.). If there are no new/recurring costs, please explain why.

There are no changes in staffing. Project support is provided by OSUWMC and PACT.

16. Are there expected savings that may result from the implementation of the innovative project?

0.00 * Specific amount of expected savings (annual)

* Narrative explanation/rationale: Provide details on the anticipated savings (i.e. staff counts and salary/benefits, equipment to be purchased and cost, etc.)

N/A

17. Provide a brief explanation of how the project is self-sustaining. If there are ongoing costs associated with the project after the term of the grant, this explanation should provide details on the cost reductions that will be made that are at least equal to the amount of new/recurring costs detailed above. If there are no new/recurring costs, explain in detail how this project will sustain itself beyond the life of the grant. OSUWMC proposes to be a long-term partner with Columbus City Schools in the Health Sciences Academies. The Blueprint for Community Investment has, from the beginning, been focused first and foremost on improving the health, wellness, and overall quality of life of the residents of the Near East Side. These "people" strategies, which focus on the residents themselves versus the physical environment, are organized into the following three categories: Health and Wellness, Education and Workforce and Job Training. We have asked all of the community stakeholders with whom we have engaged for additional support and partnership to consider this at least a ten (10) year commitment, because we recognize that school and neighborhood transformation is a long and protracted process. To that end, the following commitments to develop and sustain the Academies beyond this grant funding: OSUWMC will provide in-kind resources to include the salary and benefits of a full-time staff member of the University solely dedicated to serve as the Academies Director & Liaison on behalf of The Ohio State University. Further, we commit the time of Medical Center and University Faculty to assist in curriculum development, program implementation, teaching, joint professional development opportunities with the staff of Columbus City Schools, service on all committees identified for the Academies. Given that 98% of the children who currently attend the schools in this feeder pattern qualify for free or reduced priced lunch (poverty indicator) billing Medicaid for those families who qualify would assist in sustaining the School-Based Health Centers. Dean of the College of Nursing at OSU, Dr. Bernadette Melnyk, has agreed to seek on-going funding for sustainability focus. She has been very successful in securing national grants, such as one from the National Institutes of Health. In September, Columbus Metropolitan Housing Authority (CMHA) submitted a Choice Neighborhood Initiative (CNI) grant to the US Department of Housing and Urban Development. While the majority of the grant, should it be received will be dedicated to housing initiatives on the Near Eastside, approximately \$500,000 would be designated for the Health Sciences Academies to be dispersed over a five (5) year period. Additionally, Partners Achieving Community Transformation (PACT), which is a non-profit partnership between the City of Columbus, OSU & CMHA have plans beginning in 2015 to allocate approximately \$75,000 per year for four years to the Health Sciences Academies. Additional funding will be requested from Franklin County Department of Job and Family Services to sustain the Summer Bridge component. The existing PLC structure institutionalized within CCS will allow for sustainability of the teacher development beyond the grant period. The content of the professional development and the structures for implementation of personalized learning can be replicated in all classrooms across the project with the grant participants as leaders of the effort. Once the problem-based learning shift occurs, teachers own the new pedagogy. It is not dependent on outside resources beyond the expertise provided by OSUWMC and hence by nature, is self-sustaining as it is coupled with a transformed school culture that supports the pedagogical shift. This partnership is highly important as it brings a tailored education providing a

robust, rigorous and relevant learning that prepares students for college and careers with applied skills and critical thinking mechanisms.

D) IMPLEMENTATION - Timeline, communication and contingency planning

18. Fill in the appropriate dates and an explanation of the timeline for the successful implementation of this project. In each explanation, be sure to briefly describe the largest barriers that could derail your concept or timeline for implementation and your plan to proactively mitigate such barriers. In addition, the narrative should list the stakeholders that will be engaged during that stage of the project and describe the communication that occurred as the application was developed.

Describe the ongoing communication plan with the stakeholders as the project is implemented. (Stakeholders can include parents, community leaders, foundation support and businesses, as well as educational personnel in the affected entities.)

* Proposal Timeline Dates

Plan (MM/DD/YYYY): 01/01/2014

* Narrative explanation

In 2012, leadership from CCS and OSUWMC met to discuss forming a partnership to create a comprehensive education plan for the five (5) schools in the East High School Feeder Pattern, centered around a theme of Health Sciences. In February of 2013, staff from Partners Achieving Community Transformation (PACT) met with staff from the District to present a plan for proceeding towards the implementation of the partnership. PACT is a partnership between The Ohio State University (OSU), the City of Columbus, and the Columbus Metropolitan Housing Authority and is focused on the goal of revitalizing the City's historic Near East side. The district staff made recommendations for modifications over the next three months and on May 21, 2013, Elizabeth Seely, Executive Director of OSUWMC East, PACT Board Chair and two PACT staff members presented the plan to the CCS Board of Education to seek their approval to move forward in planning for the Health Sciences Academies. The Board approved the plan with a unanimous vote. The Ohio State University has a commitment to partnering in raising the long-term socio-economic living conditions of the Near Eastside community surrounding the OSU East Medical Corridor. The University is partnering with community residents, organizations, investors and other key stakeholders in planning for the future of what we hope will be a variegated, robust community. It is clear, however, that to truly develop a prospering community, there must be a renewed interest in raising the educational level of the children and adults. The planning process will be broken into strategic segments by function, guided by an oversight committee comprised of top stakeholders in the project. Three committees will convene to develop the curricular focus, the school day structure and policy and the community and engagement outreach plan. Each committee will meet regularly beginning in January and continue through the implementation of the project. Oversight Committee: An Oversight Committee consisting of six (6) people from OSU/PACT and six (6) people from Columbus City Schools will oversee the Annual Review of outcomes for the partnership and will consist of decision-makers who can advocate for the plan to both Boards. Curriculum Committee: A Curriculum Committee consisting of teachers, school, administrators, district administrators as well as OSU Medical Center and College of Education and Human Ecology faculty has been established and are currently working to create the themed based curriculum for the Health Science Academies that align to Common Core Standards. The work of this committee will continue until Mid-June 2014. Parental & Community Engagement Committee: This PACE Committee will consist of parents, students, community-based agencies, as well as staff of OSU & CCS. They will work to identify programs and resources to engage families in the educational process, as well as to remove some of the non-academic barriers to learning Policy & Governance Committee: This Committee will consist of administrative and legal entities of both partners as well as the Office of the Mayor who will work to assure administrative policies and procedures are in place to protect the interests of all stakeholder. Barrier - The predominant barrier of the planning phase is gaining the trust of parents in this feeder pattern and ultimately convincing them to enroll their children in these five schools which have not demonstrated academic excellence in recent years. To mitigate this, communication plan is being co-developed to inform community members, but especially parents and students about the launch of the Health Sciences Academies.

Implement (MM/DD/YYYY): 01/01/2014

* Narrative explanation

The implementation phase includes the development of the Health Sciences curriculum and the development and delivery of summer bridge program needed to prepare students for the more rigorous problem-based learning and content delivery. Implementation overlaps with the planning, and will begin in February of 2014. The East Health Academies program will be phased in over several years and will be implemented in Pre-K, kindergarten, fifth sixth, eighth and ninth grades in the 2014 - 2015 school year. In addition, the Parent and Community Engagement Committee will begin to implement the community engagement strategies. Curriculum/Professional Development While the Health Sciences curriculum framework will be designed by the Curriculum Committee, the actual curriculum units will be developed by the teachers who will be teaching them. This curriculum development is a form of embedded professional development and will occur under the oversight of the Curriculum Committee and the guidance of curriculum and professional development experts. Teachers will work together in trans-disciplinary, grade-level groups for two weeks in June to develop a rigorous, developmentally appropriate curriculum that is tied to the Common Core and State Academic Content Standards and solves real world health sciences problems identified by the Curriculum Committee. Prior to the start of school, teachers will spend an additional week working together in school groups and across grade-levels to coordinate resources and the implementation of technology into the Health Sciences curricular units. Summer Bridge Development and Implementation Many students in the East feeder pattern of schools are behind grade level in math and reading and have little experience with problem/project - based learning. To prepare for this new style of learning, students entering the transformation grades will attend a two-week long Health Sciences summer bridge program. Structured like a day camp, the summer bridge program will provide reading instruction and support, mathematical concept and skill building, and 21st Century learning skill development through problem-based learning, career exploration and authentic health sciences experiences. The curriculum and program for the Summer Bridge program will be developed by a Curriculum Committee sub-group and their selected writing team comprised of teachers within the East feeder pattern of schools. The following timeline shows the implementation schedule. February 2014 - April 2014 Design summer bridge program, Curriculum Committee/Summer Bridge sub-committee Feb 2014 - September 2014 Implement communication plan for Health Sciences Academies educational opportunities (school enrollment, summer bridge programs, etc.) and community opportunities (health and community centers, etc.) - Community Engagement Committee March 2014 - April 2014 Design teacher summer professional development/curriculum development - Curriculum Committee/Curriculum Development sub-committee April 2014 - May 2014 Summer Bridge enrollment - Participating schools, Summer Bridge sub-committee June 2014 Curriculum development for teachers - Curriculum Development sub-committee June 2014 Training for Summer Bridge teachers - Summer Bridge sub-committee July 2014 - August 2014 Summer Bridge program - Summer Bridge sub-committee August 2014 PD/technology coordination - Curriculum Development sub-committee August 2014 Implementation of Health Sciences Academies Barrier The predominant barrier to the implementation phase is teacher buy-in to the curricular approach. All teachers in CCS are adapting to curricular changes with the adoption of Common Core, Ohio Academic Content Standards and the forthcoming assessment system. By promoting the purposefulness of the Health Sciences Academies in the context of existing change, teachers will engage in its development and implementation.

Summative evaluation (MM/DD/YYYY): 01/01/2014

* Narrative explanation

The evaluation component of this project includes both formative evaluation, designed to identify specific errors and/or areas of improvement to ensure effective planning and implementation of the project, and summative evaluation, which determines the level of project success. Formative assessment will occur during planning and implementation to determine the level of success of each phase of the project. This formative assessment will be based on the project timeline and the accomplishment of project milestones. The summative evaluation will measure whether we successfully met the goals of this project and overcame the anticipated planning and implementation barriers. To accomplish this, a knowledge capture and ethnographic study will be done on stakeholder perceptions before and after the launch of the Health Sciences Academies for grades, Pre-K, K, 5, 7, 8, 9, as well as the implementation of the Family and Community Engagement Centers, including the Total Health and Wellness Clinic in Champion Middle and East High School.

19. Describe the expected changes to the instructional and/or organizational practices in your institution.

In the Collaboration Agreement between the partners we propose the following Instructional changes: - In compliance and in alignment with new standards being developed for the Common Core and Ohio Academic Content Standards, the school will develop a rigorous curriculum that meets and exceed those standards. In addition, the curriculum will be co-delivered by OSU faculty and CCS teachers to help students adapt to college level work and thinking, as well as bringing experts into the classroom from the OSU faculty. - There will be a shift from the current general practices and innovative thinking, such as extending the traditional school day for middle and high school students, use of technology to drive innovation such as blended classroom, distance learning and flipped classrooms. - The co-development of a summer enrichment component for students and parents and the elevation of parents and community members from observer to key stakeholders in the process of educating the students. - The parties agree that they will designate a leadership team (Oversight Committee) that will meet at least monthly or more frequently as necessary to provide formal oversight of the Collaboration and potential areas of collaboration, including but not limited to operational, personnel, and financial issues such as joint grant proposals. The leadership team will also develop a timeline for events and providing direction as necessary for the development of initiatives. Changes in Organizational Practices: - Having a firm belief that transformative schools require transformative leadership requires Health Science Academy administrators to have a demonstrated history of achieving positive academic results in their schools. - The partners will participate in the transformation of schools as joint partners with equal stakes in the successes and challenges of the Health Sciences Academies.

E) SUBSTANTIAL IMPACT AND LASTING VALUE - Impact, evaluation and replication

20. Describe the rationale, research or past success that supports the innovative project and its impact on student achievement, spending reduction in the five-year fiscal forecast or utilization of a greater share of resources in the classroom.

The approach of the Health Sciences Academies is holistic, meeting both the academic and non-academic needs of the student. Having a full service health clinic in schools has many benefits. One specific advantage is that students are reportedly more willing to seek health care for sensitive issues at school based health centers within the school walls (Health and Human Services, 2013). Of all the services offered in school based health centers, mental health care is in the highest demand. School based counselors tend to specialize in assistance with academic performance, but they tend to lack experience in offering assistance with mental health issues (HHS, 2013). In the proposed model, a Psychiatric Mental Health Nurse Practitioner and a Licensed Clinical Counselor will provide the integrated mental health care. Currently, approximately one out of four individuals has a mental health disorder, yet less than 25% receive any treatment. The proposed School Based Health Center will have mental health providers equipped to assess, identify and provide evidence-based management of the most common mental health disorders seen in primary care settings. These include depression, anxiety disorders and attention deficit/hyperactivity disorder. Following the United States Preventive Services Recommendations for depression screening, we will screen all adolescents and adults for depression with the Patient Health Questionnaire (PHQ)-9, a valid and reliable instrument that measures depression. For those patients who meet the cut-off score for depression, the mental health NP or the licensed clinical counselor will provide a full evaluation and deliver evidence-based treatment (i.e., cognitive-behavioral therapy or cognitive-behavioral skills building). When indicated, patients also will receive appropriate pharmacological management in addition to behavioral management. In his article, "Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap, Dr. Charles E. Basch reports on his research that used seven educationally relevant health disparities to identify strategic priorities to help close the achievement gap. He focused on vision, asthma, teen

pregnancy, aggression and violence, physical activity, breakfast and inattention and hyperactivity. He concludes "No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if students are not motivated and able to learn. Particular health problems play a major role in limiting the motivation and ability to learn of urban minority youth. This is why reducing these disparities through a coordinated approach warrants validation as a cohesive school improvement initiative to close the achievement gap"(Basch, 2011). Academically, there are several successful models of weaving together a rigorous curriculum within a Health Sciences framework. Several university medical centers across the country have partnered with traditional as well as community (charter) schools to create versions of Health Science Academies. To inform some of the tenets of this partnership, we specifically examined the following partnerships: - Bayside Health Science Middle and High School Academies: Partnership between Virginia Beach City Public Schools and St. George's University: Caribbean Medical and Veterinary Schools. - South Atlanta School of Health and Medical Science: Partnership between Atlanta Public Schools and Emory University Medical Center - Hillsboro: The Academy of Global Health and Science: Partnership between Nashville City Schools and Vanderbilt University Medical Center and the Belmont University School of Pharmacy

21. Is this project able to be replicated in other districts in Ohio?

Yes

No

22. If so, how?

Paramount to the success of the Health Sciences Academies will be the support provided by OSUWMC, hence the first step in the replication of the Health Sciences Academies is the development of a relationship and shared vision between the local medical facility and the school or school district. Once the relationship is established, the implementation goals and timelines can be developed. The curriculum design process, authentic Health Sciences real world problems for students to solve and the Health Sciences curriculum thematic units used to deliver content while solving the real-world problems will be shared as requested.

23. Describe the substantial value and lasting impact that the project hopes to achieve.

Columbus has a comprehensive plan to foster business and economic growth within the region which will increase the quality of life and standard of living of its residents. In order to achieve these goals, Columbus needs a strong and rigorous education system that provides an excellent education to all and prepares students to be college and/or career ready. To that end, the Columbus Education Commission, a group of education, business and civic leaders, was formed and tasked with developing a plan to move Columbus City Schools (CCS) from a level of stagnant and mediocre performance to one of excellence. This plan maps out changes in district infrastructure, organization, technology, curriculum, pedagogy and content delivery, in order to provide the technology-rich, rigorous, individualized education Columbus students deserve, in a way that fosters and "enterprise-wide expectation for excellence". The Columbus Education Plan focuses on six key areas: 1. Make sure that every Columbus child is kindergarten-ready 2. Recruit and retain high-performing teachers and principals 3. Support state-of the art teaching tools and materials 4. Create more high-performing neighborhood schools and school choices 5. Give students a clear purpose 6. Partner with the community to serve the whole child. The transformation to the Health Sciences Academies in the East Feeder Pattern embraces all 6 of the Plans key areas. As indicated by the timeline in the Plan it is understood that the process of true school reform will be long and protracted. To adequately assess the impact of the proposed investment in the PACT Education Pattern, it will likely take 5-10 years. As partners there is a clear understanding and commitment of at least ten (10) years in this education pattern. The educational decline of the schools in this pattern has been decades in the making, thus it is wise to allow at least one decade to repair that which has been broken. The metrics by which the long-term program effectiveness will be evaluated are: - 85% of the available Pre-K spaces in the 3 elementary schools will be filled. - 90% of the children who enroll in kindergarten in the Health Sciences Academies will be "Kindergarten Ready" upon enrollment. - Each school will earn an A or B on all Ohio Department of Education report card indicators. - No less than 80% of the children living in the feeder pattern will attend the Health Sciences Academies. - 100% of the East High School graduates will be prepared to go to college, get a job, start a business, or join the military. - The Near Eastside of Columbus will be an Education Destination.

24. What are the specific benchmarks related to the fund goals identified in question 9 that the project aims to achieve in five years? Include any other anticipated outcomes of the project that you hope to achieve that may not be easily benchmarked.

Using the 2012-13 ODE report as baseline data, the project will track student objectives annually in the following areas: Enrollment Kindergarten readiness Reading at Grade 3 Math & reading at grades 5 and 8 Graduation rate Attendance (monthly) Post-secondary placement and retention Short-term success will be measured by continuing incremental improvement in each of these areas, with a long-term goal to achieve or surpass state standards in each area. ODE ratings for each school will progress toward excellent as student achievement, attendance and graduation rates improve. Program objectives will be monitored on a monthly basis to include: Identification of IPCP advisory team Identification/employment of project staff Establishment of data management procedures for monitoring project implementation Planning and implementation Family & Community Engagement Centers (FACE) Health/sciences staff development activities (ongoing) Development of graduated health/sciences curriculum, K-12 (see #12) In addition, it is hoped that the project will have long-term impact on the community, including health awareness, increased use of preventive care for children and adults, employment of neighborhood youth and adults in health/sciences occupations, links with other related services.

25. Describe the plan to evaluate the impact of the concept, strategy or approaches used.

* Include the method by which progress toward short- and long-term objectives will be measured. (This section should include the types of data to be collected, the formative outputs and outcomes and the systems in place to track the program's progress).

* Include the method, process and/or procedure by which the program will modify or change the program plan if measured progress is insufficient to meet program objectives.

Short-term objectives related to student achievement will be measured using established measures required by ODE. Kindergarten readiness will be assessed using the KRAL. These measures are administered annually. Student enrollment and attendance will be monitored using the district's Infinite Campus student data system. Achievement indicators, frequency and measure are listed below. Student Achievement Indicator, Frequency, Measure Enrollment (by grade level), Twice annually, District/ODE guidelines Kindergarten readiness, Annual, KRAL Grade 3 Reading, Annual, 3rd-grade Guarantee Math/reading achievement, (grades 5 & 8), Annual OAA High School Graduation rate, Annual, 4-year matriculation Attendance, Monthly, Student Information System Post-Secondary plans/placement, Annual, Student declarations, college acceptance, scholarship data Formative outputs will be monitored regularly by project staff and advisory team. These activities guide the implementation of the project, and are responsible for its success. Oversight Committee representing project partners is in place, Summer 2014, Oversight Committee meets quarterly Health/Science Academy Teachers assigned, committed to success Summer 2014 Continuity of teaching staff in project schools over a five-year period June 2018 Health/sciences staff development activities (ongoing) Summer 2014 Development of graduated health/sciences curriculum, K-12 (see #12) Data management procedures established to monitor project implementation September 2014 Family & Community Engagement Centers (FACE) planned January 2015 FACE centers located/equipped/staffed (beginning phase in) September 2014 Full enrollment in Pre-K programs at three project elementary schools September 2016 Health Science Academies sustained in collaboration with partners June 2018 An additional layer of data will be generated through evaluation/survey instruments designed to assess user effectiveness of services and activities, e.g., teacher evaluation of staff development experiences, parent survey of FACE services, and informal teacher assessments of student satisfaction. These data will provide valuable information for making adjustments in curriculum, and instruction as well as the role of partners and out-of-school experiences that support the academic program. Overall project implementation will be closely monitored by the IPIC advisory team to assure that resources and procedures are used effectively.

By virtue of applying for the Straight A Fund, all applicants agree to participate in the overall evaluation of the Straight A Fund for the duration of the evaluation timeframe. The Governing Board of the Straight A Fund reserves the right to conduct evaluation of the plan and request additional information in the form of data, surveys, interviews, focus groups, and any other related data to the legislature, governor, and other interested parties for an overall evaluation of the Straight A Fund.

PROGRAM ASSURANCES: I agree, on behalf of this applicant agency and/or all identified partners to abide by all assurances outlined in the Assurance section of the CCIP. In the box below, enter "I Accept" and indicate your name, title, agency/organization and today's date.

I Accept, Michael Fulwider, Special Assistant to the Superintendent, Columbus City Schools, October 25, 2013