Testimony to the Senate Health, Human Services, and Medicaid Committee

November 13, 2019

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Good afternoon Chairman Burke, Vice Chair Huffman, and Ranking Member Antonio. My name is Susan Bunte and I am here today to testify in support of House Bill 12. I currently serve as the Assistant Superintendent for Cincinnati Public Schools. Thank you for the opportunity to be able to speak with you today about the impact that mental health problems are having in our children.

Several years ago, our school district staff partnered with mental health agencies to provide mental health services to our students within our schools. After being referred and with parental consent, students can receive therapeutic support during the school day. All sixty-five of our schools are supported by therapists. We are proud of this service that we provide to our students and have received national recognition. It has become a part of the tapestry of support that we provide to our city's children; we cannot truly imagine our schools existing without this very important partnership.

Yet, it is not enough. Our district's mental health services do not begin to offer support until students typically have reached some sort of crisis – whether with internalizing behaviors, within their peer relationships, with adults, or with their academic progress. For many, it is often more than one of these areas that are impacted and by this point, school attendance and classroom behavior may have been impacted as well.

Although we recognize that some students will still require the more intensive support that one to one therapy provides, we began to think about systems and strategies that could provide more preventative support.

Last school year we began partnering closely with Cincinnati Children's Hospital Medical Center to determine how we could coordinate our services to better support the mental health needs of children in our community. In three schools, we provided intensive training to teachers in classroom management and provided an ongoing management structure to use with their students. The training emphasized teaching appropriate classroom behavior with a particular emphasis on recognizing positive

behavior. Although this is certainly not a new approach, this system provided teachers with a very structured method that was consistent across classroom environments.

In addition, we provided a school social worker to teach social skills lessons in these same classrooms. Once per week, the social workers led the students in a sequence of lessons. The social worker also conducted small groups as needed.

On a weekly basis, we monitored how much classroom instructional time was lost, specifically looking at how many minutes students spent in time-out, alternative learning centers, or our alternative programs for suspension and expulsion.

After several weeks of providing both the structured classroom management support and the social skills lessons, we began to see a significant reduction in lost classroom instructional time. Students were spending more time in their own classrooms and consequently, less time in other placements. By year's end, lost classroom instructional time had been reduced by an average of 40% across the three sites.

In addition, student achievement gains were noted for students in many of the classrooms which participated.

This year, we have spread this work to four additional schools and have expanded the grade levels at our original three sites. We know that we still have much to learn and still have many questions to which we are seeking answers. We look forward to the opportunity to expand our prevention efforts and to work with our partners throughout the state in making a difference in the lives of Ohio's children.