Budget

Westerville City (045047) - Franklin County - 2014 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (461)

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	0.00	0.00	1,079,500.00	100,000.00	0.00	0.00	1,179,500.00
Support Services	0.00	0.00	2,000.00	0.00	0.00	0.00	2,000.00
Governance/Admin	0.00	0.00	137,500.00	0.00	0.00	0.00	137,500.00
Prof Development	0.00	0.00	266,745.00	115,400.00	0.00	0.00	382,145.00
Family/Community	0.00	0.00	21,000.00	10,000.00	0.00	0.00	31,000.00
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	433,840.00	0.00	240,000.00	0.00	673,840.00
Total	0.00	0.00	1,940,585.00	225,400.00	240,000.00	0.00	2,405,985.00
						Adjusted Allocation	0.00
						Remaining	-2,405,985.00

Application

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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:Project BRAIN: Brain Research in Academics & In Neighborhoods

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.

Project BRAIN: Brain Research in Academics & In Neighborhoods is a collaborative project developed and proposed by three community agencies intending to ensure that all students come to school in a state that is conducive to learning, able to self-regulate, and as a result, will be able to increase scores on kindergarten readiness assessments, grade level benchmark assessments, and Ohio Achievement Assessments. By merging the expertise of teachers to provide academic instruction with what is known about how the brain develops, stores and retrieves information, Westerville Schools will positively impact student achievement and reduce operating costs over the next five years. Based on the Neurosequential Model in Education (NME) by Dr. Bruce D. Perry, we intend to train and support the educators in our schools, as well as reach out to families through our mobile child development and resource center - Taking the learning to our families in our Brain-mobile!

4905 3. Total Students Impacted:

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

First Name, last Name of contact for lead applicant: John Kellogg

Organizational name of lead applicant: Westerville City Schools

Unique Identifier (IRN/Fed Tax ID): 045047

Address of lead applicant: 936 Eastwind Drive, Westerville, Ohio 43081

Phone Number of lead applicant: 614-797-5700

Email Address of lead applicant: kelloggj@wcsoh.org

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

First Name, last Name of contact for secondary applicant: N/A

Organizational name of secondary applicant: N/A

Unique Identifier (IRN/Fed Tax ID): N/A

Address of secondary applicant: N/A

Phone number of secondary applicant: N/A

Email address of secondary applicant: N/A

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.

Jane Whyde, Executive Director Franklin County Family and Children First Council 855 West Mound Columbus, Ohio 43223 (614)275-2511 jewhyde@fccs.co.franklin.oh.us Educational Service Center of Central Ohio (Admin Agent)Tax ID: [redacted] Janet Meeks, President and COO Mount Carmel Health Systems, St. Ann's Hospital 500 South Cleveland Ave Westerville, Ohio 43081 (614)898-4155 Jmeeks@mchs.com Tax ID: [redacted]

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.

This collaborative proposal has been crafted among Westerville City Schools, Mount Carmel Health System, and Franklin County Family and Children First Council. We each have a vested interest in the growth and development of the children in Westerville. Previously, we have each done our part in isolation. We plan to support the children of our community from conception to graduation; each with our own function and expertise, yet in a cooperative and integrated way. Westerville City Schools (WCS) is rated Excellent with Distinction and serves 15000 students a year from age three to twenty-one. To this partnership, we bring our expertise in the area of teaching and learning, as well as our experience purchasing, operating, and maintaining a fleet of 116 buses. We have a history of managing multiple large grants. The Franklin County Family and Children First Council's (FCFC) primary role in the community is to bring child serving agencies together in order to better achieve positive outcomes for children and families. Some of the projects and programs FCFC manages include Help Me Grow for children birth to age three, Service Coordination for youth receiving services from multiple systems, child abuse and neglect prevention programs, and family and civic engagement in schools. In 2012, FCFC launched the Building Better Lives initiative in order to change the intergenerational cycle of child abuse and family violence in Franklin County. This effort includes general education within the community, prevention, intervention and effective treatment across all child and family serving systems, as well as the development of "Building Blocks: Play-to-Learn Activities for Child Development," materials. Understanding the impact abuse, neglect, violence and poverty has on the developing child's brain is a cornerstone of this effort and has been a foundation of exploring effective strategies across systems. FCFC's experience with NME and successes with resource development will be an asset to the partnership. Westerville City Schools has participated in the Building Better Lives initiative and served as the pilot site for the educational system. FCFC funded and supported the web-based Neurosequential Model in Education (NME) with 75 educators in partnership with WCS. A retreat was held to share and learn about interventions that could be used in the classroom. Mt Carmel-St. Ann's hosted the retreat in their new conference facility with participants from FCFC and WCS in attendance. Mount Carmel Health System (MCHS) rounds out our partnership, bringing their medical expertise and established, trusting relationships with our diverse community. Ranging from their Little Miracles Maternity Program, to emergency services, and family practice, MCHS supports our families before, during and after pregnancy. MCHS and FCFC have had a long standing relationship, with MCHS serving as a Help Me Grow Provider. Additionally, MCHS is the primary sponsor for the Westerville Area Resource Ministry's (WARM) summer lunch program that served 25,186 meals to students in the Westerville School district last summer. Mount Carmel brings their relationships with our young families, their involvement with our summer lunch club, their experience and expertise to the partnership. This is an established relationship among three groups with aligned missions and different areas of expertise. All have successfully managed and implemented large grants. All are committed to the children of Westerville and have worked together on multiple projects over many years. The strength of these relationships will allow us to efficiently get right to the work, and address obstacles as they arise.

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)

- [x] Student achievement
- [x] 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
- [x] 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.

"Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. Schools, which are significant communities for children, and

teachers - the primary role models in these communities - must be given the supports they need to address trauma' s impact on learning. Otherwise, many children will be unable to achieve their academic potential ...Trauma-sensitive school environments benefit all children - those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates." (Helping Traumatized Children Learn, 2005) The prevalence of childhood trauma is significant; 64% of the people in the Adverse Childhood Experience (ACE) Study had one or more adverse childhood experiences, with 12.5% having four or more. US Department of Health and Human Services identifies factors, such as parental education level, minority status, single parent families, high-risk neighborhoods, unemployment and poverty, as increasing the likelihood of a child experiencing trauma or maltreatment. According to the National Institutes of Health, the loss of ability to regulate the intensity of feelings and impulses is possibly the most far reaching effect of trauma and neglect. In Westerville, there are 3118 individuals over the age of 18 with less than a high school diploma, 2939 households have children under the age of 18 living with only one parent, 1955 community members reporting to be unemployed, and 631 families with children under the age of 18 with income below the poverty level. 2170 students are eligible for services for special education and 1300 are receiving ESL services. A key finding in an Oregon State University Study shows that at-risk children who can self-regulate have higher math, reading and vocabulary achievement (Early Childhood Research Quarterly, Fall 2010). The number of students coming to WCS with increased chances of experiencing trauma is significant. Research shows that trauma limits the ability to self-regulate, and consequently has a negative impact on achievement. Our proposed three-tiered project uses principles of neuroscience to increase student achievement by building trauma-sensitive school environments that help students to self-regulate and build the capacity of educators to understand the impact of trauma on learning. The first tier will engage a team of educators in the certification process of the NME Trainer Program, including the use of Classroom Functional Maps which provide a simple and rapid way for the teacher to assess the relative brain-mediated strengths and weaknesses of a student. The trainers will lead groups of educators through the Introduction to NME series, and provide follow-up support as they explore classroom connections. The trainers will also lead workshops for families and the community on the implications of the NME model for families. The second tier will focus on informing and supporting families in our community. The partnership among Mt. Carmel Health System, Family & Children First Council, and Westerville Schools draws upon the expertise and connections of each organization-Medical, education, and child serving agencies. Recognizing the obstacles families face, we want to design a mobile child development and resource center in a modified school bus to meet the families where they are: neighborhoods, libraries, medical centers, summer lunch clubs, festivals, community centers. Together we will increase the communities' understanding of the developing brain and practices that support learning and behavior through experiential learning opportunities and simple activities that can be replicated at home. Our final tier will encompass a series of activities that engage our learning community in examining our practices, as well as Best Practices, through the lens of neuroscience.

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.

Our proposed project uses principles of neuroscience to increase student achievement by building trauma-sensitive school environments that help students to self-regulate and build the capacity of educators to understand the impact of trauma on learning. Dr. Bruce Perry explains that a child must be in a state of calm or alert on the arousal continuum to learn. The arousal continuum ranges from Calm to Alert to Alarm to Fear to Terror. When something in the environment triggers the stress response, we freeze and our brain goes into Flight, Fight, or Dissociate mode. The response moves us along this continuum, and as we do so, we function at lower and lower levels of the brain. When the brain has a healthy response to stress, we are able to self-regulate and return to a state of calm or alert. For students who have experienced trauma, this response is triggered by elements of the environment typically not considered stressful. Their response is exaggerated and they don't possess the skills to self-regulate. Additionally, living with chronic stress changes our arousal baseline, so our functional level, without intervention, remains outside of states conducive to learning. NME provides teachers with knowledge of brain development and its impact on learning and behavior. Dr. Perry identifies Core Principles that are essential for positive development and educational experiences. These elements are Relational, Relevant, Repetitive, Rewarding, Rhythmic, and Respectful. Teachers are able to view their practice through the lens of NME and design lessons and interventions that are aligned with the way students process and respond to stress. This project will result in all Pre-K through 3 staff having increased knowledge about the impact of brain development and functioning on learning and behavior. As staff knowledge increases, their practices will shift to better support learner self-regulation. As students self-regulate, their achievement will increase in math and reading. A team of trainers will provide continual and effective learning opportunities for our staff, project partners, and the community who serves our students based on the NME. Additionally, they will be trained to use the NME Classroom Functional Maps which provides a simple and rapid way for the teacher to assess the relative brain-mediated strengths and weaknesses of a student. The trainers will provide on-going support to classroom teachers through consultation, coaching and modeling. It provides sustainability, cross-discipline training, a knowledgeable voice for planning and design of materials and supports. Trainers will benefit the community by providing learning opportunities to students and their families, and taking the learning experiences to our families via the mobile child development and resource center. As our community becomes more knowledgeable about brain development and the impact on learning and behavior, our developmental practices will change, and consequently, our students will be able to self-regulate, which is correlated with higher Reading, Math, and Vocabulary Achievement. Our project will also positively impact the district's five year fiscal forecast as the number of FTE required for remediation and retention as a consequence of the Third Grade Reading Guarantee will decrease. The number of WCS students at-risk of experiencing trauma is significant. Research shows that trauma limits the ability to self-regulate, and consequently has a negative impact on achievement. Unfortunately, best practice in addressing these issues goes beyond the scope of most classrooms. Our partnership draws on the expertise of multiple agencies, who would continue to serve our student and their families in isolation without this partnership. Our partnership bridges those gaps, integrates our efforts, and provides a cohesive trauma-informed approach to child development and education.

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?

2,405,985.00 * 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).

Instruction: $1,179, 5000 This will be in the area of purchased services and supplies. This will provide for the development and production of materials, as well as provide stipends or release time for our team of trainers to plan for and support teachers through training, collaboration, and modeling. This would also provide a stipend for the 300 teachers that will be trained. Support Services: $2,000 This will provide a stipend for the staff who support the grant activities. Governance and Administration: $137,500 The scope of the project, coupled with the short timeline, necessitates contracting with vendors outside of the district to oversee the grant implementation, coordination of partnership, development and production of materials, and coordination of training sessions. They will also oversee the process to design the mobile child development and resource center. Professional Development: $382,145 This is in the categories of Purchased Services and Supplies, primarily in the form of NME training and products. Twenty Five staff will be able to participate in the NME Trainers Program. Allowance has been made to bring Dr. Perry and Steve Graner (Lead on NME project) to Westerville to support our efforts. Additionally, it will allow a team from our partnership to attend the Neurosequential Model Inaugural Symposium. Family and Community: $31,000 This is in the areas of purchased services and supplies. It will provide consumables and incentives for families and outreach personnel for the mobile center. Transportation: $673, 840 This will cover the expense of purchasing and modifying the school buses. It will also provide an extended service agreement for maintenance and operation of the mobile centers.

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.

20,000.00 * 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.

The majority of the expenses for this project are up-front costs. Personnel to staff the mobile unit will be the primary on-going expense. The other cost will be replacement of materials as supplies run out. We expect that much of this can be off set by the support of our partners and the business community as they shift material, marketing, and foundation funds to this project. Additionally, as the only certified trainers in the area, we plan to host annual training sessions and expect to have revenue of $15,000 each year, beginning in FY15. This will help sustain the project beyond the grant period.

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

1,088,403.98 * 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.)

As children become able to self-regulate, achievement increases and the need for intervention decreases. Beginning in FY15, we anticipate needing one fewer intervention FTE than needed in FY14. This will decrease Personal Services (Salaries and Wages) by $42,164.00 and Fringe Benefits by $15,120.42 during the first year. The following year, we will decrease by another FTE, eliminating a total of 2 FTE for FY16: $84,328 for Personal Services and $30,240.84 for Fringe Benefits. For FY17, we will reduce intervention by an additional 2 FTE, totaling 4 for this year. The resulting impact will be $168,656.00 Personal Services and $60,481.68 for Fringe Benefits. During FY18 and FY19, Intervention FTE will be 6 less than it is currently, 2 more than in FY17; resulting in a reduction in Personal Services $252,984 and Fringe Benefits $90,722.52. The total reduction in expenditures by FY19 will total $1,088,403.98.

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.

Our proposed project will be implemented within a larger context of understanding and support which will be instrumental in our sustainability. Additionally, most of the expense of this project is up-front costs. During the first year of the project, all of the training will occur, providing a cadre of trainers from multiple systems that can sustain the work after the grant period. The primary expense of the mobile centers will be the purchase of the vehicles. This will occur within the grant period. The cost of development and purchase of an adequate supply of materials will occur within the grant period. The partners are prepared to sustain any future cost of reproduction of the materials. Within the five year plan, we expect to be able to reduce the number of teachers needed to provide third grade reading intervention by a total of six. This cost savings across the five years is expected to be $1,088,403. Additionally, as the only NME trainers in the area, we plan to host annual training sessions for community partners and other school districts starting in FY15. We anticipate a revenue of $15,000 per year after expenses. These savings will allow us to sustain the operational cost of the mobile centers after the grant period. In the long range plan for WCS, we expect to see additional cost savings as we develop increasing numbers of students who are regulated and more able to learn. Through our outreach efforts we also will be creating an extensive support system for our students who understand the importance of brain development, regulation and relationships. Research would lead us to conclude that we can expect to see an increase in the graduation rate, a decrease in staff turnover, reduced rates of absenteeism and increased parental involvement in the educational process as a result of our efforts. Long term, the Building

Better Lives initiative will continue to be supported by FCFC throughout the community by providing training, development of educational materials for parents, public awareness efforts, and supporting organizations as they work toward expansion and implementation within their system. Some of the other organizations involved in the Building Better Lives initiative include Action for Children, Nationwide Children's Hospital, United Way of Central Ohio, Franklin County Children's Services, Buckeye Ranch, The Ohio State University, Southwestern City Schools, Franklin County and Columbus City Health Departments, Franklin County Department of Job and Family Services and Franklin County Board of Developmental Disabilities. These partnerships will assist in assuring the effort is sustained, not only in WCS, but throughout the county.

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): 12/17/2013

* Narrative explanation

Stakeholders in this phase include Westerville City Schools, Family & Children First Council and Mt. Carmel Health System. The partners have met five times during the grant development process and have committed to meeting at least monthly through the entire grant period. We believe this will assist in identifying any barriers early and maintain open communication. Key tasks during this phase will include: - Establish a leadership team that includes representation from each stakeholder and agrees to meet consistently throughout the implementation and evaluation portions of the project (WCS, FCFC, and MCHS by January) - Each partner identify lead or support staff for each task (WCS, FCFC, and MCHS by January) - Communicating with all Pre-K through third grade teachers to share the vision of the project (WCS, FCFC, and MCHS by January) - Establish the calendar of training sessions for the year to enable requests for substitute coverage (WCS and FCFC by January) - Communicate with key community locations regarding placement of information materials to obtain support (WCS, FCFC, and MCHS by January) - Design the mobile child development and resource center (WCS, FCFC, and MCHS by January) - Design all promotional materials that will be placed throughout the community and in the mobile child development and resource center (WCS, FCFC, and MCHS by mid-February) - Establish process for gathering data for evaluation (WCS, FCFC, and MCHS by end of January) - Establish agreements with purchased service providers (WCS by January) Potential barriers that we could face during this phase: - Identifying service providers with the needed expertise. - Ensuring that all services and products can be delivered by the deadline.

Implement (MM/DD/YYYY): 02/15/2014

* Narrative explanation

Stakeholders in this phase include Westerville City Schools, Family & Children First Council, community locations that will house resource materials and Mt. Carmel Health Systems. The leadership team will meet at least monthly throughout this phase to maintain communication and ensure that the project is being implemented with fidelity to the plan. This team will also assume responsibility to disseminate communication to their respective organizations, to ensure task support and completion, and to address any barriers that arise. Key tasks during this phase include: - Place order for the mobile center and begin to appear in the community (WCS by February for order, WCS, FCFC, and MCHS for visits in community which will be ongoing following delivery) - Hold training sessions as outlined in the plan (WCS, FCFC, and MCHS in February-September) - Deliver resource materials to various community locations (WCS, FCFC, and MCHS by end of March) - Develop plan for long-term outcome measurement (WCS, FCFC, and MCHS by April) Potential barriers that we could face during this phase: - Mobile center could take longer to order and deliver than anticipated. Schedule would be adjusted as needed. - Some teachers might need more information before participating. - Translating theory into practice is not clearly prescribed. We plan to address this through consultation with Steve Grainer, Director of the Child Trauma Academy's NME programs. - Weather could cause us to have to reschedule some training sessions. Majority of the training will occur through video technology and therefore can occur at any time. However, rescheduling will require the district to obtain substitute coverage for a large number of teachers on relatively short notice.

Summative evaluation (MM/DD/YYYY): 05/15/2014

* Narrative explanation

Key stakeholders during this phase of the project will include Westerville City Schools, Family & Children First Council and Mt. Carmel Health System. Key tasks during this phase: - Gather data for intermediate outcomes and communicate results with all key stakeholders (WCS, FCFC, and MCHS in May-July) - Communicate plan for long-term outcome measurement to key stakeholders and community members (WCS, FCFC, and MCHS by June) - Establish ongoing implementation timeline including reporting expectations (WCS, FCFC, and MCHS by June) - Establish long-term responsibilities for leadership team and outline meeting schedule (WCS, FCFC, and MCHS in June) - Attend inaugural symposium on Brain Development and Implications for Interventions and Policy. This will allow us to learn from and network with other professionals implementing the NMT and NME Models from across the world. (WCS, FCFC, and MCHS in June) Potential barriers that we could face during this phase: - Coordinating vacation schedules among leadership team during summer months. Scheduling meetings well in advance will be important. - Documenting student outcome data prior to June 2014. We will focus on collecting baseline data and other anecdotal information.

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

Expected changes to the instructional and organizational practices will be realized almost immediately with an increase from zero to twenty-five staff and community partners who have completed the NME Trainers Program. They will form a team of trainers, increasing the district's capacity from zero to twenty-five to provide continual in-house professional development and support for staff. Additionally, they will be trained to use the NME Classroom Functional Maps which provides a simple and rapid way for the teacher to assess the relative brain-mediated strengths and weaknesses of a student. This team of trainers will provide on-going support to classroom teachers through consultation, coaching and modeling. Once the professional development for our trainers group is underway, we will expand our focus to include pre-school to third grade staff and community allies. These entities may include associates of MCHS and FCFC, childcare providers, and coaches, as well as those who work with our students at community centers and libraries. The outcome will be to provide effective learning opportunities in the basic concepts of neurosequential development and how to apply this knowledge to the teaching and learning process. Concurrently, as understanding increases, a shift will occur in the instructional choices teachers make. Staff will view their practice through the lens of NME as it relates to brain development and developmental trauma, and start making more intentional decisions about their interactions with children. Non-academic elements that activate the stress response will be minimized. The number of activities that help students remain regulated will increase. Instructional and organizational changes will also be significant with the introduction of our mobile child development and resource center. Review of the research "A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement," shows that when families are involved in their children's learning both at home and at school, their children do better in school. We are sensitive to the obstacles our families face: transportation, resources, work schedules, childcare costs, and parental issues. Although we will continue to welcome our families into our school buildings, the nature of our relationship with families will shift as we expand our reach by going into the community. Capitalizing on relationships of trust built by our project partners, we will engage a larger number of our families by being a visible presence in their neighborhoods with a program that will enable all families to help their children to do their best in school. This interaction will strictly be positive and supportive, in contrast to the typical interactions with families of at-risk students. Related to our outreach we will provide an opportunity for mental health staff who support our students to participate in the Neurosequential Model of Therapeutics (NMT) training, increasing the number of participating mental health staff from zero to twenty-five. Slowly, as our understanding increases, our practices change, and our students grow, the long-term outcomes will become evident: we will see an increase in students' ability to self-regulate, attention and time on task, a decrease in disciplinary infractions, and consequently an increase in student achievement. By working together with the community and intervening early, more students will pass the state test in Third Grade, more students will meet grades k-3 benchmarks, and KRA-L scores will increase. As these measures increase, fewer students will be held to the consequence of retention in third grade and we will need fewer intervention programs. Both will have a positive impact on the five-year forecast as we reduce the number of FTE needed to serve under-performing students.

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.

Westerville City Schools has participated in FCFC's Building Better Lives initiative since March 2012 and served as the pilot site for the educational system in the Spring of the 2012-13 school year. To date, nearly 100 WCS professionals participated in the live training sessions with Dr. Perry and have begun exploring the implications on their practice. FCFC funded and supported the web-based Neurosequential Model in Education (NME) with 75 educators in partnership with WCS. Additionally, WCS staff members have read "The Boy that was Raised as a Dog" and participated in a retreat that was held to collaborate around these principles in the classroom. Similar programs that have been implemented with significantly at-risk students have demonstrated high rates of success. This includes Warlick Academy, Alternative School, in Gaston, NC which saw a nearly 50% decrease in out of school suspensions and a 900% increase in graduation rates for students. A decrease in teacher absences and student dropout rates were realized along with an increase in student attendance. As explained in question 11, "Research now shows that trauma can undermine children's ability to learn, form relationships, and function appropriately in the classroom. Schools, which are significant communities for children, and teachers - the primary role models in these communities - must be given the supports they need to address trauma' s impact on learning. Otherwise, many children will be unable to achieve their academic potential ...Trauma-sensitive school environments benefit all children - those whose trauma history is known, those whose trauma will never be clearly identified, and those who may be impacted by their traumatized classmates." (Helping Traumatized Children Learn, 2005) According to the National Institutes of Health, the loss of ability to regulate the intensity of feelings and impulses is possibly the most far reaching effect of trauma and neglect. A key finding in an Oregon State University Study shows that at-risk children who can self-regulate have higher math, reading and vocabulary achievement (Early Childhood Research Quarterly, Fall 2010).With what has been started in WCS, the teachers are very excited about the prospect of expanding the process and look forward to seeing the academic gains and fiscal savings that this research would suggest.

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

☑ Yes ☐ No

22. If so, how?

The process we propose is not district or community specific. Any school with established relationships with their Health System and Community Agencies could replicate this project. Westerville City Schools and its partners would be willing to serve as a resource for other school districts and/or community partners interested in replicating this initiative.

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

Following this grant cycle, the lasting impact will include: **Certification of 25 trainers which will build the capacity of our staff to provide training and leadership to our district as well as child-serving organizations across Franklin County. At this time, there are no certified trainers in Central Ohio. **Capacity to administer classroom functional (mini) maps in classrooms to assess the relative brain-mediated strengths and weaknesses of students. This will inform academic and behavioral interventions. **25 mental health staff trained in NMT 15-hour overview program. **Three Mental Health Specialists with NMT Certification and the ability to administer and interpret the NMT Metrics which includes the Functional Brain Maps. **Learning opportunities provided to 300 teachers, with capacity to continue through remaining grade levels. **Mobile centers and maintenance agreement will be in place and operational for future use. **Resource materials will have been created and available, allowing us to continue our outreach across our district. **Resource library available to staff and community. **Strengthened relationship among WCS, FCFC, and MCHS will facilitate on-going support for the project. **Expanded relationships and communication system in place will enable continued interactions and sharing of information with other entities who serve our students. **More positive relationships with families who will view the schools as an supportive partner in the education of their children. ** Parents who possess this increased knowledge will share their informed parenting practices with peers across the community. **Providing these skills to a new generation of parents will contribute significantly to breaking the cycle of childhood trauma. **Regulated kids who are ready to raise regulated kids.

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.

The specific benchmarks related to fund goal of student achievement include: *Increase scores on the State Assessments in Grade 3 *Increased numbers of students performing at Benchmark in Kindergarten through grade 3 *Increased scores on the Kindergarten Readiness Assessment The specific benchmarks related to the fund goal of reduction of the Five Year Forecast include: * Reduced number of Reading Intervention FTE in response to the Third Grade Reading Guarantee by 50% (six FTE) The following will become evident over time and can not be easily benchmarked, but we expect to see: *Fewer retentions *Increased state test scores in grades 4-12 * Increased number of student in grades 4-12 at grade level benchmarks *Increased student attention and time on task *Decreased number of students with office referrals, and a decrease in the number of referrals per student. *Decreased number of students suspended *Increased family engagement *Decreased use of drugs and alcohol *Decreased disciplinary calls to homes *Decreased student absences *Decreased drop out rates *Increased graduation rates *Decreased employee absenteeism, turn over, and need for Employee Assistance Program

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.

By the end of the grant cycle, Intermediate Outcomes and evidence will include: *Completion of training - attendance sheets - completion certificates *Construction of bus - Mobile Child Development and Resource Center *Community visits - log of activities, locations, and number of participants *Development of longer plan - actual plan Long-Term Outcomes and evidence will include : *State test results - data reports from State *Grade level benchmarks - school data walls *KRA-L - school data walls *Human Resource allocations - board reports *Discipline reports - run report per building *Fiscal Reports - Board Agendas Defining the parameters of the grant evaluation system is one of the tasks charged to our leadership team in the planning phase. They will monitor, reflect, adjust and grow the plan on an on-going basis.

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 John Kellogg Superintendent Westerville City Schools October 25, 2013