

Ohio Registry of Effective Practices

Care Team Collaborative, Muskingum Valley Educational Service Center

Schools:

Care Teams serve the following schools: Central Elementary School (Coshocton City)
Coshocton High School (Coshocton City)
Coshocton Opportunity School (charter school sponsored by Coshocton City)
East Muskingum Middle School (East Muskingum Local)
Frazeyburg Intermediate (Tri Valley Local)
Foxfire High School (charter school sponsored by Maysville Local)
Independence High School (Columbus Public)
Maysville High School (Maysville Local)
Morgan Jr High School (Morgan Local)
Roseville Elementary School (Franklin Local)
Roseville Middle School (Franklin Local)
Tri-Valley Middle School (Tri Valley Local)
West Muskingum Middle School (West Muskingum Local)
West Muskingum High School (West Muskingum Local)

School District: Muskingum S.D., Coshocton S.D., Morgan County Schools, Seneca County Schools: Tiffin and Fostoria Schools, Mahoning County: Youngstown City Schools

Partnering Agencies: Partnering agencies can be viewed at <http://www.ohiocareteam.com/partners.htm>

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Available for Program Consultation: Yes
Available for Presentations/Workshops: Yes

General Program Overview:

Care Team Collaborative is a community-based partnership among several child-serving agencies and institutions that is focused on promoting school success. The collaborative includes representatives from schools, health and mental health agencies, child protection services, juvenile court, law enforcement, child development services, and county planning boards, including Family and Children First Council (FCFC). Supporting the Care Team Collaborative, the Muskingum County FCFC has identified "children succeed in school" [CMA1] as its priority commitment.

The collaborative strives for an integrated approach to prevention, early intervention, and intensive services to youth of all ages and their families. Integration is accomplished through administrative and financial cooperation, a shared model for needs assessment and program development, and school-based multi-agency consultation and service teams. Administrative coordination is accomplished through grants, contracts and other agreements that lead to pooled financial and human resources. Needs assessment is guided by a commitment to the Search Institute's Developmental Assets model. Developmental Assets surveys are administered as a way to gauge both individual student and community-wide needs, risks and strengths, and to guide program development.

Strategies used by Care Team Collaborative are designed to align with Ohio's Comprehensive System of Learning Supports (CSLS). At a given school, school and community personnel (e.g., students, parents, teachers, and other committed community members) form a team devoted to improving Development Assets and overall school climate through universal prevention efforts (CSLS Tier 1). Youth are also trained to serve as Assets Builders towards Tier I efforts within their school. In addition, school-based Care Teams work together to identify and support children who are at-risk, provide early intervention, develop targeted small group and individual interventions, and connect children to more intensive services as needed (CSLS Tier 2 and Tier 3). The building-level Care Team is an essential building block of the Care Team Collaborative. Members of these Care Teams include, but are not limited to, principals, teachers, mental health counselors, social workers, nurses, probation officers, and school resource officers. All team members participate together in a two-day pre-service training in order to understand roles and responsibilities and to build team cohesion. Care Teams meet on a weekly basis to review cases and coordinate care.

Care Team Collaborative has been adapted from the model developed by Care Team Concepts, LLC originating in Navarre, Ohio. The development of the Care Team Collaborative has been guided by the UCLA Center for School Mental Health Interconnected Systems framework and the Search Institute Asset building model. Care Team Collaborative is willing to assist other schools and communities that are interested in developing a Care Team. Training materials, start up support, an infrastructure for web-based data collection and evaluation, and technical assistance can be made available to interested communities.

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Evidence of Effectiveness:

Care Team Collaborative prioritizes data collection and is in the process of building an infrastructure to support data-driven decision-making using its web based data collection and evaluation system. Selected examples of the data-driven decision making and evidence of effectiveness are described below.

Data-Driven Programming Decisions

- Developmental Assets data were collected on all children in Muskingum County in 2003. The community risk profile that was obtained from these data was used to guide decisions about prevention and intervention programming.
 - Care Team Collaborative professionals were concerned with the number of males (21%) and the number of females (31%) who reported depression/suicidal ideation. Thus, Care Team Collaborative prioritized suicide prevention programming in selected schools.

- Similarly, as a result of this profile, Care Team Collaborative designed a summer program targeting Developmental Asset development for at-risk middle school youth. The program, conducted in conjunction with the school district's academic summer school, spans 8 to 10 sessions and is co-lead by social service partners and school staff. Each session focuses on a given category. Students learn the language associated with that asset, team building skills, social skills, relationship building skills, and are provided with adult mentors. Students also engage in service learning activities 1 day per week.

Care Team Collaborative Successes:

- According to data from Juvenile Court records, Care Team Collaborative summer programming is beginning to reduce the number of juvenile diversion cases that are adjudicated.
 - Baseline data indicate that between July 2004 and June 2005, 23.7% of juvenile diversion cases (61 of 257) were adjudicated.
 - In the summer of 2005, Care Team Collaborative summer programming served 73 at-risk youth, most of which were juvenile diversion cases. Of these 73 at-risk youth, only 6 were adjudicated. Between July 2005 and June 2006, 22.9% (57 of 248) of all diversion cases were adjudicated.
- Care Team Collaborative is producing promising results in reducing out of school suspensions. Examples are provided below:
 - Muskingum County Schools with Care Teams have observed a 27% decrease in out of school suspensions between the 2005 and 2006 school years, this represents a drop from approximately 340 suspensions (2005-2006) to approximately 250 suspensions (2006-2007).
 - Similarly, for Muskingum County Schools with Care Teams, the suspension rate in the first semester of 2007-2008 school year (20 suspensions per month) represents a 49% decrease from the suspension rate in the first semester of the 2005-2006 school year (38 suspensions per month).
 - At Maysville High School, there were 67 out of school suspensions in the first semester of the 2005-2006 (13.4 per month). By 2007-2008 school year, suspensions had dropped to a total of 36 for the first semester (average of 7.2), a 46% decrease. According to the Care Team Collaborative, Maysville High School was particularly successful in this arena as a function on intensive staff training on building Developmental Assets ([click here](#) for the story).[CMA2]
- Care Team Collaborative is observing promising results in increasing graduation rates and employment opportunities for students in an alternative school setting.
 - Graduation rates were increased at Foxfire School by 39% over a two-year period. Foxfire became a charter school and began its Care Team in fall 2003. Prior, Foxfire was an alternative school with no reported graduation rate. In 2003-04, the graduation rate was 69%. The 2006-07 graduation rate (to be reported in August 2008) will be 93.7%. Foxfire is 3rd in the State of Ohio for graduation rates in comparison to all charter schools.
 - Similarly, Care Team partnerships created opportunities for over 20 Foxfire students in the last three years to earn State Tested Nursing Assistant (STNA) licenses. This has significantly improved the ability of these students to earn a living wage both during

and after high school. Prior to Care Team, Foxfire had no outside partners and was solely responsible for supporting students. There was no employability skills training available to students and no students had ever earned STNA licenses.

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Capacity and Resources:

The Care Team Collaborative requires administrative buy-in from partner schools and agencies, including at a minimum mental health, juvenile justice, law enforcement, children's protective services, and health. Administrative commitment is enhanced by shared grants, contracts and pooled funds. The Care Team Collaborative estimates that in Muskingum County alone approximately 1.2 million dollars have been dedicated specifically to the Collaborative. A portion of these funds are additional dollars (see funding sources described in [Sustainability](#)) while another part is a redistribution or braiding of pre-existing revenue sources. Some services are provided directly by the building-level Care Team, and other services (e.g., after school care, summer programming, weekend programming) provided independently or collaboratively by multiple organizations but are considered "Care-related" in that they are compatible with Care philosophy or programming.

At the building level, all the member organizations contribute staff time to participation in Care Team activities, including individual and group meetings, programming, and planning. Probation officers, for example, spend time at their designated schools meeting with probationers, meeting with school officials, and contributing to Care Team student discussions. Mental health counselors similarly participate in Care Team meetings and spend at least 3 hours per week providing on-site school-based counseling services to students. This counseling approach is unique in that contacts are often brief (10-15 minutes), occur with individuals and small groups, are conducted somewhat informally without some of the standard assessment, treatment planning and documentation requirements, and are more flexible in terms of scheduling and frequency of appointments. In addition, the counseling approaches also includes opportunities for counselors to meet with students and parents together. The flexibility allows time-shifting of schedules from on-going counseling contacts to urgent or emergency contacts.

During academic year 2007-08 (through the end of January, 2008) the Care Team Collaborative provided intensive intervention services to 159 youth in Muskingum County. Of these, 123 (77%) were younger than age 18; 90 (57%) participated in on-going asset building programs; 77 (48%) received mental health services at school; and 67 (42%) were identified as economically disadvantaged. In Coshocton County, 28 youth also received intensive intervention services. Of those 28 youth, 100% were younger than 19; 15 (54%) participated in on going asset building programs; 9 (32%) received mental health services at school and 12 (42%) were economically disadvantaged. Data are not available on the frequency, duration, or specific activities of the interventions these youth received. The web-based data collection system is being upgraded to better capture these interventions. In addition to the students who received interventions, it is the view of the Care Team Collaborative that all students receive prevention services via developmental asset building opportunities occurring throughout the school year in every Care Team school.

It is difficult to calculate the amount of staff time devoted to Care Team or Care-related activities or to estimate needed staffing patterns in terms of formal full-time staff positions, required credentials, or salary and fringe benefit costs. One key position at the central level is that of the Care Team Collaborative Director, employed through the Muskingum Valley Educational Services Center. Care team members at the building level do not consider their Care Team activities as extra duty requiring additional funding; they think of it as a redeployment of their time to prioritized Care Team activities.

For example, Juvenile Court Probation Officers still devote their time to probationers, but the organization of their caseloads by school building site permits their presence and participation in the building's Care Team. Despite these efficiencies, there are additional demands on Care team members (e.g., team pre-service and in-service trainings, team meetings) that lead to additional expense. Further, these time demands can present a barrier to program growth. Mental health services, for example, are limited by the scope of the funding contract that permits some mental health counselor time to be diverted from agency-based fee-for-service activities to school-based mental health activities that are not tied to client fees.

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Family Partnerships:

Care Team Collaborative views youth and family as a vital part of the program. Thus, youth and family are actively involved in service and treatment planning at multiple levels. Overall, Care Team Collaborative hopes to building strong family partnerships so as to encourage **prevention** rather than **crisis intervention**.

- For example, school and Care Team personnel invite students and parents to become part of the school-based team that oversees universal prevention (CSLS Tier 1) activities for improving Development Assets and overall school climate. Youth and parents who are part of this team receive training on the Developmental Assets so that they can make significant contributions to the Care Team Collaborative agenda.
- Similarly, for those receiving more intensive services (CSLS Tier 2 and Tier 3), the student and his/her family have the opportunity to be a part of the treatment planning and goal setting processes.
- According to Care Team personnel, Care Team Collaborative respects that all families are not in the same place at the same time when dealing with issues pertaining to their child/youth (behavioral, mental health, academic, social, etc.). Thus, the Care Team attempts to personalize services for each family.
- By taking a family approach to addressing one student's problem, the Care Team can also provide prevention, early intervention or intensive treatment services to siblings of the identified student. Care Team staff believe that this approach reduces some of the non-academic barriers that may keep siblings from learning, and encourages continued participation of the entire family.
- 42% of all students served by Care Team schools are living in families experiencing economic disadvantage. As such, Care Team Collaborative acknowledges that there may be many

barriers to a family's ability to participate in services, including poverty, transportation challenges, mistrust of professionals, literacy, parental health or mental health challenges.
Care Team

Care Team Collaborative's value for family partnerships is also evident in their dedication to youth and family confidentiality.

- Often times schools are not held to the same culture of confidentiality as are mental health providers. Thus, Care Team Collaborative works with teachers and school staff to raise awareness about the importance of confidentiality and to inform them of the confidentiality standards that will be enforced for children associated with the Care Team. Reportedly, administrators help to oversee and enforce that confidentiality standards are maintained.

For other communities who may be interested in implementing the Care Team Collaborative approach:

- It is important to remember that Care Team itself may include 5 to 10 staff members, and thus, it may be difficult for families to assert their voice in a room filled with professionals. Parents who have received Care Team services have found it helpful, and thus recommend, that Care Teams provide advocates who can ensure that the perspective of the student and his/her family are expressed and understood by the team.
- In addition, ongoing professional development trainings must be provided to staff members so that they enhance awareness of family culture and how it goes beyond race and ethnicity.
- Professional development training related to Developmental Assets and improving school climate is also critical to successful Care Team implementation. A Care Team can support those youth with intensive needs, however, the entire school community must become actively involved in asset building in order to achieve overall improvement in school wide outcomes.

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Community Partnerships:

Community partnerships are at the heart of the Care Team Collaborative. All Care Teams are initiated through a partnership between the Family and Children First Council and the individual school building. This approach ensures that all service programming is aligned with the county service coordination plan and coordinated across services agencies. Building-level Care Teams include but are not limited to principals, teachers, mental health counselors, nurses, probation officers, and school resource officers.

Working collaboratively and meeting on a weekly basis, this team reviews building-level data and discusses the specific needs of the student body. Interventions are designed to address school-wide issues and the team shares the responsibility of providing services across the continuum of care. The Care Team board includes the directors and CEOs of all community agencies. This group convenes a

board meeting on a monthly basis to discuss administrative, financial, and program development issues.

Current community partners in Muskingum County include: PRO Muskingum, Families and Children First, Muskingum Valley ESC, all county school districts, United Way of Muskingum, Perry, and Morgan Counties, Mental Health Recovery Services Board, Ohio Department of Youth Services, Thompkins Child and Adolescent Services, Inc., Muskingum Behavioral Health, Muskingum County Children's Services, Creative Options (provides service coordination), Help Me Grow, Job and Family Services, Juvenile Court, Sheriff's Department, Suicide Prevention Coalition, North Terrace Church of Christ, Rolling Plains United Methodist Church, Six County, Inc., Zanesville Metropolitan Housing Authority, Zanesville-Muskingum County Health Department. Many others also support the initiative.

Current community partners in Coshocton County include: Coshocton County Family and Children First Council, Coshocton City Schools, Coshocton County Board of MRDD, Coshocton Behavioral Health Choices, Coshocton County Job and Family Services, Coshocton County Juvenile Court and Sheriff's offices, Thompkins Child and Adolescent Services, Inc. and First Step Family Violence Intervention Services.

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Sustainability Plan:

The Care Team Collaborative has prioritized program sustainability and funding as two of their top priorities. The Family and Children First Councils serving Muskingum and Coshocton Counties have included program sustainability and grant seeking as part of the board's strategic plan. The collaborating partners work to pool financial resources to maximize their benefits. The likelihood of sustainability of the system of care has been enhanced through the development of an infrastructure that includes a full-time Care Team Collaborative director employed through the Educational Service Center, several part time Care Team Coaches and a part time Care Team Coordinator (Coshocton County), the development of a database for ongoing data collection so program effectiveness can be demonstrated to potential financial donors and grant agencies, and through ongoing grant writing by all entities within the system. Funding for the collaborative services has come from a variety of sources including the Ohio Department of Education, the Ohio Department of Health, Partnerships for Success, United Way, and Jobs and Family Services. In addition, Care Team Collaborative ensures that the county planning committee considers how each county level funding pool (e.g., Access to Better Care dollars, RECLAIM Ohio dollars) can contribute to sustaining the system of care.

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