

(a) Quality of the Project Design

Introduction, Eligibility Requirements:

Erlanger Elsmere Schools (EES) is a Kentucky Local Education Authority consisting of four elementary schools, one middle, one high school, and an alternative school program. All schools and the district are eligible under section 1114 (b) of the ESEA for school wide programs as Title I schools. These schools will make their facilities available to the Erlanger Elsmere Full Service Community Schools (EEFSCS) consortium for joint community use as needed to implement services described below.

Erlanger Elsmere Schools is well-prepared and has capacity to provide pipeline services at these schools: 1) The district superintendent was the driving force behind the proposal, with full support of principals and schools and community, who were integral to the planning process. 2) EES has built a strong foundation for providing pipeline services in grades P - 12, as will be illustrated by the broad range of existing services described within this proposal and by its long experience educating and building and maintaining partnerships for students in the Erlanger-Elsmere community. 3) EES has extensive experience implementing and managing Federal projects of this size and scope, having managed the Carol M. White Physical Education Program; Elementary and Secondary School Counseling Program; and a budget of more than \$8 million dollars each year. Its fiscal responsibility is of the highest level, and it has been audited each year with no negative findings. 4) The plan is built as a critical next step in the development of the EEFSCS consortium, arising as part of a district-wide plan to provide full-service supports for all children as they grow into productive citizens in our workforce. 5) EES will build on significant relationships with numerous community partners, and key partners have signed a memorandum of understanding attached to this proposal.

The schools serve students from two mid-size cities, Erlanger and Elsmere, in Northern Kentucky. Erlanger and Elsmere were once first-ring suburbs built to house railroad workers outside Cincinnati, Ohio. Over the years, the two cities have maintained separate government structures but have merged many other services, including the school district and social services, to function as one community.

The school district serves 2573 P-12 students at four elementary schools, a middle and a high school, and an alternative program. It also houses a public preschool for three- and four-year-olds, Head Start and Early Head Start programs, and a blended full-day preschool in partnership with a community provider partners. The Erlanger-Elsmere Elementary Full Service Community-Schools project will coordinate services at its two highest-need full service community schools: Lindeman Elementary School, Miles Elementary School.

Lindeman Elementary School serves 316 students in grades Preschool – 5, and it houses our public preschool classes. It is located adjacent to the Early Head Start and Head Start facilities for our community. Miles Elementary School serves 277 students in grades Preschool – 5. The total number of students to be served with this project is 593, although the impact will extend throughout the community of Erlanger- Elsmere (population 27,484) as the alignment of resources enhances and expands partnerships and services throughout the community.

The comprehensive plan below includes further descriptions of the students, families, and school community to be served, a needs assessment for multiple student and community needs, annual measurable performance objectives designed to ensure that children are prepared for Kindergarten, achieving academically, and safe, healthy, and supported by engaged parents. The plan also describes existing and additional pipeline services in each pipeline element, including additional services in three pipeline elements.

The staffing plan will ensure that two full time coordinators (plus additional needed staff) will be provided, and evaluation plans described below will measure attainment of the performance objectives and outcomes of the project. The project will be sustained through the extensive partnerships and systems that have been and will continue to be built, and the plan includes information about that. Each school served is eligible for a school-wide program under section 1114 (b) of the ESEA.

(1) The extent to which the goals, objectives, and outcomes to be achieved by the proposed project are clearly specified and measurable.

Erlanger-Elsmere Full Service Community Schools (EEFSCS) has a single goal and a single objective, which has multiple measurable services, outcomes and indicators, as outlined below.

Table 1. Goals, objectives, and outcomes

Goal: To improve the coordination, integration, accessibility, and effectiveness of services for children and families through full-service community schools serving students of Erlanger-Elsmere’s high poverty elementary schools.	
Program Objective: To increase the percentage and number of individuals targeted for services and who receive services during each year of the project period.	
Performance Objective 1. To improve coordination of comprehensive community school services	
1.A. Provide a Site Coordinator for each of two Schools	
Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Staff in place including: Project Director; FSCS Coordinators (2 FTE); School Psychologist (1 FTE); School Nurse (1 FTE); Families in	5.15 FTE Staff in place

Transition Coordinator (1 FTE)	
1.B. Build infrastructure to align services	
Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
<ul style="list-style-type: none"> • Community forums conducted to align services • Community Alignment of Resources Tool (CART) implemented in schools • Weekly FSCS Team Meetings held at two schools 	<ul style="list-style-type: none"> • Community schools forum with 20 partners held at each elementary school each year. • 175 CART records will support students and families who will benefit from CART and coordinated services.
<p>Performance Objective 2. To provide expanded and new pipeline services to high need students in two schools to ensure that children are a) prepared for kindergarten; b) achieving academically; and c) safe, healthy, and supported by their parents.</p>	
2.A. High Quality Early Childhood Programs	
Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Improved percentage of students who are prepared for Kindergarten	Serve 200 students; improve Kindergarten readiness by 10%
2.B. High Quality School and Out-of-school time programs and strategies	
Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Improved reading and mathematics proficiency	Serve 593 students; improve academic achievement: reading proficiency by 15%, mathematics proficiency by 15%;
2C. Support for transitions (pre-K→ elementary; elementary→ middle school)	
Measurable Performance Outcomes (Tools)	Measurable Outcome Targets

<ul style="list-style-type: none"> • Increased numbers of students accessing Me and My School and YMCA summer services • Improved K readiness scores and reading and mathematics proficiency • Reduce summer slide between grade 5 and 6 	<ul style="list-style-type: none"> • Me and My School participation: 100 students/families. • Increase Kindergarten readiness by 10% • Increase proficiency in reading by 15%; in math by 15% • Reduce summer slide to 0 RIT difference between grade 5 and 6 for both reading and mathematics
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2D. Family and community engagement and supports

Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Increased family and community participation (attendance at parent and community events)	Increase family participation by 10%

2E. Services that support postsecondary and workforce readiness

Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Increased career awareness and interest	<ul style="list-style-type: none"> • Increased interest in career exploration for 593 students P – 5 • Increased soft skills (e.g., self-regulation, general function social competence) for 85% of students

2F. Community supports for community connectedness for success in postsecondary and workforce

Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
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Number of participants	Number of participants in college/career exposure events involving older postsecondary or workforce Erlanger Elsmere graduates
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2G. Social, health, nutrition, and mental health services and supports

Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
<ul style="list-style-type: none"> • Increased preschool dental, hearing, vision, and mental/emotional health screenings and referrals • Decreased truancy • Number of Functional Behavioral Assessments completed • Number of students receiving substance abuse prevention education 	<ul style="list-style-type: none"> • Increase screenings and referrals by 30% • Decrease numbers of students truant by 10 • Increase FBA behavior assessments completed to 75 • 593 K-5 students receive evidence based substance abuse prevention education

2H. Juvenile crime prevention and rehabilitation

Measurable Performance Outcomes (Tools)	Measurable Outcome Targets
Decreased numbers of students truant; decreased behavior referrals; increased reading and mathematics proficiency	Decrease truancy by 10%; decrease behavior referrals by 10%; increase reading proficiency by 15%; increase mathematics proficiency by 15%

(2) The extent to which the design of the proposed project is appropriate to, and will

successfully address, the needs of the target population or other identified needs.

Of the 27,484 people in Erlanger-Elsmere, 25.2% (7,421) are under 18 years of age. The US Census reports 87% white, 5% African-American, 6% Hispanic or Latino, 1% Asian, and 4% two or more races in the Erlanger-Elsmere community.

Table 2. Demographics

	Lindeman	Miles
White (Not Hispanic)	60.1%	70.3%
African American	9.2%	5.8%
Hispanic	13%	12.5%
Asian	0.95%	0%
Native Hawaiian or Other Pacific Islander	3.2%	0%
Two or More Races	13.6%	11.4%

The schools of the project report a higher diversity ratio, as shown, with about 35% minorities.

In these schools, an average of 73.2% of students qualify for free/reduced lunch (Lindeman, 76.6%; Miles, 69.8%). This poverty status has long been associated with a wide range of

associated learning challenges.

The per capita income in Erlanger-Elsmere, \$24,284, is lower than that of the state and nearly 20% lower than that of the nation. The poverty rate is 15.3%, 24% higher than the poverty rate of the nation (12.3%). Small Area Income Poverty Estimates reports that 16.4% of school-aged children in EES live in poverty. Many of these children live in working poor families, with parents holding two or more jobs to try to make ends meet. When money for food and other necessities is scarce, or when parents are working two or more jobs, money, time, and access to community and education supports are luxuries families cannot afford. These families look to the schools to provide that access.

Erlanger-Elsmere is situated in northernmost Kentucky, just a few miles from the Ohio River

at Cincinnati, Ohio. A neighboring district is one of the consistently highest-achieving schools in the state, and Erlanger-Elsmere shares its longest border with one of the state's largest high-achieving school districts. Challenges arising from poverty contribute to obstacles to high achievement including physical and dental health challenges, mental health and substance abuse problems, and homelessness -- all recognized as factors that contribute to truancy, problem behavior, violence, and ultimately to low school achievement. These challenges are all concentrated within the 11 square miles of Erlanger-Elsmere, where students and families live in the midst of, and have daily evidence of, affluence and success all around them. They critically require and deserve a coordinated effort among educators and all community entities to lift them above those challenges.

The school district has worked consistently and vigorously to build relationships with community agencies and individuals to provide services for the benefit of their students. EES is a state model for community-preschool collaboration, with strong partnerships among all preschool entities built through its Erlanger-Elsmere Early Childhood Community Collaborative (E3C). EES is the driving force and fiscal agent for a 10-year substance abuse prevention coalition, Kenton County Alliance (KCA) working to decrease severe problems with tobacco, alcohol, marijuana, and opiates. It has had, but is threatened to lose due to lack of funding, a robust program, Families in Transition (FIT), in support of students and families who are homeless. It has built significant relationships with all sectors of the community.

But EES is missing vital infrastructures and staff for coordination of full service community school services. Some of the most needy students are missing out on supports that would make the difference between success and failure, simply because the appropriate people have not discovered the needs. Recently, a student was acting out occasionally, but then became much

worse during state testing. The student had to be removed from the room in a potentially punitive and violent situation; it was only then that staff discovered he was spending the nights sleeping on the school’s football field because his family had become homeless. In another example, students frequently show up at school on Monday and exhibit strange behaviors, and it isn’t until the disruptions have caused interruption of class time and behavior referrals for defiance that anyone at the school discovers that the student involved had spent the weekend in the hospital for psychiatric problems and was released just in time for school. Due to lack of coordination among community and providers, schools and supportive community partners have had no way of knowing about or helping students to handle these problems.

Identified Needs to be addressed:

Physical, dental, and mental health challenges and substance abuse

Physical and Dental Health: These children are at serious risk, not only of school failure due to repeated or extended absences, but also of serious, long-term physical harm from untreated illness. EES students made 6,137 visits to school nurses last year, an average of 2.57 visits per student (if every student visited the nurse). Nurses resolved issues for 5,452 of these visits, and students were successfully returned to class. Of the remaining visits, students were sent home

“It is essential that all students have access to a full-time school nurse, all day, every day.”
(American Academy of Pediatrics, 2016)

441 times, referred to a doctor 89 times, and served by Emergency Medical Services 12 times. Neither of these schools has a full-time nurse on staff to serve complex medical needs. Lindeman and Miles have only part-time nurses a few days a week. This means the project ratio of students to nurses is 593:1.2, less than half the ideal 344:1 ratio (National Association of School Nurses, 2016).

At school based health centers in EES, 404 students received physical examinations or

addressed critical physical health issues. Of these, 170 or 42% had no health insurance coverage, and they likely would not have received early medical attention without the center. The school-based dental center reported 670 visits, and 39% of those students had no health insurance coverage. US Census data reports that 8% of the population of Erlanger-Elsmere is uninsured, 20% higher than the Kentucky state rate of 6%. For students in these schools, the uninsured rate is more 400% that of the nation; they require school health supports to address any needs; too often, learning and life progress would be impeded by extended illness without these supports.

Mental Health:

Students at grades 3 – 5 at Miles and Lindeman participated in 2016 and 2017 in the Resiliency Survey from Cincinnati Children’s Hospital Medical Center. These students reported below-average perceptions of positive school experiences (Lindeman, 3.43 mean; Miles, 3.42 mean; average mean: 3.42, where higher scores mean more positive experiences with their learning and school personnel) and high levels of perceived social isolation (Lindeman, 2.38 mean; Miles, 2.32 mean, average mean: 2.35, where higher scores mean higher levels of perceived social isolation). In 2017, four percent more students at Lindeman were described as “at risk” than in 2016, and 19% more were described as “at risk” in Miles. And, in 2017, 3% fewer students at Miles reported “hope” than in 2016. This was echoed in victimization rates at Miles, where 10% of students reported being victimized at least once a week in 2017, a 3% increase from 2016, 7%. Of those who reported being victimized in 2016, 31% still reported being victimized in 2017.

Students in EES also report biannually about mental health, substance abuse, and related risks through the state Kentucky Incentives for Prevention survey. The survey is given to students in grades 6, 8, 10, and 12 and it can be seen as a crystal ball that could predict the

mental health and substance abuse future for EES elementary school students if current practices remain unchanged.

Impact of untreated physical and mental health problems and substance abuse shows up in classrooms as hopelessness, worthlessness, and nervousness in students. On the 2018 KIP survey, 15% of sixth graders, one in five (21%) eighth graders and one in four (25%) 12th graders reported experiencing serious psychological distress on the K6 scale, a clinically validated brief screening scale for non-specific psychological distress. The sixth grade rate is 35% higher than their peers in the state. Among sixth grade students, 27% reported feeling nervous some, most, or all the time. By 10th grade, 53% were nervous some or more of the time. Sixth graders reported feeling hopeless some, most, or all the time at a rate of 19%; 10th grade: 30%; 12th grade 40%. Among sixth graders, 24% reported that they felt so depressed that nothing could cheer them up some of the time or more, and 40% reported that everything was an effort. This rate increased among 10th graders to 27% depressed and 41% feeling everything was an effort; among 12th graders 32% reported feeling depressed and 42% felt everything was an effort. In sixth grade, 26% of students reported feeling worthless; 27% of 10th graders and 33% of 12th graders reported feeling worthless.

In 2018, 28% of 6th graders, 35% of 8th graders, 26% of 10th graders, and 23% of 12th graders reported they had been bullied on school property or electronically. At least one in five students in any grade surveyed, and as many as 28%, reported having cut or harmed themselves on purpose. This rate is higher in every grade by 25% than their peers.

Suicide ideation and attempts provide startling evidence of major mental health issues among these students, with 14% of 6th graders and 23% of 10th graders reporting they have seriously considered suicide. 14% of 6th grade and 10th grade students have made their suicide plans, and

12% of 6th and 8th graders, more than two in a typical classroom of 20 students, reporting having attempted suicide at least once!

At Miles Elementary, 13 students (one in every 25 students) were assessed for making threats to themselves or others, and another 13 (one in every 20 students) were assessed at Lindeman. This means that an average of one age 5 -10 students from every classroom required assessment for making threats to himself or herself or to others and steps to resolve the crisis. These steps included immediate support from school personnel, calls to the homes of the students, and referrals to police, emergency medical services, or community mental health providers.

EES school nurses also report mental health visits: 215 students were served with mental health supports last year. An additional 39 students (nearly one in every 50 students) with intense need were seen at EES through referrals to counselors from the Children's Home of Northern Kentucky.

School staff report that student absences are often due to mental health needs rather than physical ones. One student, for example, was absent from school for several days. When the school followed up repeatedly, the mother finally admitted that the student had run away from home so often that she had stopped reporting the incidents. That young girl was finally, at the school's insistence, reported as a missing person to the state not once, but twice, during the school year. Problems in the home included maternal chronic illness, substance abuse, a revolving door of family members living in the home, and the family's expectation that the young student would be the caretaker for all. The student's trauma led to her frequent disappearance and resultant lack of school progress.

Since no psychologist is on hand in any school, mental health assessments (other than extremely time-sensitive threat assessments noted above, performed by trained school

counselors) must be done through contracted local providers, often resulting in days of delays in service to these students most in need. Community partners that provide mental health services work closely with school counselors for each child, but coordination of physical and mental health services is a serious gap due to absence of full-time nurses.

Substance abuse: Kenton County, the Kentucky county where EES is centrally located, has long been recognized as a hotbed for substance abuse problems for the state. As early as 2010, 36% of all the state's heroin-related court cases were in Kenton County, although the county's population constituted only 3.5% of the state population. In 2017, Northern Kentucky lost a person to a drug overdose every 35 hours, with 252 deaths from overdose (a rate of 55 deaths per 100,000 residents; KY rate: 33 per 100,000). We lost nearly four times more residents to drug overdoses than car accidents in 2017. The trend over the past seven years shows continuous increase in overdose deaths.

In addition to deaths from overdose, medical issues resulting in hospitalization or emergency department visits arose 568 times in Kenton County in 2016, a 17% increase from 2012, when communities already were working to combat the "heroin crisis". In Erlanger-Elsmere in 2016, for example, 287 arrests were made; 124 or 43% of all arrests were drug-related, and 36% of these were for heroin.

The students' KIP survey confirms that, without early intervention, we should expect ongoing high levels of substance use among youth. EES students in 12th grade reported that tobacco use is a problem at their school (50%); that alcohol use is a problem at their school (34%); and that drug use is a problem at their school (47%). They also reported (33%) that selling and dealing drugs is a problem at school.

By sixth grade, 20% of students already identify themselves as alcohol drinkers, and this

number grows steadily through 12th grade, when 55% identify themselves as drinkers. In addition, 3% of 6th graders report having used marijuana, and by 12th grade, 51% report marijuana use. In sixth grade, 16% of students report cigarette use, but, by 12th grade, 29% report use. Additionally, rates of use of vape pens or e-cigarettes are of growing concern: 10% of 6th graders and 29% of 12th graders reported use. Only 30% of 6th graders and 44% of 12th graders reported never having used any tobacco product, and 34% of 12th graders reported regular use of tobacco products.

Among 12th graders, 1 in 10 (10%) used narcotics without a doctor’s prescription within the past year. The rate of illicit prescription drug use by 12th graders was a third higher than that of their peers in the nation in 2018 (EES: 15%, US: 9.9%). The twelfth grade 12-month heroin use rate was more than double the national rate (EES: 1%, US: .4%). We know that even legal use of prescriptions can lead to opioid abuse. “When pills are hard or too expensive to obtain, heroin becomes a convenient substitute,” said a local counselor.

And younger children are watching their older family members every day. These young children are learning how to handle problems, deal with crises, and make choices from people who too often are mired in their own addiction or dependence on harmful substances, and the children look to schools to offer more constructive ways to deal with their lives.

Physical health, mental health, and substance abuse among both family members and students combine to produce the reported sense of hopelessness, worthlessness, and nervousness that inevitably impact our students’ school performance.

Homelessness

In 2017-2018, 314 students in EES were identified as homeless. This included 53 students at Lindeman (19% of the school population, about four homeless students per classroom) and 43

students at Miles (12% of the school population, more than two homeless students per classroom). In addition, 32 more preschoolers were identified as homeless.

Approximately half our students' families are at constant risk of losing housing, living in government supported housing or substandard, dilapidated housing. These centers of extremely poor housing contrast sharply with a few areas of moderately priced older homes and two subdivisions with upscale newer homes in the school district, where even formerly affluent families are often at risk of foreclosure or eviction.

These conditions contribute to problems in all areas of students' lives and, predictably, show up in school as problems in behavior, truancy, and school achievement.

Truancy, Problem Behaviors, and Violence

Truancy: Student performance at these schools is impacted by poor attendance and truancy. In 2017-2018, Lindeman students had three or more unexcused absences 66 times and six or more unexcused absences 15 times. Miles students were truant 70 times (one for every four students), and habitually truant 25 times.

Violence: School violence presents problems for learning and life development at the schools of EES. In 2018, 38% of KIP-surveyed 6th grade students reported that they had something taken from their desks, lockers, or other places at school; 26% said someone verbally threatened them; 7% said someone took money or things by using force, weapons or threats at school; and 8% of 6th graders and 18% of 8th graders said someone had physically threatened, attacked or hurt them at school. Among 6th graders, 11% admitted having attacked someone with the idea of seriously hurting them. That percentage grew to 17% in 10th grade and 14% in 12th grade.

Schools additionally report violence as part of their behavior referral mechanisms, as described below.

Problem Behaviors: Elementary schools vary widely in their reporting mechanisms for behavior incidents. At these schools, only the most serious incidents are recorded in Infinite Campus. Miles Elementary reported 49 events involving 15 students, 3.3 referrals per student with a referral. Lindeman reported 81 events by 34 students, an average of 2.4 referrals per student.

The schools have adopted constructive models of student support; however, these often require attention from administrators that must be diverted from other duties. “We intervene early, so many behavior problems do not get recorded. This sometimes means nearly a whole day of interventions as a principal, but we recognize that many elementary school behavior issues should be handled by re-teaching, addressing issues related to social-emotional development, and providing coping strategies,” said one Erlanger-Elsmere elementary principal. “Our students need and benefit from our support to develop patience, empathy, and self-regulation that will help them avoid behavior referrals.” Staffing for mental health needs is required so that other school staff can accomplish their own duties.

School Achievement Far Below State Levels
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Academic need starts early for children in Erlanger Elsmere continues throughout their school careers. The Brigance Screener in 2018 demonstrated that 50% of incoming Kindergarten children were “not ready” for kindergarten at Miles Elementary and 63.8% were “not ready” at Lindeman, higher than that of either Kenton County (50.2%) or the state (51.0%), as reported in the state department of education online database, “Open House” (2019).

Incoming students are demonstrating increasingly high need – economically, socially, medically and educationally. At high-quality centers, early intervention and progress monitoring of individual student data shows positive results. However, to improve kindergarten readiness in other centers, need for systemic change to support high quality is clear.

Table 3. Students performing below proficiency 2017-2018

School	Reading	Mathematics
LES	58.1%	49.1%
MES	39.5%	51.2%

The impact of the low rate of kindergarten readiness extends throughout EES students' learning careers, as demonstrated in elementary

schools of the project. At Lindeman, nearly three of every five students are reading below proficiency, and less than half the students are at proficiency in mathematics. Miles student achievement is somewhat better, but still, two of five students are not proficient in reading and more than half the students are not proficient in mathematics.

Additional challenges are suggested by data about transition from fifth grade to middle school. Students take the Measures of Academic Progress assessment three times each year, Fall, Winter, and Spring. Loss of learning over a summer break between grades is a phenomenon often described as "summer slide". Between grades 5 and 6 in EES, mathematics scores on MAP dropped from 219 in fifth grade to 211.6 in the beginning of sixth grade, a 7.4 point difference. This indicates that students (who already were underperforming their state peers) had a 3.5% loss of learning in mathematics over the summer. In reading at EES a similar story occurred: fifth grade Spring scores were 212.4. By Fall, the new sixth graders scored only 209.5, a 2.9 point difference, indicating 1.4% loss of learning in reading. Improvements in curriculum and in mental, physical and emotional supports that allow children to learn are vital in these schools.

Lack of Coordination of Services

In response to these pressing needs, an increasing number of school-based and community-based organizations have arisen in support of Erlanger-Elsmere's children. For example, the police of Erlanger and Elsmere have developed a substance abuse prevention program that they

are piloting this year for fifth grade. The school has several student support programs through which community members work to meet specific needs: a substance abuse prevention coalition (Kenton County Alliance, based in EES), a program serving homeless students (Families in Transition), YMCA afterschool programming, and a collaborative group in support of early childhood education (E3C); a program to meet material needs (Family Resource Centers), and the schools have counselors and other support staff. In addition, services in the community are eager to work with students during the school day. Many of these individuals and groups need to access children through the schools, and time for learning is too often threatened by conflicting priorities for addressing the needs.

In addition, many students in these schools experience complex needs. A student may, for example, qualify for special education services, live in poverty, and be visually impaired. More than one in ten of our students with disabilities (10.2%) is also experiencing homelessness. Students with mental health needs often also need help with food and clothing over the weekend or summer breaks.

Due to the fact that there is no coordination of all these efforts, resources that could help a student are too often overlooked, just because the person who notes a problem does not know about the resources, or because someone who knows about one aspect of a child's need does not think to ask about other areas.

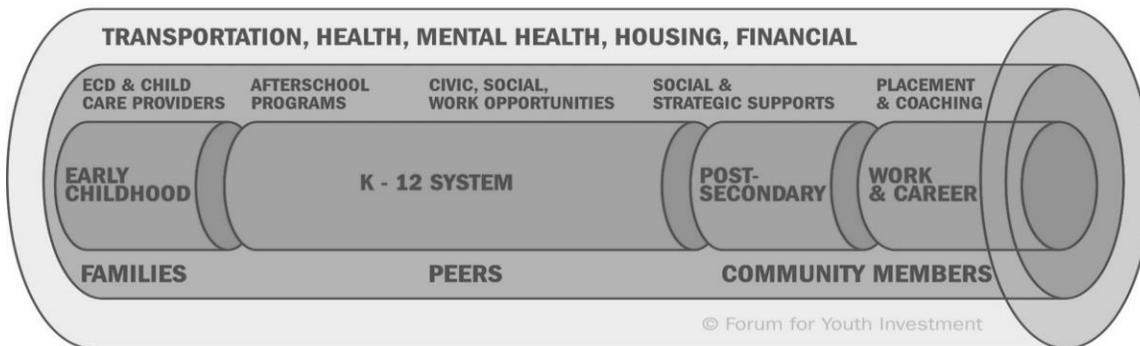
The schools of this project critically need a structured program to coordinate services to maximize the potential of each child to be prepared for kindergarten, achieve academically, and be safe, healthy, and supported by engaged parents.

How the design of the proposed project is appropriate to, and will successfully address, these needs.

Erlanger-Elsmere Schools (EES) recognizes the challenges faced by its students and demonstrates its commitment to addressing their critical needs through its overarching mission statement: *Embracing and attending to the needs of our students regardless of the obstacles.*

The community has also adopted a complementary mission statement for EEFSCS: *To provide high-quality comprehensive and accessible education, health, and related services to assist people to achieve their fullest potential.*

Each element of this project was selected specifically for its potential to address the needs of our schools' population and for its fit to "insulate" students in the full service community schools' pipeline. This graphic from the Forum for Youth Investment has been used in EES since 2011 to describe the district's commitment to serving the whole child, whole family, and whole community.



In this vision, education is the vital material passing through the pipeline, from early childhood through K-12, on to post-secondary, work and career. Supporting success or "insulating" the student from harm are providers, after school programs, work opportunities including volunteer opportunities, social supports, job placement and coaching supports provided by families, peers and community members. And the outer layer of insulation is one that is so often missing for our students: health, mental health, housing, financial, and transportation supports. This plan will provide many new key elements of the pipeline, and it will coordinate

existing services and provide infrastructures to develop new services in years to come with community partners.

Table 4. Pipeline Elements and Key Existing and Additional Services of EEFSCS

Pipeline Element	Key Services Available in EEFSCS
<i>(a) High-quality early childhood education programs</i>	<p>Existing services: E3C collaborative preschool coalition; Head Start; Early Head Start; Public Preschool; blended public/private full day preschool; outreach to certified day care homes. EES is a State model for preschool collaboration.</p>
<i>(b) High-quality school and out-of-school-time programs and strategies</i>	<p>In-School Additional services: Improved reading and mathematics curriculum; Lexia Reading for grades K-1.</p> <p>In-School Existing services: 100% of teachers qualified for the grade and subject area they teach. Curriculum and physical schools, supported by 24 hours of professional development for each teacher.</p> <p>Out-of-school-time existing services: YMCA provides after school programming 5 days a week, 3:00 to 6:00 with support of classroom teachers who work after hours; Kenton County Public Library provides programming on our site and theirs tied to education in the classrooms; Erlanger Parks and Recreation department leads education services in the parks regularly throughout the year for our</p>

	<p>students; schools have extracurricular services such as athletics, chess club, drama, etc. after school with no fees.</p>
<p><i>(c) Support for a child's transition through school and into and through postsecondary education and into the workforce</i></p>	<p>Existing transition services: Me and My School, a program with United Way, specifically targets incoming Kindergarten students and their families to familiarize them with the school, their teachers, and the idea of Kindergarten. YMCA after school program provides a four week summer camp to bridge the summer slide for all grades. Block Parties at several community sites and in the school introduce students and their families to their teachers and provides supplies for the next school year. Fifth grade mixer provides an opportunity for students to experience middle school before they arrive, to learn about the differences and how they can succeed in middle school.</p>
<p><i>(d) Family and community engagement and supports</i></p>	<p>Additional services: Too Good for Drugs family components will help family members and guardians understand how to help their children make healthy choices and introduce decision making and stress-relieving techniques that can influence family interactions as well as learning. Coordinator for the Families in Transition program to meet needs of students who are homeless and their families.</p>

	<p>Existing services: Lunch Buddies is an opportunity for community members to provide support for a student at lunch time. Opportunities for community members to read with children in the classroom are available. Summer food service at school and community sites serves as an outreach opportunity to get to know families of our schools. Big Brothers Big Sisters provides mentor matches for selected high-need students. All-Pro Dads and iMoms bring family members and guardians into the schools monthly for coaching and student support to help them love their families well.</p>
<p><i>(e) Services that support postsecondary and workforce readiness</i></p>	<p>Existing services: Career days allow adults representing various careers to present about those career options to elementary students. Meaningful Work is a curriculum in place with third and fourth graders to help them begin to think about how work will be part of their lives. Student Success Skills for fourth and fifth graders provides support for developing academic, social, and self-management skills needed to meet 21st century college and career readiness demands. Catch a Dream newsletter is distributed to give information and help these early learners begin to cultivate dreams for their own future. Reality Store offers students options to choose within real</p>

	<p>limitations of adult life. Elementary students visit local colleges each year to begin to get a feel for what that experience will be and why they should consider it.</p>
<p><i>(f) Community-based support for students facilitating their continued connection to the community and success in postsecondary education and the workforce</i></p>	<p>Existing services: Our after school programs provide work opportunities for our graduates and they move toward their futures. This both supports their own growth in a supportive education-based environment and it sets role models for our young students. Our community supports many work and volunteer opportunities, and our city parks and recreation departments provide learning sessions that demonstrate the viability of various postsecondary and workforce options.</p>
<p><i>(g) Social, health, nutrition and mental health services and supports</i></p>	<p>Additional services: School psychologist to conduct Functional Behavioral Assessments and lead staff in related interventions; Students Against Narcotics Dependency (grade 5); Too Good for Drugs (grades K – 4); support for students who need mental health services but are uninsured</p> <p>Existing services: Evidence-based school counselors in place; referring relationships with community therapeutic organizations; connections through Kenton County Alliance to the broad spectrum of organizations and individuals working in substance abuse prevention; food</p>

	<p>service department that provides year-round food for children; school based health center; school based dental center; school nurses; Courageous Kids, a program with the Kenton County Public Library to support children with incarcerated parents.</p>
<p><i>(h) Juvenile crime prevention and rehabilitation programs</i></p>	<p>Existing Services: Student safety meetings, individualized meetings with law enforcement, courts and others involved to prevent delinquency; FAIR Team, a county juvenile justice team of community partners that meets to prevent crime; First Responders Forum, discussions with firefighters and emergency medical service providers about how to keep students safe and crime-free; Rehabilitation of students on re-entry through alternative school as appropriate.</p>
<p><i>*Existing services will be provided within all eight pipeline elements. **Additional services will be provided within three pipeline elements, plus infrastructures for coordination of services will be built to support both implementation and sustainability</i></p>	

The additional project elements that will address the needs described above include:

<p>Infrastructures for Coordination of Services</p> <p><i>Pipeline services coordinated:</i></p> <p><i>(a) High-quality early childhood education programs</i></p> <p><i>(b) High-quality school and out-of-school-time programs and strategies</i></p> <p><i>(c) Support for a child’s transition through school and into and through postsecondary education and into the workforce</i></p>
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(d) Family and community engagement and supports

(e) Services that support postsecondary and workforce readiness

(f) Community-based support for students facilitating their continued connection to the community and success in postsecondary education and the workforce

(g) Social, health, nutrition and mental health services and supports

(h) Juvenile crime prevention and rehabilitation programs

How the intervention will successfully address needs

Members of the EEFSCS team at each school will meet weekly in support of individual students and families. They will use the Community Alignment of Resources Tool (CART) to record information about 20 areas of community life for each identified student and his or her family. Status of students and families will be noted as “in crisis”; “vulnerable”; “safe”; building capacity”; or “empowered”. This will also empower the team to identify related issues and community solutions and to track progress along the continuum to empowerment. The team will refine the CART in the first six months of the project, and they will use it to coordinate school and community services that directly address needs related to poverty, physical and mental health including substance abuse, homelessness, truancy, problem behavior, violence, and, ultimately, low school achievement (see draft CART tool below and attached).

Community Alignment of Resources Tool (CART)

EES Community Alignment of Resources Tool (CART): A Whole Child, Whole Family Approach

Date(s) of Ongoing Support CART Team Meetings: _____

Student(s)/Family _____

School(s) Enrolled _____

Strengths of the Family and Individual Family Members:								
Other:								
Domain	In Crisis	Vulnerable	Safe	Building Capacity	Empowered	LEA Contact	Internal (LEA) District Partner Referral to Program & Contact	External Partner Referral Program & Contact
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing, and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe adequate subsidized housing.	Household is safe adequate, unsubsidized housing.			
Employment	No job.	Temporary, part time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.			
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.			
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.			
Child Care/Preschool	Needs childcare/preschool, but none is available and/or child is not eligible.	Childcare/preschool is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare/preschool is available, but limited.	Reliable, affordable childcare/preschool is available; no need for subsidies.	Able to select quality childcare/preschool of choice or no childcare/preschool needed.			
Children's Education	One or more school-aged children not enrolled in school.	One or more school aged children enrolled in school but not attending classes.	Enrolled in school; but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.			
Adult Education	Literacy problems and/or no high school diploma/GED present serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English that language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problem so that they are able to function effectively in society.	Has completed education/training needed to be employable. No literacy problems.			
Health Care Coverage	No medical coverage, with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.			
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.			
Family/Social Relations	Lack of necessary support from family or friends; abuse (Domestic Violence, Child Abuse) or child neglect is present.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behavior; learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.			

Domain						LEA Contact	Internal (LEA) District Partner Referral to Program & Contact	External Partner Referral Program & Contact
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.			
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.			
Parenting Skills	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well-developed.			
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.			
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.			
Substance Use	Meets criteria for severe abuse/dependence; resulting problem so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, emotional, occupational, or physical problems related to use (such as disruptive behavior or housing problem) have persisted for at least one month.	Client has used during last 6 months; but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.			
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible cabinet involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.			
Disabilities	In crisis; acute or chronic symptom affecting education, housing, employment, social interaction, etc.	Vulnerable sometimes or periodically has acute or chronic symptoms affecting education, housing, employment, social interactions, etc.	Safe; rarely has acute or chronic symptoms affecting education, housing, employment, social interactions, etc.	Building Capacity: asymptomatic condition controlled by services or medication.	Thriving-no identified disability.			
Student(s) Only:								
Grades/School Performance:								
Attendance:								
GSP, IEP, PSSP or SOI:								
Behavior Referrals:								
Programs & Supports								

*Adapted from Self-Sufficiency Matrix

Community Forums will be held at each school annually. At these events, all EEFSCS partners will provide information about status of current resources, benefits and needs. They will describe their work within EEFSCS that year and discuss changes needed for the benefit of students for the next year.

Appropriate to the number and population targeted

School and community partners will use the CART tool, specifically tailored to the needs of Erlanger Elsmere students, schools, and community, in support of any students with an identified need in one of these 20 categories, in two schools in grades P – 5. We expect CART to be implemented for at least 175 students each year. CART is specifically designed to ensure the community and schools meet individualized needs of all members of the community and that all groups will benefit, including those that have been traditionally underrepresented based on race, color, national origin, gender, age or disability since.

Weekly team meetings will be sufficient to discuss individual students as a team, but when a crisis occurs between meetings, staff and community members will have good information and ready access to partners in person, by telephone, and by email to locate resources for students. Annual community forums will provide settings for summary discussions that will guide the project progress.

Frequency of implementation

A CART record will be initiated immediately by the EEFSCS psychologist or any staff or community member who learns of a child or family that presents with an issue requiring school or community services. CARTs will be reviewed and updated weekly at EEFSCS team meetings or more frequently as needed for each individual case. Community Forums will be held annually.

Physical, Mental, and Dental Health Supports

Pipeline services provided: (g) Social, health, nutrition and mental health services and supports

How the intervention will successfully address needs

School-based physical and dental centers will be available to all students, including the 42% of students who are uninsured. Students will be seen at the school-based physical health center for needs beyond the care of a school nurse. Such needs can be well-child exams, including sports or school physical exams, immunizations, or needs can include sick visits for an acute or chronic medical condition. The center also will be able to provide laboratory tests and over the counter medication. The dental center often provides the first dental exam for students, and also will do basic dental work. The center is open only two days a week, and nurses are available only four days at Lindeman and two days at Miles. Adding a nurse to bring the schools to ratio will allow them to coordinate the program and manage care for immediate physical health needs and mental health issues of children with complex medical needs any day when problems occur. Students without insurance who need mental health services will be seen through a collaboration with a community partner. Those who need medical or dental care but have no insurance will be referred through the school based health center for linkage to coverage, or they will be billed using a sliding scale in place through HealthPoint Family Care, a Federally Qualified Health Care facility. Needs related to physical, dental, and mental health will be impacted, as well as truancy and education achievement, since students will be healthy and in school.

Number and population targeted

All 593 students in two schools, grades P-5, will have access to physical, dental, and mental health services. We expect 175 students to access the health center services each year and all 593 will be impacted by nurses' support.

Frequency of implementation

In partnership with HealthPoint Family Care, the Federally Qualified Health Center for our area, a Nurse Practitioner (a higher level license than School Nurse, with license to diagnose and treat illnesses) will be available in our school based health center located in Erlanger Elsmere Schools on Mondays and Wednesdays during the school year from 7:30am to 4:30 pm. Dental health centers are available the same days and hours. A school nurse will be available at each school every school day.

<p style="text-align: center;">Functional Behavioral Assessment-based Interventions (FBA)</p>
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<p><i>Pipeline services provided: (g) Social, health, nutrition and mental health services and supports</i></p>

How the intervention will successfully address needs

FBA assessments will provide the basic information needed for EEFSCS team members to design individualized problem-solving processes for addressing a student’s problem behavior or mental health needs. This tool has been identified by What Works Clearinghouse as having potentially positive impact on positive behavior so we expect that the need of problem behavior as well as related mental health, substance abuse, violence, low academic achievement will be impacted.

Appropriate to the number and population targeted

All 593 students in two schools in grades P – 5 will be eligible for assessment as individual needs arise. We expect 175 students and their families to benefit directly each year.

Additionally, as problem behaviors in classrooms are decreased, benefits will accrue to all 593 students, who will impacted by fewer classroom disruptions.

Frequency of implementation

A Functional Behavioral Assessment will be initiated immediately by the school psychologist when a child presents with an issue requiring mental health assessment. Student progress will be reviewed weekly at team meetings or more frequently as required and adjustments made as needed in each student's CART and individualized intervention plan.

Substance Abuse Prevention Education

Pipeline services provided:

(g) Social, health, nutrition and mental health services and supports

(h) Juvenile crime prevention and rehabilitation programs

How it will successfully address needs

EEFSCS will implement the evidence-based Too Good for Drugs in grades K – 4. Too Good for Drugs has been cited in What Works Clearinghouse as having potentially positive impact on behavior and has been studied for contributions to knowledge, attitudes, and values that can contribute to substance abuse prevention. EEFSCS also will use a pilot program in grade 5, developed by Erlanger-Elsmere police authorities who are experienced at leading substance abuse prevention initiatives. Students Against Narcotics Dependency (STAND) is intended to directly impact opioid use: high rates of problem behavior that lead to substance abuse, low student achievement, high truancy, and high violence will be impacted.

Number and population targeted

Too Good for Drugs will be taught to students in two schools in grades K-4 (100% K-4); STAND will be taught to students in grade 5. Each program has a parent component. We plan to reach 10% of parents of these students with these services.

Frequency of implementation

Too Good for Drugs has 10 lessons at each grade level lasting 30–45 minutes per lesson. STAND also has 10 lessons throughout the year, 30-45 minutes per lesson. Parent newsletters will be sent home with each lesson, and information will be available at quarterly parent meetings.

Supports for Students Experiencing Homelessness

Pipeline services provided:

- (a) High-quality early childhood education programs*
- (b) High-quality school and out-of-school-time programs and strategies*
- (c) Support for a child’s transition through school and into and through postsecondary education and into the workforce*
- (d) Family and community engagement and supports*
- (e) Services that support postsecondary and workforce readiness*
- (f) Community-based support for students facilitating their continued connection to the community and success in postsecondary education and the workforce*
- (g) Social, health, nutrition and mental health services and supports*
- (h) Juvenile crime prevention and rehabilitation programs*

How the intervention will successfully address needs

The Families in Transition (FIT) program’s mission will be to connect students and families who are homeless with education and community resources. The FIT program will provide a wide range of connections for students and their families to 1) empower students to stay in their schools of origin, regardless of housing; 2) provide supports for housing families of homeless students; 3) provide any support needed economically, socially, physically, emotionally or in any way needed to move the family closer to safe housing. EEFSCS will employ a coordinator

specifically for this purpose, and impacts will be felt across the range of student needs in the schools. Immediate impacts will be on needs related to homelessness, truancy, mental and physical health, problem behavior and, ultimately, low school achievement.

Number and population targeted

This program will be offered throughout grades P-5, and we expect to serve 314 district students and their families, with 100 of them at project schools.

Frequency of implementation

Immediately when homelessness is suspected, the FIT coordinator will be contacted and begin services. The program will use CART as an organizing document for services as part of the EEFSCS. As part of the comprehensive spectrum of services within EEFSCS, the community will work together under the leadership of the school’s EEFSCS coordinator and the FIT coordinator to provide ongoing, continuous wraparound support.

<p style="text-align: center;">School Achievement Supports</p> <p style="text-align: center;"><i>Pipeline services provided: (b) High-quality school and out-of-school-time programs and strategies</i></p> <p style="text-align: center;"><i>(c) Transition support to elementary school, from elementary school to middle school</i></p>

How the intervention will successfully address needs

To support improvements in reading and mathematics, each school’s team will perform a needs assessment specifically targeting the curriculum materials and processes in use for teaching reading and mathematics education currently in their school. This review will be facilitated by the school’s principal and a team of relevant EEFSCS partners, for example: literacy and mathematics teachers in the school, parents, library providers, and a literacy coach from the regional education center, Northern Kentucky Cooperative for Educational Services

(NKCES). Teaching and student materials will be upgraded and professional development will be provided in collaboration with NKCES. These materials and trainings will be selected to provide strongest impact on academic performance, a key need in project schools

Schools will also provide Lexia Reading as supplemental instruction for students in grades K-1; this computerized reading program provides phonics instruction and gives students independent practice in basic reading skills.

Me and My School will target students entering Kindergarten, with a goal to improve successful transition to school and Kindergarten readiness. Many preschool programs operate on a school year schedule, so many children are left without a quality program during the summer prior to kindergarten. In response, United Way and EES early childhood partners have developed a six-week summer kindergarten boot camp, a transition program for children who will enter kindergarten in the fall, called Me and My School. Through this program, children become familiar with their school, their teacher and other staff, and they participate in fun, enriching experiences that provide developmentally appropriate services that promote kindergarten readiness.

“Preparing children for kindergarten is so important for the long-term educational success of this community,” said Amanda Greenwell of United Way Greater Cincinnati. “When children are comfortable and confident in kindergarten, they do much better. This effort provides the opportunity for children to become familiar with the school and their teacher, as well as learn or refresh some of the skills necessary for success in kindergarten.”

After School summer programs, block parties, and a Fifth Grade Mixer help students with transitions between grades and with the transition from fifth grade to middle school. After school programs are held six weeks during the summer (in addition to school-year programming).

Teachers from the school are integrally involved to provide education supports to both prevent summer slide and prepare students for the next year's work and expectations. Block Party is a district-wide opportunity for students and families to meet with school and community partners to obtain needed supplies, identify community resources, and learn about what will happen in the next year. Fifth grade mixer occurs before the end of the fifth grade year. Students from all four elementary schools spend time at the middle school together, easing fears of transitioning to a new building, seeing how the "big kids" get through their day, and meeting teachers to prepare for what is next in their education journey.

Number and population targeted

All 593 students (100%) will have access to improved materials for learning in reading and mathematics; Lexia will be provided to 25 K-1 students at each school, total 75. 100 Kindergarten students will participate in Me and My School transition programming; 50 students in grades K-5 will participate in summer programs; 2,000 are expected to attend the community Block Party; and all fifth graders will be part of the fifth grade mixer.

Frequency of implementation

New mathematics and reading curriculums will be in schools used daily and available as resources to out-of-school-time services; Lexia will be made available twice per week for 20-30 minutes for students reading on grade level or above, three to four times per week for students who are at-risk, and five times per week for students with serious reading deficiencies. Lexia also will be used daily in after school and summer transition programs. Me and My School and the summer program will both be implemented for six weeks each summer, 5 days, 3.5 hours per day. The Block Party occurs once at the beginning of the school year; and the Fifth Grade Mixer in May of each year.

(b) Quality of the Project Services

(1) The likely impact of the services to be provided by the proposed project on the intended recipients of those services.

Infrastructures for coordination of services

This element is key to the success of all other services within the project. A critical infrastructure element central to the project's success will be establishing a position and hiring a FSCS coordinator for each school, preferably someone whose expertise and background knowledge is particularly relevant to the needs of that school. Direct project and staff oversight from the district superintendent as project director will ensure that the coordinators' work will both support and be supported by other district, school, and community initiatives.

At each school, the EEFSCS coordinator will establish a school-based EEFSCS team that includes community members, service providers, and school staff working across all relevant community sectors on behalf of any child and his/her family. Members of the EEFSCS team at each school will meet weekly (or more frequently as required) in support of individual students and families. Each year the entire community will participate in EEFSCS community forums to evaluate the progress of the collaboration, and the EEFSCS team at each school will use information gathered at the forums to set annual goals for future efforts.

The EEFSCS team will establish project roles, procedures, and protocols. They work together to implement and refine the Community Alignment of Resources Tool, adapted from an existing Self-Sufficiency Matrix (SSM) developed in 2004 by Snohomish County Self-Sufficiency Task Force. The existing SSM tests for good reliability (internal reliability =.79, independent life skills=.78, and overall self-sufficiency = .81). Since the tool's intended use for this project will be within schools rather than housing, modifications have already begun and

will be finalized by project start. This new Tool will be tested in Year One and modifications made as needed for future success. It is being designed to record all services that a student or family might need and to monitor progress as families build capacity.

The CART Tool will:

- 1) Assess a student's and family's initial need in domains including: housing; employment; income; food; childcare/preschool; children's education; adult education; health care coverage; life skills; family/social relations; mobility; community involvement; parenting skills; legal; mental health; substance use; safety; and disabilities. Each individual and family will be assessed as "in crisis"; "vulnerable"; "safe"; "building capacity"; or "empowered". For students, additional information will be recorded, such as: school performance/grades; attendance; Gifted Students Service Plan, Individual Education Plan, English Learner, or 504 requirements as appropriate; behavior referrals; programs and supports already in place. There will be a category for "other" as well to ensure all needs and interventions are captured. Contact information for the school, the district and community partners involved will also be recorded.
- 2) Be used to guide selections of interventions for each student and family so that all needs can be addressed, gaps eliminated, and duplications avoided.
- 3) Inform partnership choices and assist in defining and building partner relationships.
- 4) Allow the "left hand" to know what the "right hand" is doing with regard to each child so that the student's learning time is respected and the most effective choices can be made. Service providers will be aware that FERPA and HIPAA regulations will guide sharing of the document and information from it so that all students' rights will be protected.
- 5) Provide information about progress as families move toward empowerment.

Impacts of this tool will be:

- 1) Increased coordination and impact of all community and school services;
- 2) Improved reach of appropriate services to 175 students and families;
- 3) Increased number of effective school-community partnerships; and, ultimately,
- 4) Improved school achievement, attendance, and behavior among students in Erlanger-Elsmere.

Mental Health Supports Based on Functional Behavioral Assessment (FBA)

FBA was chosen as the assessment for students in need of mental health supports in our project because extensive evidence shows promise of positive impact with populations similar to our students. Seventeen studies met What Works Clearinghouse design standards, seven without reservations and ten with reservations. Eight of those 17 studies demonstrated potentially positive effects of Functional Behavioral Assessment-based interventions on the outcome domain of problem behavior, one of our strong needs (Clarke, Dunlap, Foster-Johnson, Childs, Wilson, White, & Vera, 1995; Davis, Fredrick, Alberto, & Gama, 2012; Dunlap, Foster-Johnson, Clarke, Kern, & Childs, 1995; Dunlap, White, Vera, Wilson, & Panacek, 1996; Hansen, Wills, Kamps, & Greenwood, 2014; Kern, Delaney, Clarke, Dunlap, & Childs, 2001; Losinski, Maag, Katsiyannis, & Ryan, 2015; and Mustian, 2011). The other nine studies examined related outcome domains (school engagement, social-emotional competence), which include outcomes such as desirable behavior, off-task and on-task behavior, compliance with teacher, and socially-appropriate classroom behavior, which are clearly related to needs as expressed in these schools. The studies cited examined a diverse array of problem behaviors and interventions among populations similar to project schools in a variety of K – 12 grade levels.

Observed positive effects included problem behavior (demonstrated in 68% of experiments), and school engagement (74% of experiments), with no negative effects demonstrated.

Further review of studies about integrating mental health supports with a collaborative school-based health center produces a wealth of research showing positive impacts. A literature review by Larson, Chapman, Spetz, & Brindis (2017) discussed 28 studies that contribute to knowledge about the impacts of mental health assessment and supports when coordinated with school-based health centers. Walker, Kerns, Lyon, Bruns, & Cosgrove (2010) demonstrated that students who used school-based health services had improved attendance rates and that students who used school based health center mental health services had improved grade point averages, both desired outcomes for our project.

Using Functional Behavioral Assessments, and working together with the EE school based health center, school nurses, school staff, family members, children, and community members will design individualized problem-solving processes for addressing children's problem behavior or mental health needs. Mental health, substance abuse, problem behavior, violence, and school attendance and academic achievement will be positively impacted.

Physical and Dental Health Supports

School based health centers and school nurses have been shown to be effective ways to impact student health, school attendance (truancy) (Foy & Hahn, 2009; Van Cura, 2010; Klerman, 1996), behavioral health (problem behaviors) (Larson, et al., 2017), and academics (low school achievement) (Geierstanger, et al., 2004; Murray, et al., 2007; Strolin-Goltzman, et al., 2014). A study by Van Cura (2010) demonstrated that school based health centers may both indirectly support academic outcomes by maintaining the physical and emotional health of students and directly improve academic outcomes by decreasing rates of early dismissal, which increases the time a student is available in the academic setting to learn. Study students who were not enrolled with a school based health center lost three times as much instructional time as

students who were enrolled with the center. These findings applied despite issues of race, gender, age, poverty status, and the presence of a preexisting illness. In addition, the study found that school based health centers significantly reduced the number of early dismissals from school ($p=.013$) when compared with students who received school nursing services alone.

Additionally, the *Journal of American Medicine Pediatrics* reported that on-site school nursing services were effective in improving student health and student attendance, reducing early dismissals and reducing teacher time spent on dealing with student illness or injury (Wang, et al., 2014).

The ability of EES to provide these services is increasing family and student engagement with our schools. “We are a smaller size district, though we have high numbers of students who are homeless and who are transient, which does frequently include students with significant disabilities and needs,” said Laura Hellman, Director of Special Education in EES. “Many of the families that move into our district come here especially for supports and resources that are often difficult for them to otherwise access.”

We anticipate that providing medical and dental services onsite in EES and adding a school nurse will strengthen the ability of students to remain in class and to improve academic achievement. These impacts will support three vital elements that contribute to success: academic achievement, health and safety, and engaged students and families.

Substance Abuse Prevention Education

Too Good for Drugs will be used in grades K – 4. It promotes elementary and middle school students’ life skills, character values, resistance skills to negative peer influence, and resistance to the use of illegal drugs, alcohol, and tobacco. The interactive learning program is based on classroom discussions, structured services, and skill-building exercises. Students engage in role-

play and cooperative learning games and are encouraged to apply the skills to different contexts. Too Good for Drugs includes the elements of parent and community involvement. Two studies (Bacon, 2003; Bacon, 2000) met What Works Clearinghouse evidence standards without reservations. They found potentially positive effects on students' behavior (+10%). For this reason, it was chosen as an intervention likely to impact problem behavior and substance abuse in EESFSC.

Two police officers in Erlanger-Elsmere have developed an innovative fifth-grade curriculum called STAND (STudents Against Narcotics Dependency) that incorporates elements of evidence-based curriculums in use over the past decade in EES and elsewhere across the country. This curriculum has an express focus on opioids, in an effort to stem the overwhelming tide of drug overdose deaths currently in our communities related to opioid addiction. This program will be tested in year one and modified or validated in subsequent years. Given the depth of experience of the two officers and their connections with the 10-year community drug prevention coalition, Kenton County Alliance, we expect strong impact on substance abuse, but also potential impacts on problem behavior, substance abuse, and truancy.

Homelessness Supports

A Families in Transition (FIT) program staff member, whose responsibility is to connect students and families who are or become homeless with education and community resources, will make it possible to coordinate EEFSCS services specifically for the large percentage of EES students who are homeless. FIT will provide support for community members who might be in a position to identify or otherwise come into contact with homeless students (e.g., police, Kentucky Department for Community Based Services Cabinet for Families and Children, English Learner centers, in addition to teachers, etc.). FIT also will provide: advanced

training through presentations & workshops for all school staff & early learning community organizations; expedited referrals for both enrollment & withdrawals; targeted family education about the value and need for preschool education; use of the CART tool and a flag in Infinite Campus (state-mandated student reporting system used by all schools to communicate about individual and groups of students); student/family intake assessments; access to health, extra-curricular, school and community programs for the whole family; and connections to domestic violence support groups, financial, nutrition and job placement courses. The FIT coordinator will support Response to Intervention (Rtl) services (three-tiered instruction services) specifically for homeless students; Extended Student Services (ESS) tutors; after-school and summer camp arrangements; and connections to community mentors and One to One reading coaches. The FIT coordinator will provide and expand connections with community resources through the EEFSCS team; will make quarterly phone calls to identified families to educate and engage them in parent programming; and do whatever it takes to move families along the continuum to safe and secure housing and students to success in school. Impacts are expected to address all desired outcomes of the project as students are safe, secure and provided for in their schools and community.

Academic supports for preschool and elementary students

Early Childhood: The services of EEFSCS will be extended to more than 20 local providers of childcare and preschool services through Erlanger-Elsmere Early Childhood Community Collaborative (E3C), an existing council with its own coordinator. This coordinator will become part of the EEFSCS district team, ensuring that services of the project reach and are informed by needs of the early childhood learner population. The use of CART and integration with other

elements of EEFSCS such as physical and mental health supports, Me and My School, and other transition programming will strengthen the impact of these early learning systems in EES.

Grades K-5: Updated curriculums chosen by each school will be grounded in evidence of effectiveness and based on needs assessment within that school. A Curriculum Selection Committee, including teachers, administrators, instructional coaches, parents, and students will be formed immediately on notification of award and will examine evidence-based options. The schools' Comprehensive School Improvement Plans will guide choices; additional needs, such as those in this proposal, will be included in considerations. By January 2020, committees will have made their decisions and curriculums will be ordered. Related professional development will be accomplished during Summer 2020 and curriculum in place for 2020-2021 school year. The introduction of these curriculums, along with training support from Northern Kentucky Cooperative for Educational Services regional experts and curriculum trainers, is expected to improve school achievement in both reading and mathematics.

Lexia Reading, a computerized reading program that provides phonics instruction and gives students independent practice in basic reading skills will be used as a supplement to classroom instruction for students in grades K-1. Skill development in five areas of reading identified by the National Reading Panel is the basis of Lexia's design.

Lexia Reading has been shown to have potentially positive effects on alphabets and comprehension, demonstrating likely impact on our need for increased support in reading early in child's learning career. Two studies of Lexia Reading meet WWC evidence standards; one with reservations (Macaruso & Walker, 2008), and two without reservations (Gale, 2009; Macaruso, Hook, & McCabe, 2006). The studies revealed average effectiveness improvement

indices of +11 percentile points for alphabets and +11 points for comprehension for all studies, promising impact that will support our K-1 students' foundations for reading.

The combination of evidence-based and innovative supports designed by EEFSCS, when coordinated with existing efforts and implemented in the proposed schools, is expected to produce dramatic improvements for the whole child-whole family-whole community.

(2) The extent to which the services to be provided by the proposed project involve the collaboration of appropriate partners for maximizing the effectiveness of project services.

Additional services to be provided will be implemented with the support of longstanding partnerships, and new partnerships are likely to develop as the project progresses and new needs and resources are identified.

Additional Services to be provided:

1. **Improved reading and mathematics curriculum.** Partners in the Selection Committee at each school will include teachers, administrators, instructional coaches, parents, and students. Partners for implementing Lexia Reading after school will be the YMCA in the 21st Century Community Learning Center at each school.
2. **Too Good for Drugs.** This program will be implemented by teachers with students, with support from Kenton County Alliance, the 200-member-strong substance abuse prevention coalition. Parents, family members, and guardians will partner to participate through weekly newsletters and quarterly family meetings supported by the schools' Family Resource Centers. The school counselor and school nurse also will support this program as needed through reinforcement of its messages in their work.
3. **Families in Transition** program will be well-supported by community collaboration from the wide ranging community to meet the needs of homeless families. Selected key

collaborators will include cities, Brighton Center (providing safety net services and Center for Employment Training, etc.), UpSpring (providing summer programming), and Children’s Home of Northern Kentucky (providing outpatient individual and group counseling).

4. **Functional Behavioral Assessments and related interventions** will begin with initial assessments performed by the EEFSCS school psychologist. Interventions will reach out through the schools and community for partnerships. For example, school counselors and teachers will be integral to implementing many interventions; others, however, will involve the after school provider, YMCA; family members; Cabinet for Families and Children, courts, housing providers, and more. The extensive reach of EES and history of successful collaboration will support these connections.
5. **STudents Against Narcotics Dependency (STAND)** will be a primary partnership of Erlanger Police, Elsmere Police, students, and the schools with evaluation support from Kenton County Alliance. The police officers who took the initiative to design the program have experience implementing substance abuse prevention education and are deeply committed to “doing a program that works,” having seen first-hand the devastation of substance abuse in our community.
6. **Infrastructure for coordination of services** is perhaps the most critical function of the project. The entire community is poised to partner in the most effective ways possible, but no one is on point to pull it all together for the children of Miles and Lindeman Elementary schools. Partners for this additional service include many more than those listed here. These, however, are the key agencies, organizations, and individuals at our table:

Table 5. Key partners, services, and roles

Key Partner	Partnership services provided	Role in EEFSCS
Erlanger Elsmere Schools	Provide access to students, families and staff. Provide comprehensive education services for all preschool through grade 12 students and family services. Build relationships with existing and new community partners to support student success.	Fiscal Agent; project manager; employ and house staff; convene EEFSCS team; educate students
Brighton Center	Provide access for families to Center for Employment Training; provide access to community safety net support	Service Provider Partner
Children Inc.	Collaborate for all-day blended preschool classes; support Leadership Academy; participate in E3C	Service Provider Partner
YMCA	Lead elementary after school programs: provide staff for programs; contract with teachers to provide academic supports including Lexia Reading and other school curriculums; connect with community groups to support high quality after school programming	Service Provider Partner

E3C	Convene collaborators for high quality Erlanger-Elsmere preschools; provide support for data based decision making for individual children, classrooms, centers, and preschools; build partnerships with Erlanger-Elsmere child care providers and preschools	Service Provider Partner
Northern Kentucky Community Action Commission	Provide Head Start and Early Head Start classes; participate in E3C	Service Provider Partner
United Way	Support Me and My School Kindergarten transition services; participate in E3C	Service Provider Partner
Kidz Club	Provide preschool, day care and access to education for medically fragile students	Service Provider Partner
Children's Home of Northern Kentucky	Provide Champions mental health supports; supports for LBGTQ and identity groups	Service Provider Partner
Northern Kentucky Cooperative for Educational Services	Provide professional learning opportunities for program and school staff; provide grants support for management and sustainability	Service Provider Partner; provide training for reading

		and math curriculums
Kenton County Alliance	Provide youth substance abuse prevention and education as a broad-based community collaboration of more than 200 members	Service Provider Partner; support STAND and Too Good for Drugs
UpSpring	Provide summer education camp for homeless students of the Families in Transition program	Service Provider Partner
Healthpoint	Provide physical and dental health centers	Service Provider Partner
Kentucky Department of Vocational Rehabilitation	Support training for students with special needs including job coaching, help with transition to work force, and collaboration with families of these students	Service Provider Partner
Kentucky Department of Community Services Cabinet for Families and Children	Collaborate with school staff for children with extreme need, dependency and neglect	Service Provider Partner
Family Resource Centers	Provide programming and supports to connect students and families with	Service Provider Partner

	schools, including home visits, education sessions, physical and education supports, etc.	
Leadership Scholars	Provide 8-week research-based parent engagement, one session in Spanish	Service Provider Partner
Special Olympics	Conduct services at our schools as the regional site for Special Olympics	Service Provider Partner
Kenton County Public Library	Provide community site for free lunch during the summers in addition to support for literacy programming throughout the year	Service Provider Partner; contribute to discussion on reading selection
Apartment Managers	Provide sites for Miles mini-Block Parties transition event each summer, outreach opportunities to connect education, health, and other life supports with families	Service Provider Partner
The Point	Support education and job training for students with disabilities	Service Provider Partner
Erlanger United Ministries	Provide safety net services and supports for school-based and community-based food pantries	Service Provider Partner

City of Erlanger	Provide policy and leadership for youth and family education, health, and safety including substance abuse prevention services	Service Provider Partner
City of Elsmere	Provide policy and leadership for youth and family education, health, and safety including substance abuse prevention services	Service Provider Partner
Erlanger Police Department	Provide leadership in collaboration with Kenton County Alliance for Students Against Narcotics Dependency; support school safety efforts; collaborate to prevent delinquency	Service Provider Partner; instructor for STAND
Elsmere Police Department	Provide leadership in collaboration with Kenton County Alliance for Students Against Narcotics Dependency; support school safety efforts; collaborate to prevent delinquency	Service Provider Partner; instructor for STAND
NorthKey	Provide school- and community-based mental health services	Service Provider Partner
Mebis and Associates	Provide school- and community-based mental health services	Service Provider Partner

Rose Communications	Provide marketing and engagement support for project and school-related services	Service Provider Partner
Homeland Security	Conduct table top discussions among staff and others involved in policy for security as well as community members	Service Provider Partner
Erlanger Fire Department	Youth Mental Health First Aid and other supports for physical and mental health and safety; First Responder Forums	Service Provider Partner
Elsmere Fire Department	Youth Mental Health First Aid and other supports for physical and mental health and safety; First Responder Forums	Service Provider Partner

In addition to the fact that we have a large number of partners at work in our schools, it is worth noting that many of these partners serve our students in multiple ways. For example, members of the Erlanger and Elsmere police departments are School Resource Officers; they also serve on Kenton County Alliance; and they have created and will implement the prevention curriculum STAND. The Kenton County Public Library, in addition to its core work in literacy development and support, serves as one of our community food service sites during the summer months. Streamlining services and integrating the work of these and our other partners so that students' needs are met in the most efficient ways will be the central function of EEFSCS.

c) Adequacy of Resources

(1) The relevance and demonstrated commitment of each partner in the proposed project

to the implementation and success of the project

Although many partnerships that will be centrally involved this project have been in place for many years, EES has been intentional in obtaining their input and agreement for the EEFSCS project. All key partners have signed a Memorandum of Understanding (attached) that summarizes their involvement in the project, aligned with the table above. In recognition of the need for coordination of these services, partners have agreed to provide their programming materials and services at no cost to EEFSCS so that Federal FSCS funds can go toward hiring staff that is critically needed and providing basic materials needed by the schools. The following in-kind contributions will support the program as a match for Federal funding each year:

Table 6. Partner commitments

Community Partner	Resources Committed	Value
Erlanger and Elsmere Police Departments	Two officers’ time and their curriculum for STAND substance abuse prevention curriculum implementation	\$6,000
After School program teachers	Two teachers support the after school program during the school year and in the summer to help students connect and continue learning in after school activities; support for Lexia Reading	\$8,000
YMCA staff	Support for learning activities including Lexia Reading	\$3,200
Partners’ staff time at EEFSCS weekly meetings, trainings, and	Participation in weekly meetings, community groups, trainings, and events will be supplied by all partner organizations. This also will include time to	\$45,000

events	contribute to CART and work together to find solutions to families. Specific participants will vary according to students' and family needs as identified by FBA and CART, and all partners are poised to provide this support.	
Northern Kentucky Cooperative for Educational Services staff	Literacy and mathematics coaches from the regional education service agency will provide professional development for reading and mathematics strategies.	\$3,600
	Grants management and sustainability support will be provided by NKCES Grants Consortium, which meets monthly with 11 local school districts and is on call to provide support for grant program implementation and planning.	\$3,000
Erlanger Elsmere Schools	Financial management staff will provide purchasing, payroll, and bookkeeping support	\$4,800
	Administrative support staff at three sites (each school, and EES central office) will assist with arranging events, managing communication, information technology support, etc.	\$3,960
	Local travel will be provided by EES so staff can travel provide services	\$5,400
Erlanger Elsmere Schools	Office supplies beyond what is budgeted will be	\$18,000

and partners	contributed by EES and partners as is appropriate to provide their services. For example, YMCA will provide supplies needed for their after school and summer programs at no charge to FSCS	
Brighton Center, Family Resource Centers, and Safety Net partners	These partners will provide emergency costs for students and families who become homeless. Clothing, laundry tokens, emergency transportation, etc. are needed so that families can conduct life and continue education in a reasonable manner when home is not available.	\$60,000
Family Resource Centers and Apartment Managers	Family nights are provided to connect families with literacy, mathematics, substance abuse, transitions, etc. Partners provide handouts, books, and childcare.	\$4,000
Erlanger Elsmere Schools	Full access to staff, schools, playgrounds, cafeterias, media centers, and classrooms. Operating and administrative space for FSCS staff.	\$100,000
Total Community In-kind Support for FSCS		\$286,560

The value of these community partners' in-kind donations is further described in the Budget Narrative. Added value to the project will come from resources currently in use through the coordination of the many existing services in place through the schools and community partners.

(2) The extent to which the costs are reasonable in relation to the number of persons to be

served and to the anticipated results and benefits.

The project will provide coordinated resources that will build the foundations for success for the future of 593 students and their families. It will produce improved relationships among all community entities, and it will increase student attendance, behavior, and, ultimately, school, work, and life achievement, producing students better ready to transition to secondary education and then on to postsecondary and/or the workplace and careers.

Our Federal request of \$500,000 per year equates to \$843.17 per student, and when family members are included (even if only one family member per student participates), that number drops to \$421.59 We can't afford NOT to provide this support to achieve these anticipated benefits and results, especially when we consider the high costs of education failure: substance abuse (\$740 billion annually in the US, according to the National Institute on Drug Abuse); incarceration (\$23,451.56 per year per inmate, according to Kentucky Department of Corrections), and related societal costs of unemployment, poor medical care, and student and family distress.

(d) Quality of the Management Plan

(1) The adequacy of the management plan to achieve the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for accomplishing project tasks.

The table below describes responsibilities, timeline and milestones for all new services and existing services within each pipeline element.

Table 7. Services, responsibilities, timeline and milestones

Services	Responsibilities	Timeline	Milestones
Objective 1. To improve coordination of comprehensive community school services			

Provide staffing	Project Director will hire 2 FTE FSCS Coordinators; 1 FTE School Psychologist; 1 FTE School Nurse; 1 FTE Families in Transition Coordinator	On notification; staff in place by January 2020	Employment Records demonstrate hiring
Community forums conducted to align services; Community Alignment of Resources Tool (CART) implemented in schools; weekly EEFSCS team meetings	FSCS Coordinators; School Psychologist	Community Forums, July each year. CART in use by February 2020; Weekly FSCS Team meetings begin January 2020 and continue throughout the project	Forum surveys received; analysis of CART records; weekly meeting notes
Objective 2. To provide pipeline services to high need students in two schools to ensure that children are a) prepared for kindergarten; b) achieving academically; and c) safe, healthy, and supported by their parents.			
(a) High Quality Early Childhood Programs			
Services	Responsibilities	Timeline	Milestones
Implement CART	FSCS Coordinators,	• CART, February	E3C coordinator

and follow-up services at E3C and in preschools Existing services	Amy Cooley, E3C	2020 <ul style="list-style-type: none">Existing services as scheduled within each school and community.	Amy Cooley on FSCS team; CART and related interventions recorded in meeting records
(b) High Quality School and Out-of-school time programs and strategies			
Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> Improved Reading and Mathematics Curriculum selected, professional development provided, and curriculums implemented CART Existing Services 	<ul style="list-style-type: none"> Principals, FSCS Coordinators FSCS Coordinators and all partners 	<ul style="list-style-type: none"> October 1, 2019 and throughout the project: Selection committees formed by November 2019. Curriculum updates in place beginning August 2020 CART, February 2019 Existing services as scheduled 	<ul style="list-style-type: none"> Selection Committees formed; curriculums selected and in use during school and outside-of-school. Reading and math scores improve. CART implemented

		within each school and community.	
Lexia Reading in place for school and out-of-school use	Principals, teachers, YMCA after school leaders	January 2020	Lexia Reading in use in K-1. Reading scores improve.
(c) Support for transitions			
Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> CART Existing Services (Me and My School, YMCA after school summer program, Block Parties, Fifth Grade Mixer) 	FSCS Coordinators, United Way; YMCA after school program coordinators; apartment managers	<ul style="list-style-type: none"> CART, February 2020 Existing services as scheduled within each school and community. (For example, Me and My School, July. YMCA program, July – August. Block Parties, August each year. Fifth grade mixer, May each year) 	<p>Transition events held; attendance increases at events; number of community partners increases; improvement in reading and mathematics achievement and in summer slide data from grade 5-6.</p> <ul style="list-style-type: none"> CART implemented

(d) Family and community engagement and supports

Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> • Too Good for Drugs (TGFD) family components; • Families in Transition supports • CART • Existing Services 	FSCS Coordinators; School Psychologist; School Nurse; FIT Coordinator; all school and community staff	<ul style="list-style-type: none"> • TGFD newsletters weekly when programs are implemented • FIT services provided within one day of identification of student need beginning 10/1/2019 • Existing services as scheduled within each school and community 	<ul style="list-style-type: none"> • Reduced substance use; • Students in need receiving appropriate supports • Improved school attendance, behavior, and achievement. • CART implemented

(e) Services that support postsecondary and workforce readiness

Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> • CART • Existing services 	<ul style="list-style-type: none"> • FSCS Coordinators; all 	<ul style="list-style-type: none"> • Beginning February 2020 	<ul style="list-style-type: none"> • 175 CART records in use to

(Career Day; Meaningful Work; Student Success Skills, Catch a Dream, Reality Store, College Visits)	<p>staff and partners</p> <ul style="list-style-type: none"> Partners within the scope of their duties and commitments 	<ul style="list-style-type: none"> Existing services as scheduled within each school and community 	<p>guide services</p> <ul style="list-style-type: none"> Improved reading and mathematics achievement Improved understanding of college and workplace on entering middle school
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Community-based supports for facilitating community connectedness for success in postsecondary and workforce

Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> CART Existing services (employment support, role modeling, learning sessions) 	<ul style="list-style-type: none"> FSCS Coordinators; all staff and partners YMCA Brighton Center Center for Employment Training 	<ul style="list-style-type: none"> Beginning February 2020 Existing services as scheduled within each school and community 	<ul style="list-style-type: none"> 175 CART records in use to guide services Improved understanding of college and workplace on entering middle school

Social, health, nutrition, and mental health services and supports

Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> • CART • FBA and related interventions with school psychologist • FIT services • School Nurse services • Too Good for Drugs • STAND • Existing Services 	FSCS Coordinators; HealthPoint Family Care school based health centers; EE Food Service department, Kenton County Alliance, Erlanger and Elsmere Police	<ul style="list-style-type: none"> • CART: February 2020 • FBA: January 2020 • FIT Services: Immediately on notification of award • Too Good for Drugs and STAND: Rotating schedule beginning August 2020, 10 sessions per year per class • School Nurse in place January 2020 • Existing services as scheduled within each school and community 	Students receive appropriate services; 75 FBAs complete; all K-5 students receive substance abuse prevention education; CART implemented
Juvenile crime prevention and rehabilitation			

Services	Responsibilities	Timeline	Milestones
<ul style="list-style-type: none"> • CART • Existing Services (student safety meetings; FAIR team; First Responders Forum; Rehabilitation of re-entering students) 	FSCS Coordinators, School Resource Officers, community mental health treatment providers, Erlanger and Elsmere Police and Fire Departments, Director of Pupil Personnel	<ul style="list-style-type: none"> • Beginning February 2020 • Existing services as scheduled within each school and community 	<ul style="list-style-type: none"> • CART implemented • Appropriate referrals for supports

On notification of award, Kathy Burkhardt, Ed.D., the Project Director, will post positions and hire the FSCS Coordinators, School Nurse, and School Psychologist. Dr. Burkhardt has a wealth of experience that make her the right person for the position, having served as the superintendent at Erlanger Elsmere schools since 2009. She has been the driving force behind this plan to further the district’s work to build community partnerships in support of the students of Erlanger Elsmere. Dr. Burkhardt has served as Project Director of a Carol M. White Physical Education Program grant from the US Department of Education, and she has supervised Project Directors of numerous additional major funding streams from SAMHSA (e.g., Now is the Time Project Alert, Drug Free Communities Support Program), US Department of Education (Elementary and Secondary School Counseling), and a long list of state funding. She manages a budget of more than \$8 million each year in Federal State and local funding, and she is a leader in the regional education community. She has served as President of the NKCES Board of

Directors and she has received numerous awards and honors.

The FIT Coordinator will be Ms. Shelley Werner, who has a Masters Degree in Education and 20 years experience working with students and several significant awards for her support of students experiencing homelessness and their families. She will move into that role immediately after award. She will provide professional development for both faculty and community partners throughout the grant period to improve understanding and services for students experiencing homelessness, and she will access services from across the community throughout the project.

Once staff are in place, they will meet with the Project Director, principals, school staff, and community partners to establish relationships and begin a schedule of implementation as outlined above. They will start immediately to work together with community partners to refine the CART assessment and form into a strong collaborative team. FSCS Coordinators will join existing groups of community members (e.g., E3C, Kenton County Alliance) to build connections through these groups. Teams in each school will meet weekly, joined by relevant community partners, to implement CART, design interventions based on FBAs, and carry on the rest of the work of the project.

The schools will form Curriculum Selection Committees immediately upon award, and curriculum will be in place by August 2020 when the school year starts, after appropriate professional development for teachers during the summer. Each partner currently providing services will welcome input and support from FSCS Coordinators and new staff, including the School Psychologist. If the School Psychologist does not already have training in conducting the FBA, he or she will be provided training online or in person. Once the certificate is in place, FBA assessments will be conducted immediately. The school nurse will meet with the district nurse to gain an understanding of the requirements of the position and explore any professional

development required. All new staff will participate in required trainings (blood-borne pathogens, school policy, etc.)

The project will provide for the coordinator of Kenton County Alliance or her designee to attend training to become a certified Trainer of Trainers, and that person will bring professional development back to teachers in Lindeman and Miles Elementary for Too Good for Drugs. Beginning in August 2020, all K-4 students will receive this training in their classrooms, and family activities will take place in conjunction with the lessons. STAND will be scheduled with principals and teachers at each school and taught in a 10-week series in each fifth grade classroom by the Erlanger and Elsmere police officers who created it. In collaboration with Kenton County Alliance, an evaluation of the curriculum will be designed and implemented to ensure its efficacy. Throughout the project, beginning immediately after funding, supports will be provided by school nurses and the school based health center regardless of ability to pay or insurance.

Concurrent with the introduction of these new infrastructures and services, community members will continue to provide existing services as described elsewhere in this proposal. The CART tool will be introduced to all community members at the first community forum in July 2020, after its piloting from February until that time. The community forum will be held in July of each year, allowing all members the opportunity to celebrate successes of the project over the past school year and to plan improvements for the next year.

Professional development for staff and community partners will be available related to their specific curriculums or projects or through extensive offerings provided in the district and through Northern Kentucky Cooperative for Educational Services, our education service provider. Community members will be invited to participate in relevant trainings through E3C,

KCA, and the school district. At each Community Forum we will provide training for community members on CART and on issues related to pipeline needs at that time to promote sustainability.

(2) The extent to which the time commitments of the project director and principal investigator and other key project personnel are appropriate and adequate to meet the objectives of the proposed project.

The project director for EEFSCS will be Dr. Kathlyn Burkhardt, Superintendent of Erlanger-Elsmere Schools. She will directly commit .10 FTE to project direction, maintaining relationships with the funder and project oversight, including hiring the two EEFSCS Coordinators, School Nurse, Families in Transition Coordinator, and School Psychologist, to ensure objectives are achieved on time and within budget, and to submit reports to the schools, community, and funder timely as required. The time commitment of .10 FTE will be appropriate for the direct project duties of oversight and reporting to funder; however, as school superintendent, virtually 100% of her efforts and leadership will contribute to achievement of the aims of this project, to build collaboration and lead provision of services to improve student achievement.

EEFSCS will contract with Dr. Jennifer Stansbury Koenig as Principal Investigator (outside evaluator) to lead the project evaluation. She has an extensive background leading project evaluation, notably on several multi-year US Department of Education Elementary and Secondary School Counseling grants, Improving Educator Quality grants, and other state and federal grant projects. Dr. Stansbury Koenig has partnered with EES on projects for the past ten years. She has the capacity to work with schools to capture required data,

perform appropriate analysis, and provide effective and timely reports to the funder and the community.

Full-time school coordinators (2 FTE) will be hired, one for each school. Each of these people will be required to hold a Bachelors Degree or higher (preferred). They also will have management experience with leadership roles in building, sustaining and managing community partnerships involving coordination of services, ideally for the schools and community in which they will serve; strength in collaborating with staff working to help students meet state and national education standards; demonstrated capacity to build and coordinate high quality relationships among multiple school and community partners to meet a broad range of student needs; working knowledge of school programming, scheduling, and systems; ability to manage a variety of services and events with attention to detail; ability to effectively support, monitor, and supervise school and partner services; strong interpersonal and written and oral communication skills; commitment to enriching student well-being and education, helping them build foundations for success in postsecondary education and/or the workplace; and ability to manage data required to provide evidence for project evaluation and communication.

EES will hire a full-time School Psychologist (1 FTE) who will hold a Masters Degree or higher in school psychology, with capacity for collaborative planning and implementation of solutions to promote children's education success. This person will be responsible for district-wide implementation of Functional Behavioral Assessment and other commonly accepted psychological assessments to determine an individual student's need for behavior, mental health, or other education support. The School Psychologist will work closely with the FSCS

Coordinator in each school to ensure that each student receives appropriate support from both the community and the school.

The full-time Families in Transition Coordinator (1 FTE), Ms. Shelley Werner, will provide direct and indirect support to students experiencing homelessness and their families. She has 20 years experience working with families who are homeless and is closely connected to Erlanger Elsmere and all Northern Kentucky community resources, especially housing and employment resources for people who are homeless. She is well-versed in the needs of students who are homeless with regard to education, and she is a community leader in the area of homelessness, with experience providing trainings for school staff, community partners, and families. She will be a strong addition to the EEFSCS team.

The full-time school nurse (1 FTE) to be hired will be a Licensed Practical Nurse or Registered Nurse and one year comprehensive nursing experience. This person will have knowledge of first aid, CPR and general nursing practices and procedures, health screening practices, procedures and techniques, record-keeping techniques, health and safety regulations and processes for handling contagious diseases. The school nurse will be able to communicate effectively both orally and in writing and to establish and maintain cooperative and effective working relationships with school staff, students, family members, and community partners.

(e) Quality of the Project Evaluation

(1) The extent to which the methods of evaluation are thorough, feasible, and appropriate to the goals, objectives, and outcomes of the proposed project.

To assess the extent to which the coordination of services has an impact on the population served, the proposed evaluation is **thorough**: each proposed outcome is aligned with measurement(s) to gather data that will inform project implementation. A majority of school

records are actively maintained in the Infinite Campus electronic data platform; most relevant to this project are daily attendance, behavior incidents, and MAP and KPREP achievement data. Additional data will be gathered at specific times, as programming is implemented or as project objectives are accomplished. Project feedback will be reported to the project team regularly and reports to the funder will be produced annually or more frequently as required. The Project Director and other staff will use these data to make continuous improvement decisions as the project develops.

To assess the extent to which the coordination of services has an impact on the population served, the proposed evaluation is **feasible**: most measures to be used are currently available, embedded as part of existing services, and in common use by schools and/or school partners. These tools include: employment records; meeting and planning documents; Kentucky state assessment and Measures of Academic Progress scores; after school programming attendance records; project activities attendance records (e.g. transition events, career promotion events, substance abuse trainings and parent services); individual learning plans; formative classroom assessments; school based health center visit records; and school attendance and behavior records. New tools to be used will include the count of CART records and count of FBA assessments and a survey of community agencies. Additional tools may be used or developed as required in collaboration with the evaluator.

Of the proposed tools, several validated instruments have been selected to inform progress toward the project goal and objectives. For example, the Brigance developmental screener and assessment inventory uses observation, interviews, and performance to understand various domains associated with kindergarten readiness. For children enrolled in early childhood education, Brigance scores will be correlated with additional services coordinated or provided as

a result of the CART implementation. The Kentucky Incentives for Prevention (KIP) survey collects student self-reported use of substances, perceptions about substance use, and perceived accessibility of substances in the community. The KIP is a validated instrument currently administered in grades 6-12 and scores will be correlated with indicators such as behavior incidents and attendance. Although the survey is not designed not to capture data for youth of the ages of this project, we will continue to administer it and other substance abuse measures as indicators of sustained impact of EEFSCS. STudents Against Narcotics Dependency (STAND) programming is intended to directly impact opioid use; indicators of behavior incidents, student achievement and attendance will be correlated with data collected on STAND and Too Good for Drugs. The anonymous STAND survey tool will be administered to assess experiences, beliefs, and attitudes toward drugs and alcohol of youth.

The new CART Tool will collect data for 20 different indicators for every student served. The Principal Investigator will help the project team to align the district-level data that is already collected and develop integrated systems through the CART Tool to inform a data-driven approach and address individual needs as they arise. While school employees have experience collecting data from students and families, the Principal Investigator will work with all partners to ensure they fully understand data security and reliability and consistency to promote fidelity of implementation.

School-related data will be collected and recorded as usual by project staff in each school's shared database (Infinite Campus) as services are completed or otherwise scheduled, as indicated in the Project Evaluation Timeline (Table 8). Each school's FSCS coordinator will be responsible for managing data from school and community programs at that school and will release aggregated data to the evaluator to compile, analyze, and summarize for reporting. Data

pertaining to individual students will be coded and maintained in the password-encrypted database; only aggregated, deidentified, or coded data will be shared with the Principal Investigator for analysis, to protect each student’s identity and to meet FERPA and HIPAA requirements.

Table 8. Project evaluation timeline

Project																								
Evaluation	<i>SY 2019-2020</i>				<i>SY 2020-2021</i>				<i>SY 2021-2022</i>				<i>SY 2022-2023</i>				<i>AY 2023-2024</i>							
Timeline																								
	Year 1				Year 2				Year 3				Year 4				Year 5							
Evaluation																								
activity	FA	WI	SP	SU	FA	WI	SP	SU																
(Objective)																								
Baseline measures (all)	x				x				x				x				x				x			
Employment records (1A)	x		x				x				x				x				x				x	
Community Forum attendance (1B)				x	x			x	x			x	x			x	x			x	x			x
CART tool administration (1B)	x	x	x		x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	

Early childhood service enrollment (2A)	x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	
Brigance Kindergarten Screener (2A)				x				x				x				x				x
MAP/KPREP academic tests (2B, 2C)	x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	
Camp enrollments (2C)				x				x				x				x				x
Family engagement events (2D)	x		x		x		x		x		x		x		x		x		x	
Career and workforce readiness (2C, 2E)	x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	
Attainments of internships, certifications, and credentialing (2C, 2E, 2F)			x	x			x	x			x	x			x	x			x	x

Functional Behavioral Assessments (2G)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x				
Substance abuse prevention education attendance (2G)	x		x		x		x		x		x		x		x		x		x	
Attendance (decreased truancy) (2F, 2G)	x	x	x		x	x	x		x	x	x		x	x	x		x	x	x	
Dissemination & Institutionalization (all)			x	x			x	x			x	x			x	x			x	x

The proposed measurement tools are directly **appropriate to the project Goal, Objectives, and Outcomes** and have been aligned to each project objective; most measures to be used are currently available, embedded as part of existing services, and in common use by schools and/or school partners. These tools include: employment records; meeting and planning documents; Kentucky state assessment and Measures of Academic Progress scores; after school programming attendance records; project activities attendance records (e.g, transition events, career promotion events, substance abuse trainings and parent services); individual learning plans; formative classroom assessments; school-based health center visit records; and school attendance and behavior records. New tools to be used will include the count of CART records and count of FBA assessments and a survey of community agencies. Additional tools may be

used or developed as required in collaboration with the evaluator. The Principal Investigator (external evaluator) will triangulate both quantitative and qualitative data collected by several existing measures and the new CART tool.

Quantitative data will be analyzed using appropriate parametric (e.g. t-tests or ANOVA) and nonparametric (e.g. Wilcoxon or Mann-Whitney) tests. For qualitative data collected (especially through implementation of the CART tool), including during the monthly FSCS team meetings and the Annual Forums, extensive Document Review and Thematic Analysis will provide insights to better contextualize the extent to which project objectives are being accomplished, and to compile reports to the project team, the community, and the funder. The Principal Investigator will share reports with the Project Director annually and more frequently as requested. Together with the FSCS Coordinators and other staff and community partners, the Project Director will use the reported information to guide discussions for continuous improvement. Data from the annual reports will be available to all community members and posted online on the school district's website. Reports will be submitted to the funder annually or as requested.

(2) The extent to which the methods of evaluation include the use of objective performance measures that are clearly related to the intended outcomes of the project and will produce quantitative and qualitative data to the extent possible.

Objective measures that will produce quantitative data include: Kentucky State Assessment (KPREP); Measures of Academic Progress (MAP); after-school attendance records; service attendance records; school-based health center visit records; count of CART records; count of Functional Behavior Assessments (FBA); and school attendance and behavior records.

Administration of the FBA based interventions are shown to have “potentially positive effects on

school engagement and potentially positive effects on problem behavior for children identified with or at risk for an emotional disturbance based on evidence from single-case design studies” (What Works Clearinghouse, 2019) and while the method of FBA tends to be more qualitative in nature, the FSCS project will record the use of FBA and triangulate the occurrences with other data to develop a holistic understanding of each individual engaged with FSCS pipeline services.

Quantitative data collected about use of FBA, in addition to standard school records (e.g. KIP, STAND, CRAFFT) will be stored and maintained in Infinite Campus, a secure password-protected online database used by EES and all Kentucky schools since 2006. Measures that will produce qualitative data include: meeting and planning documents; employment records; pre- and post-surveys of students; and surveys from Community Forums. Table 8 outlines the Project Evaluation Timeline for measure administration and data collection. The Project Director will work closely with the Principal Investigator whose efforts will further the objective use and analysis of data so that project outcomes can be used to guide decision-making and possible program replication or modification with similar populations of high-need students.

The external evaluator will be responsible for conducting data analysis. Of the quantitative data collected on the various instruments, it is anticipated that behaviors and attitudes will vary greatly between the younger age groups as compared to the older age groups. To better understand the total population served by the FSCS project, appropriate parametric (e.g. t-tests or ANOVA) and nonparametric (e.g. Wilcoxon or Mann-Whitney) tests of the quantitative data will be selected to accurately represent the subpopulations involved. For qualitative data collected through implementation of the CART tool, monthly FSCS meetings and the Annual Forums, extensive Document Review and Thematic Analysis will provide insights to better contextualize the extent to which project objectives are being accomplished. Information gathered throughout

the project may lead to dissemination through publications, regional and statewide meetings, or conference presentations.

(3) The extent to which the methods of evaluation will provide valid and reliable performance data on relevant outcomes

The Principal Investigator will collaborate regularly with the Site Coordinators and the Project Director to establish annual baselines, develop process and procedure for data collection and reporting, and to inform all parties of formative assessment outcomes and any need to modify programming or scheduling to ensure FSCS remains aligned to meet the project objectives. While school employees have experience administering the validated instruments for students and families, the Evaluator will work with all partners to ensure they fully understand use of the CART tool as well as the importance of consistency to promote reliability, data integrity and security, and fidelity of implementation. The Principal Investigator will conduct intermittent observations of key staff during implementation of the new CART tool, as well as work with any new project staff to ensure they have appropriate training and support to administer the validated measures.

The Project Director will meet regularly with the Principal Investigator to review progress on performance data and relevant outcomes. The Principal Investigator will collaborate with the Project Director to submit annual reports and every six months the Project Director and Principal Investigator will review all data collected including monthly reports of FSCS meetings. Based on monthly review of the CART and all data available, formative adjustments will be made by the Project Director as necessary to ensure that staff is supported and that the project is on track to achieve objectives.

For example, in order to assess fidelity of implementation of the Too Good For Drugs and Too Good for Drugs and Violence curricula, notes from any trainings and observations of classroom implementation will be recorded for each participating staff in the existing TeachPoint platform, a district-wide database to track educator effectiveness and professional development. The data from observations will be considered in the context of data gathered on CART and at the Annual Forums, and prior to the upcoming year's professional development or curriculum training in order to make formative adjustments to planning for resources and supports. In addition to ongoing teacher professional development, additional project-specific booster trainings will be made available to refresh understanding for any staff not meeting expectations for any component of project implementation. Monthly reports generated by the Site Coordinators will help the Project Director and Principal Investigator monitor project activities, assess progress toward the project goal, and make adjustments if necessary to stay aligned with project objectives. These reports will also help the Project Director to develop a plan for institutionalization of the CART tool, as the systematic alignment of resources will be sustained beyond the grant period.

As noted above, several validated instruments have been selected to inform progress toward the project goal and objectives. For example, reliability and validity studies of the Brigance developmental screener have established high interrater agreement and high overall internal consistency and test-retest reliabilities; construct validation included examination of correlations on Brigance with cognitive processing and achievement subscales (Mantzicopoulos, 1999). The Kentucky Department of Education selected the Brigance as the required screening tool to help districts quickly and effectively identify children's strengths and needs. For the children in early

childhood education, Brigrance scores will be correlated to any of the additional services that were coordinated or provided as a result of the CART implementation.

The new Community Alignment of Resources Tool (CART) will be developed based on the Arizona Self-Sufficiency Matrix to identify needs in the community associated with 20 different indicators. The Arizona Self-Sufficiency Matrix is a reliable and valid measure that evaluates individual levels of independence and quality of life on a scale ranging from “in crisis” to “empowered” across 18 domains, including income, housing, food, childcare and childcare education, health care, life skills, mental health, safety, and community involvement (Schoenfeld, 2017). The tool was originally developed for use with homeless adults but has been modified for application to other populations (e.g., transition-age youth, school-age youth, older adults); similar measures have been developed across the country, including for the state of Michigan and other efforts like the Boulder County Self-Sufficiency Matrix, the Snohomish County Self-Sufficiency Matrix, the Dutch Self-Sufficiency Matrix, and the Self-Sufficiency and Well-Being Matrix (Schoenfeld, 2017).

Another instrument to be correlated with performance data, Kentucky’s KIP Survey, was developed in 1999 by researchers from the Pacific Institute for Research and Evaluation (PIRE), in partnership with the Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA). The KIP Survey provides bi-annual data for schools, communities and state-level planners to use in their prevention efforts. It is Kentucky’s largest source of data related to student use of alcohol, tobacco, and other drugs as well as a number of factors related to potential substance abuse. An initial validation study of the KIP Survey instrument was conducted as part of an early study of the overall project in 2003 by the Pacific Institute for Research and Evaluation (available upon request). Their effort replicated

studies of reliability and validity that was conducted on the original survey that the KIP was based on; reliability estimates for the prevalence and risk/resilience items were assessed for students in Grades 8 and 10 (as these items constitute the core elements of the current KIP Survey). The reported factor loadings, root mean square error of approximation (RMSEA), goodness of fit (GFI), adjusted goodness of fit (AGFI), and internal consistency reliabilities fall within acceptable parameters (item reliabilities ranging from .73 to .99) (Collins, Johnson, & Becker (2003), as cited in Crabtree, 2019). School districts have the option to order additional administration (as will occur for the FSCS project) and supplementary analyses of their KIP data based on gender or other desired domains; data collected on the CART will be compared with KIP data to further establish reliability of CART for the EES district.

Sustainability: Community members in Erlanger-Elsmere welcome opportunities to support students. Once the infrastructure supports of this project are put into common use, many of them will become self-sustaining. CART, for example, will become the heart of coordinating services in each of these schools and will be able to continue to be used by school and community members without additional funding once it's established. Teachers who are trained in Too Good for Drugs and Violence will remember and be able to use that training long after funding has ended. Community support for nurses and psychologists will grow once the community sees the impact of improved health, behavior, and achievement among our students.

Our sustainability plan is a simple one: 1) Do the right thing for our students. 2) Check that it's working. 3) Keep doing what works and find the resources. 4) No matter what.

Despite steep budget cuts from the state, we are, for example, sustaining our counselors from the Elementary and Secondary School Counseling grant through local funding, now that we know our counseling plan has positive impact. We have trust in our community and they trust

us. We have consistently found resources in the community or outside the community as they become available. We will be able to do that for FSCS with the support of our partners at the table, who are eager to work together in coordinated, comprehensive ways to provide the support our students need.

Many of the resources of this plan will become integrated processes in our schools. Others will require continued funding. We will continue to pursue grant funding from state, local, and Federal resources as it becomes available. We will look to local funders and our partners for guidance and for additional support once funding ends. If funding becomes short, we will look for other ways to sustain services, through volunteers or innovative projects.

This funding offers us the chance to get started. This community wants to bond to build the strong foundation our students need. It just needs the glue that CART and other infrastructures and services of the program will provide.

COMPETITIVE PREFERENCE PRIORITIES:

- 1) **Rural Districts:** Erlanger Elsmere Schools does not meet this priority.
- 2) **Broadly Representative Consortium:** EES is applying with partners in a consortium comprised of a broad representation of stakeholders. The signatures on the Memorandum of Understanding represent the wide variety of our community; in addition, many of those signatures represent a much larger range of community members. For example, Kenton County Alliance has more than 200 members from all sectors, including youth, parents, law enforcement, schools, businesses, media, youth-serving organizations, religious and fraternal organizations, civic and volunteer groups, healthcare professionals, state, local, and tribal agencies with expertise in substance abuse, and other organizations involved in reducing substance abuse. Erlanger Elsmere Early Childhood Community Collaboration

(E3C) works with every known child care agency and preschool, including childcare homes. Many consortium members are providing in-kind funding as a match.

- 3) **History of Effectiveness:** EES and its consortium partners have a significant history of effectiveness at both meeting project goals for Federal projects and at improving education for youth. In 2015-2016, the most recent year accountability information is available for Kentucky, the school district was classified as “Distinguished/Progressing”, the highest rating possible. This meant that it scored among the highest rating accountability scores, and that it met its annual measurable objectives (set by the state) and its graduation rate goal. In addition, EES has successfully managed a number of Federal projects, among them the 2013-2016 (now in a no-cost extension year) Elementary and Secondary School Counseling project that met its goals and objectives, including the GPRA goals (1. improve the ratio of students to counselors – it went from 770:1 to 214:1, and 2. reduce the number of behavior referrals by 15%, which was accomplished in just one year!) and submitted both financial and program information in a timely and efficient manner. Effectiveness is a priority. Our students need it. Our students deserve it. We are able to provide it.
- 4) **Promising evidence** is documented within the programming section and on the attached Evidence Form. Both Functional Behavior Assessment-based Interventions (FBA) and Too Good for Drugs meet evidence requirements for Competitive Preference Priority 4 with Intervention Reports prepared by the WWC reporting positive or potentially positive effects on outcomes to be measured by this project and overlapping populations and settings. FBA had seven studies that met WWC standards without reservations and 10 studies that met WWC standards with reservations that demonstrated potentially positive effects on problem

behavior and school engagement. The WWC found Too Good for Drugs™ to have potentially positive effects on behavior.

SUMMARY:

The Erlanger-Elsmere community and its schools have worked hard to build an extensive array of community-school integrated pipeline services and the time is right to bring the various entities together through streamlined, comprehensive, coordinated full-service community schools collaboration. Student need continues because teachers and others who come into contact do not have resources needed at hand and because student needs are not identified or coordinated with community resources in any coordinated way. By introducing CART, by providing a “point” person in each school whose job it is to connect the resources, by adding a psychologist to assess mental health needs, by providing services for homeless students, by employing a school nurse to provide critical medical services each day, and by updating reading and mathematics curriculums, providing substance abuse education and other supports for students and families, and medical, mental health, and dental support for students who are uninsured, EEFSCS will complete the spectrum, creating the true full service community schools our students need to succeed.