Budget

Columbiana County ESC (046417) - Columbiana County - 2017 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (41)

U.S.A.S. Fund #: 466

Plus/Minus Sheet (opens new window)

Object Code / Purpose Code	Salaries 100	Retirement Fringe Benefits 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
Instruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Support Services	13,103.00	6,420.40	26,500.00	193,077.03	20,488.00	0.00	259,588.43
Governance/Admin	22,067.50	7,996.00	2,250.00	0.00	0.00	0.00	32,313.50
Prof Development	2,000.00	0.00	0.00	0.00	0.00	0.00	2,000.00
Family/Community	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Safety	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Facilities	0.00	0.00	84,000.00	0.00	0.00	0.00	84,000.00
Transportation	1,543.20	241.40	9,165.17	0.00	456,089.00	0.00	467,038.77
Indirect Cost						0.00	0.00
Total	38,713.70	14,657.80	121,915.17	193,077.03	476,577.00	0.00	844,940.70
						Adjusted Allocation	0.00
						Remaining	-844,940.70

Application

Columbiana County ESC (046417) - Columbiana County - 2017 - Straight A Fund - Rev 0 - Straight A Fund - Application Number (41)

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

A) APPLICANT INFORMATION - General Information

1. Project Title:
On the Road to Healthy Students for School Achievement

2. Project Tweet: Please limit your responses to 140 characters.
The Columbiana County Mobile Med will provide medical, mental health, and dental services for students because wellness promotes learning.

This is an ultra-concise introduction to the project.

3. Estimate of total students at each grade level to be directly impacted each year.

*This is the number of students that will receive services or other benefits as a **direct result** of implementing this project. This does not include students that may be impacted if the project is replicated or scaled up in the future. It excludes students who have merely a tangential or indirect benefit (such as students having use of improved facilities, equipment etc. for other uses than those intended as a part of the project). The Grant Year is the year in which funds are received from the Ohio Department of Education. Years 1 through 5 are the sustainability years during which the project must be fiscally and programmatically sustained.*

Grant Year

336 Pre-K Special Education	1001 K	1140 1	1057 2	1121 3
1075 4	986 5	1064 6	1127 7	1092 8
1141 9	1114 10	1248 11	1201 12	

Year 1

336 Pre-K Special Education	1079 K	1001 1	1140 2	1057 3
1121 4	1075 5	986 6	1064 7	1127 8
1092 9	1141 10	1114 11	1248 12	

Year 2

336 Pre-K Special Education	1079 K	1079 1	1001 2	1140 3
1057 4	1121 5	1075 6	986 7	1064 8
1127 9	1092 10	1141 11	1114 12	

Year 3

336 Pre-K Special Education	1079 K	1079 1	1079 2	1001 3
1140 4	1057 5	1121 6	1075 7	986 8
1064 9	1127 10	1092 11	1141 12	

Year 4

336 Pre-K Special Education	1079 K	1079 1	1079 2	1079 3
1001 4	1140 5	1057 6	1121 7	1075 8
986 9	1064 10	1127 11	1092 12	

Year 5

336 Pre-K Special Education	1079 K	1079 1	1079 2	1079 3
1079 4	1001 5	1140 6	1057 7	1121 8

1075 9	986 10	1064 11	1127 12

4. Explanation of any additional students to be impacted throughout the life of the project.
This includes any students impacted indirectly and estimates of students who might be impacted through replication or an increase in the scope of the original project.

Other students will be impacted through Project On the Road, including 336 children enrolled at CCESC integrated preschools and 387 students attending Columbiana County Head Start pre-schools in Year 1. We will serve student families with approximately 200 siblings not yet attending K-12. We will explore the possibility of widening our network to include private preschools in the county adding additional students by year 3, after evaluating the time commitments to public schools. We will also impact a number of Kent State Salem and East Liverpool Campus students and other county resident students through community outreach programs.

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

First and last name of contact for lead applicant
Anna Marie Vaughn

Organizational name of lead applicant
Columbiana County Educational Service Center

Address of lead applicant
38720 Saltwell Rd., Lisbon, OH 44432

Phone Number of lead applicant
(330)42409591

Email Address of lead applicant
avaughn@ccesc.k12.oh.us

Community School Applicants: After your application has been submitted and is in Authorized Representative Approved status an email will be sent to your sponsoring entity automatically informing the sponsor of your application.

6. Are you submitting your application as a consortium? - Select one checkbox below

☑ Yes

☐ No

If you are applying as consortium, please list all consortium members by name on the "Consortium Member" page by clicking on the link below. If an educational service center is applying as the lead applicant for a consortium, the first consortium member entered must be a client district of the educational service center.

Add Consortium Members

7. Are you partnering with anyone to plan, implement, or evaluate your project? - Select one checkbox below

☑ Yes

☐ No

If you are partnering with anyone, please list all partners (vendors, service providers, sponsors, management companies, schools, districts, ESCs, IHEs) by name on the "Partnering Member" page by clicking on the link below.

Add Partnering Members

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

8. Describe the innovative project: - Provide the following information

The response should provide a clear and concise description of the project and its major components. The following questions will address specific outcomes and measures of success.

a. The current state or problem to be solved; and

"Conditions and environments in children's lives must be right in order for them to learn"(Ohio Mental Health Network for School Success, 2015). Columbiana County is a high need area, with a child poverty rate of 27.4% and limited access to medical, dental, and mental health services in a rural, Appalachian County (Community Health Needs Assessment, 2016). District data: 7 of 11 districts have 52 - 82% of students who qualify for free and reduced lunch (FRL), including buildings at 100% (Free and Reduced Report, October 2015). The chronic absenteeism average for districts is 15%. There are 3,100 Hispanics working in the county with children attending local schools (Centro San Pablo, St. Paul's Catholic Church). This population faces language barriers and a lack of transportation. Insurance statistics show 57% families have Medicaid and 23% have no health insurance (Community Action Agency, 2016). The county has 1 rural public transportation service, further limiting access to care.

b. The proposed innovation and how it relates to solving the problem or improving on the current state.

Project On the Road is an innovative program designed to expand an existing school health partnership to provide medical, dental, and

mental health services, within a cost effective delivery method. Health care services will be provided directly to Columbiana County schools with a mobile medical unit. The Columbiana County Mobile Medical (CCMM) will serve over 14,703 students, their families, and 1,815 staff. In 2004, the Ohio School Board adopted a set of nine guidelines to assist schools in addressing non-academic barriers to school success. The second guideline is to bring comprehensive services to students, staff, and families through community-school partnerships. Through the Columbiana County Educational Service Center (CCESC), a consortium of 11 county school districts, one Career Center, one Board of Developmental Disabilities, and partner organizations including the Community Action Agency of Columbiana County (CAA); East Liverpool City Hospital (ELCH); Salem Regional Medical Center (SRMC), and Kent State University Salem Campus(KSU), a fully equipped mobile medical unit and highly qualified staff will address the lack of access to health care existing in our county. Students,families, and staff will access on-site medical screenings and treatment; dental care; and mental health services that are critically needed. The preventive services provided at the mobile med will improve student attendance and achievement while increasing child and family connectedness to their home district.The mobile medical unit is based on the Centers for Disease Control & Prevention's Whole School, Whole Community, Whole Child model for student wellness. The CDC model has been adopted and championed by educational leaders at the Association for Supervision and Curriculum Development (ASCD). The Whole Child model demonstrates that student achievement is possible when students are healthy, safe, engaged, challenged, and supported by the school and community. An example of the positive impact of school-based health centers, is Oyler Community Learning Center in Cincinnati. When a health needs assessment was conducted in 2008, the school discovered that many students were not receiving medical care. For instance, 25 percent of students were not current with their immunizations and 51 percent required dental treatment. Fewer than 10 percent of students with chronic illness (asthma, diabetes, etc.) were receiving medical care (The Health Foundation of Greater Cincinnati). When school-based health services were introduced at Oyler, 70 percent of enrolled students accessed primary care from the nurse practitioner. Attendance improved from 89 percent in 2008 to 93 percent in 2012. Additionally, more than 200 students were referred to a nearby dental clinic for services (The Health Foundation of Greater Cincinnati).The Columbiana County ESC wants to replicate the success of Cincinnati Public Schools by providing primary care and preventive services to rural, Appalachian students and their families. The ESC will achieve this by partnering with the Community Action Agency, a Federally Qualified Health Center (FQHC), to staff and operate a mobile medical clinic providing medical, mental health, and dental services to county school districts. The unit will be at schools on site for medical,dental, and mental health care services on a rotating basis. CAA will be at districts 96 days in Year 1 increasing 24 days per year to 192 days in Year 5. There will be a routine schedule, and days will be added as needed by districts for crisis issues, critical medical needs, and for schools with greater student need. Service days increase for both onsite services and outreach each year. Health partners will provide health education and outreach to the community when school is not in session, totaling 26 days for hospitals in year 1, increasing 3 days per year to 38 in year 5.

9. Select which (up to four) of the goals your project will address. For each of the selected goals please provide the requested information to demonstrate your innovative process. - (Check all that apply)

☑ a. Student achievement

i. List the desired outcomes.
Examples: fewer students retained at 3rd grade, increase in graduation rate, increased proficiency rate in a content area, etc.

1. Improved student achievement will occur through improved health with a shared resource/service mobile medical unit to provide medical, dental, and mental health care services at the school site for subgroups students with disabilities (SWD), economically disadvantaged (ED), and ELL students. 2. School attendance rates will increase with improved wellness. Unhealthy students have lower performance than healthyl students. Chronic absenteeism will decrease for each district. 3. Motivation and engagement will increase class performance with health care services provided.Students will feel connected with schools and enjoy learning if they feel well.

ii. What assumptions must be true for this outcome to be realized?
Examples: early diagnosis and intervention are needed to support all children learning to read on grade level; project-based learning results in higher levels of student engagement and learning, etc.

1. Non-academic barriers impact student learning.The Columbiana County Coordinated Action for School Health (CASH) Coalition addresses school health issues, but on-site medical, dental, and mental health services are needed to be more effective in reaching all students. 2. Accessing health care on-site through the mobile medical unit will result in decreased absenteeism for staff and students. Barriers such as transportation, language, stigma, and lack of familial knowledge will be addressed. 3. Poor health affects a student's ability to engage and connect in the classroom, decreasing motivation to attend school and actively participate in learning.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

Early efforts to test assumptions include research of healthcare on learning from both a deficit and asset lens; Studying Cincinnati Public Schools (CPS) model for school based health care; Reviewing Austintown Local School District's mobile clinic services with staff, school nurses, and assistants. Studies state that non-academic barriers to learning are preventable with school health services. These barriers include: Students missing school have lower achievement; Students suffering from untreated mental health issues act in ways that hinder development and demonstrate risky behaviors; Schools offering mental health services demonstrate a 30% decrease in absences and failures and a 95% decrease in disciplinary referrals (The California Healthy Students Research Project, 2011). Richard Rothstein concurs with "A Look at the Health Related Causes of Low Student Achievement." He states that "overall, lower-class children are in poorer health." He calls for a bold, broad approach through school-based health services to raise achievement, especially among economically disadvantaged students - 19% of which lack consistent health insurance compared to 11% of all students (Economic Policy Institute, 2011).The relationship between health care risks and academic achievement demonstrates a negative association (National Youth Risk Behavior Survey, 2009) for high school students. The Whole School, Whole Community, Whole Child model (ASCD, 2014) updates the current Coordinated School Health Approach promoted by the Centers for Disease Control, emphasizing the relationship of health and educational attainment. The Colorado Education Initiative: Connecting Health and Learning concludes health is vital for student success (2015). In an overview of relevant research with an asset lens, the report concludes that the power of addressing health barriers is often overlooked. Students with diagnosed health issues miss 3 times as much school. Schools play a critical role for both students and adults to access to medical, dental, and mental health care. At a more local level, interviews have yielded strong demonstration that school based health care is successful in raising student attendance and achievement. Cincinnati Public Schools (CPS), serving a large urban population, established in-school health centers to best meet their student health care needs. Positive outcomes to inform our model were derived from CPS, yet having on site clinics will not be as effective in small, rural districts. Austintown Local Schools' mobile medical unit,

purchased and equipped with federal funding, delivers similar health services to schools. This model is a better fit for our county's rural districts. Many visits and conferences have been ongoing, to learn all we can for the success of a medical mobile unit to address student health issues that impact absenteeism and achievement, as well as the needs of school staff and families. The Hewlett Foundation and the California Endowment published research results in "Student Health and Well Being." Viewing health and its impact through a deficit lens, the team studied California students, finding the following negative impacts of illness on student achievement: a connection between poor health and school failure; a disproportionate number of students who are economically disadvantaged, African-American, or Hispanic live without basic health care; achievement is highly correlated to a sense of connectedness to school. California's plan to address these barriers include the support of school based health care with regular measurements; maximizing resources from local educational agencies; providing electronic records; direct billing; and staff support.

iv. List the specific indicators that you will use to measure progress toward your desired outcome.
These should be measurable changes, not merely the accomplishment of tasks. Example: Teachers will each implement one new project using new collaborative instructional skills, (indicates a change in the classroom) NOT; teachers will be trained in collaborative instruction (which may or may not result in change).

The evaluation provides specific indicators, however these pertain to student achievement, including: 1. State test scores annually in June of each year. 2. Attendance data from districts will be collected at 6 month intervals, June and January 2016-2022. 3. Six month interval survey data: perceived general health status; visits to the health care mobile unit by students and families. Dates are according to when a student makes the initial visit, and then occurs every six months in the electronic record program. 4. Grade point averages for students at 6 month intervals June and January from districts 2016-2022.

v. List and describe pertinent data points that you will use to measure student achievement, providing baseline data to be used for future comparison.

Data will be collected to inform the evaluator, project team, advisory board, and districts; baseline and ongoing measures for future comparisons; increased student achievement. 1, State Test Scores: Baseline data will be collected June 2016, collected and analyzed June 2017-2022 to track student achievement over time for improvement by district. 2. Baseline data will be collected June 2016 on attendance, then collected and analyzed at 6 month intervals, June and January 2017-2022. 3. Classroom performance data will be the student's GPA providing baseline in June 2016, collected and analyzed at 6 month intervals June and January 2017-2022. 4. Baseline data will be collected upon a student's initial health care visit to the mobile medical unit by electronic data record system, and be updated at 6 month intervals to measure the number of visits and perceived health status changes June 2017-2022.

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

A team is in place to monitor our grant. Project Director, Danielle Dillon, and the Community Action Agency(CAA) will be reporting to the CASH Coalition (Coordinated Action for School Health) at bi-monthly meetings. The CASH Coalition is a county wide committee with representation from ELCH, SRMC, CAA (the grant partners), County Health Department, Mental Health Board, Family Recovery, and the Counseling Center. CASH has been an active supporter of county school health for 20 years. Meeting every other month, the group will provide oversight for Project On the Road. With new information, the project team will adjust the Columbiana County Mobile Medical (CCMM) services and locations, as needed. We also have the ability to alter our project in the following ways: - provide academic interventions through districts based on data collected - provide follow-up for students with attendance issues through the district - expand our services in Years 2-5 determined by the needs brought forward by the CASH Coalition and school nurses. We can easily adjust how many days we do medical, dental, and mental health as determined by the CASH coalition. - adjust more or fewer Outreach programs for our school and community - expand the number of Outreach partners to provide more and different services - increase or decrease the number of days that our medical unit is on the road - expansion to more Pre-School students Written to meet the health needs of our county, the CCMM is designed to be flexible and adaptable to meet both the needs of our schools and communities.

☑ b. Spending reductions in the 5 year forecast

i. List the desired outcomes.
Examples: lowered facility cost as a result of transition to more efficient systems of heating and lighting, etc.; or cost savings due to transition from textbook to digital resources for teaching.

Cost savings will be realized through a lease agreement with grant partners - Community Action Agency (CAA), Salem Reg Medical (SRMC). and E. Liverpool City Hosp (ELCH). The CAA will lease the Columbiana County Mobile Medical (CCMM) vehicle for 96 days in Year 1 and expanding to 192 days in Yr 5, while our Outreach partners (the hospitals) will lease the vehicle for 26 days in Year 1 and increase to 38 days in Yr 5. Costs in Yr 1 will be $27,140.19 growing to $40,446.09 with increased usage while revenue from leasing will total $31,350 in Yr 1 growing to $40,446.09 in Yr 5. With revenues in Year 1 of $29,570 growing to $ 49,990 in Yr 5, the ESC will have a total cost savings over the 5 years of $34,637.24. We have included all vehicle (fuel, maintenance, storage, insurance, etc) and personal costs (2% annual increases). This is a great value as districts have no costs, but we are able to provide thousands of county students with medical, dental, and mental health services.

ii. What assumptions must be true for this outcome to be realized?
Example: transition to "green energy" solutions produce financial efficiencies, etc.; or available digital resources are equivalent to or better than previously purchased textbooks.

1. The first assumption is that we have enough students, staff, and community members to get 907 patients per year. Data provided by our school nurses, the 2016 Community Health Needs Assessment, and hospital outreach programs clearly show we have a population that is at risk and underserved. 2. Secondly we assume our Partners will use CCMM for a total of 122 days in Yr1 increasing to 230 by Yr5. Our assumptions are that CAA will daily serve 13 dental, 17 medical, or 7 mental health patients per day when they lease CCMM. That will allow for a total of 907 patients per year in Yr1 with collections of $64,066.46. Because CAA already has two fixed locations, we know that we need to meet these thresholds. We also know that 57% of their clients are Medicaid eligible. 3. We also assume that if our students are healthier, attendance and student achievement will increase. An abundance of current research backs this assumption. 4. Lastly, is that the CCESC can maintain the CCMM.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

1. We have gathered existing data from the Community Action Agency (CAA) to verify how many students we will need to see to be profitable

on a daily basis. Because they have existing facilities in the county we have the data to know exactly how many clients it takes on a daily basis to be profitable and therefore pay for the lease of the CCMM. Data indicates we will need to serve 319 dental, 420 medical, and 168 mental health patients. Based on previous CAA data, 57% of local patients pay with Medicaid, 20% pay with Private Insurance, 7% with Medicare, 4% Occ Med, and 12% Self Pay. CAA also has record of all costs associated with running a clinic and hiring medical staff. The CCMM will require a Dental Hygienist, Dentist, Nurse Practitioner, Nurse, Behavioral Health Provider, and a driver/front desk employee. Additionally, the CAA has the ability to bill Medicaid, Medicare, and Private Insurance. The partnership we have with CAA is critical for providing services with the CCMM, as CAA staff can provide what we as an educational institution cannot. 2. The CCESC project team has visited an existing Mobile Medical unit located in Austintown Fitch Local Schools. We were able to use the Austintown Fitch Mobile Med as a model for our grant as it has been operational since 2012. Our team has made three visits to tour the Fitch Mobile Med. The first visit involved the CASH Coalition and health partners. The second visit involved our ESC Superintendent and the Community Action Agency (CAA), the lead project partner. CAA staff were able to talk with the nurse practitioner on duty and learn about Austintown's logistical operation. After seeing the unit and talking to those involved, CAA was ready to partner with the CCESC. The third visit was a meeting with Austintown's Treasurer, who shared details about ordering the vehicle, what medical supplies would be needed, how they would have changed their vehicle design in hindsight, and any related costs. The CCESC also spoke to the driver who provided his experience. Our efforts to research and investigate Austintown's mobile clinic have improved our confidence in our health service design, and how to accomplish the CCMM. In addition to visiting Austintown, we gathered information about the Cincinnati model for school based health, and completed a review of studies from California and Colorado. 3. One assumption we have is that we need to deliver health services directly to our clients to meet county health needs. We have a great deal of data from the Columbiana County Community Health Needs Assessment (2016) that provided a guide for Project On the Road. Local health systems, public health districts, and the CCESC have collaborated on a Community Health Needs Assessment (CHNA) for Columbiana County twice (2013 and 2016). The CHNA is a means to align local health needs with health provider priorities. As part of the CHNA process, 417 county residents participated in a survey to measure existing health needs in Columbiana County. The survey was disseminated and collected between Feb. 25 and March 29, 2016. Transportation was reported as the top barrier to accessing health services in our community (157 respondents). Among 49 focus group participants, a lack of reliable transportation was also cited as a barrier to health care within our county. Additionally, a school nurse focus group provided valuable details and helped to guide the direction and focus of our grant. 4. CCESC already has a bus garage facility and a mechanic on the payroll. A consortium with one of our districts, Lisbon EVSD, has provided data on the maintenance of the CCMM vehicle. We have a bus stall available to store the vehicle, have received an insurance quote to cover it, and have calculated all maintenance costs based on our history with Cummings diesel engines.

34637.24 iv. Please enter the Net Cost Savings from your FIT.

v. List and describe the budget line items where spending reductions will occur.

The budget line where spending reductions will occur is Purchased Services. We will have expenses related to our Proj. Dir., driver salary/benefits, maintenance, insurance, fuel, and storage. We will have revenues from our Lease Agreement with Community Action Agency and our Outreach Partners (ELCH and SRMC). CAA will lease in Yr1 for 96 days generating $21,120 and Outreach will lease for 26 days generating $8,450. By Yr5 CAA will be leasing for 192 days and Outreach 38 days bringing in total revenues of $49,990. Yr1 our expenses will be $25,549.03, thus generating a cost savings of $4,020.97 while Yr5 has expenses of $40,653.45 generates a cost savings of $9,336.55. Total cost savings will be $34,637.24 over the life of the grant. Although these are not large cost savings, we are now providing medical, dental, and health services to thousands of students that were not receiving them at NO cost to our county districts and a cost savings to the CCESC.

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

We already have a team in place that meets every other month that will be monitoring our grant. Our Project Director, Danielle Dillon, and the Community Action Agency will be reporting to the CASH Coalition (Coordinated Action for School Health) at each meeting. The CASH Coalition is a county wide committee with representation from East Liverpool City Hospital, Salem Regional Medical Center, Community Action Agency (the three grant partners), County Health Department, Mental Health Board, Family Recovery, and Counseling Center. CASH has been an active supporter of county school health for 20 years. By meeting every other month, this group will review the services provided by the mobile med. Armed with this information, the project team will be able to adjust our medical, dental, and mental health services. Additionally, we can mobilize the unit if a district has emergency needs. We will expand our services in Years 2-5. This could be adjusting medical, dental, and health needs as determined by the CASH Coalition and school nurses. Although the project calls for expansion days in each successive year, we do not have to wait until the start of a new year to make these adjustments. We can make them as the need arises. The grant is designed to meet the specific health needs of our county, while providing a flexible vehicle for service delivery and access. Additionally, our partner, Community Action Agency, already has a documented need for services in Jefferson County. After our first year implementation we will also evaluate expansion beyond Columbiana County. Project On the Road is a totally flexible and easily altered to meet the needs as shown by the data.

☑ c. Utilization of a greater share of resources in the classroom

i. List the desired outcomes.

Example: change the ratio of leadership time spent in response to discipline issues to the time available for curricular leadership.

1. Students will receive health education from partner health providers, including guest speakers and educational information for staff and students in the classroom. 2. Staff will receive PD in health care through health partners. 3. Families will receive education from health care providers; assistance with insurance enrollment; and referrals to other physicians and specialists with better diagnostics of specific acute or chronic health concerns.

ii. What assumptions must be true for this outcome to be realized?

Examples: improvements to school and classroom climate will result in fewer disciplinary instances allowing leadership to devote more time to curricular oversight.

1. Shared classroom resources, including partner health education speakers and resources, will positively impact student health and achievement. 2. Shared classroom curriculum, educational resources and guest speakers will improve student health awareness and prevention knowledge which will lower chronic absenteeism and discipline referrals. 3. Through staff professional development, staff will better be able to identify medical needs of students to improve the overall school health climate, which will in turn decrease absenteeism and discipline referrals.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, etc), or how these are well-supported by the literature.

Early efforts to test assumptions include research of the effects of healthcare on learning from both a deficit and asset lens; studying the Cincinnati model for school based health care; and the Austintown School District's mobile services to schools sharing staff, school nurses, and assistants.Studies state the following barriers are preventable with school health care: Students missing school have lower achievement. Students suffering from untreated emotional and mental health issues act in ways that hinder development and demonstrate risky behaviors. Schools offering mental health services demonstrated a 30% decrease in absences and failures and a 95% decrease in disciplinary referrals (The California Healthy Students Research Project, 2011). Richard Rothstein concurs with "A Look at the Health Related Causes of Low Student Achievement." He states that "overall, lower-class children are in poorer health." He calls for a broad approach for school-based health services to raise the achievement of students, especially those who are economically disadvantaged, 19% of which lack consistent health insurance compared to 11% of all students (Economic Policy institute, 2011).The relationship between health care risks and academic achievement demonstrates a negative association (National Youth Risk Behavior Survey, 2009) for high school students.The Whole School, Whole Community, Whole Child model is an update to the current CASH framework, emphasizing the relationship of health and educational attainment. The Colorado Education Initiative: Connecting Health and Learning (2015) concludes health is vital for student success. With increased focus on standards and tests, the benefits of addressing health barriers are often overlooked. Students with diagnosed health issues miss 3 times as much school as their peers. Schools play a critical role for both students and adults to access to medical, dental, and mental health care. Cincinnati Public Schools (CPS), with a large urban population, established school-based health centers to best meet their students' health needs. The CPS model informs our approach, yet we also have studied another delivery model to better serve small, rural schools. Austintown's mobile medical unit, purchased and equipped with federal funding, delivers similar health services to schools, and is a better fit for the geography and enrollment of our Appalachian county. The CCESC project team has visited the Austintown mobile clinic, to learn all we can about how health services can benefit students. The Hewlett Foundation and the California Endowment published research results in, "Student Health and Well Being," viewing health and its impact on California students. The study linked the following negative impacts of illness to student achievement: a connection between poor health and school failure; a disproportionate number of students who are economically disadvantaged, African-American, or Hispanic, live without basic health care; and achievement is highly correlated to a sense of connectedness to school. California's plan to address these barriers included support of school based health care with regular measurements; maximization of resources from local educational agencies; providing electronic records and direct billing; and staff support - which are all shared resources for Project On the Road.

iv. Please provide the most recent instructional spending percentage (from the annual Ohio School Report Card) and discuss any impact you anticipate as a result of this project.
Note: this is the preferred indictor for this goal.

The preferred indicator was taken from the 2015 state report card for each of the Columbiana County School Consortium districts. This indicator is the amount a district is spending on classroom instruction. Beaver Local 67.8% Columbiana Exempted 69.6% Crestview Local 64.5% East Liverpool 70.2% East Palestine 64.4% Leetonia Exempted 66.5% Lisbon Exempted 68.6% Salem 70.7% Southern Local 56.8% United Local 66.8% Wellsville 66.8% These figures will be tracked with the above baseline data from 2015, with follow ups yearly 2016-2022 to compare for reductions of .5% over the sustainability phase.

v. List any additional indicators that you will use to monitor progress toward your desired outcome. Provide baseline data if available.
These should be specific outcomes, not just the accomplishment of tasks. Example: fewer instances of playground fighting.

Comprehensive baseline assessment will be conducted with each student upon enrollment in project services, followed by ongoing assessments of student progress at 6-month intervals throughout the duration of the project (through 2022). The following specific indicators include: School attendance Grade point average (4.0 scale) Number of wellness visits during the previous 6 months Number of acute care physician visits during the previous 6 months Number of mental health visits during the previous 6 months Number of dental visits during the previous 6 months Rate of private or government health insurance enrollment or coverage Number of emergency room visits (expected to decrease over time) Number of medical, mental health, and dental services for siblings of participating students Parents' attendance at work (expected to increase over time) Improved physical, mental, and dental health Increased familial capacity to access community health services Number of CCMM district visits

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

Again, through our monitoring team, CASH Coalition (Coordinated Action for School Health), in existence for over 20 years, meeting bi-monthly we will evaluate and alter our grant accordingly for the effects of the shared resource model. With new information, we will adjust our medical, dental, and mental health services, as needed. We will expand our services in Years 2-5 determined by the needs brought forward by the CASH Coalition and school nurses. If we see greater needs for medical, mental, or dental services we are prepared to make adjustments as the year progresses. We have specific benchmarks to meet for this grant to be successful. We must have the vehicle on the road and at our districts 96 days in Year 1, increasing 27 days each year. We also know when CAA will staff the CCMM (96 days in Year 1) and that we are targeting a total of 907 patients.School nurses will refer patients. Teachers will provide feedback on the value of the shared classroom resources from partner providers in order to identify and address additional specific classroom needs. Additional resources will be added in Year 2 with a partnership with Akron Children's Hospital P-12, but especially appropriate for P-3rd grades. Guest field expert speakers will also be added as classroom or district needs dictate.The shared resources of Kent State Salem's nursing and radiology students will also be increased if need dictates. All information collected will be shared with the board to inform changes as needed for a greater share of resources.

☑ d. Implementing a shared services delivery model

i. List the desired outcomes.
Examples: increase in quality and quantity of employment applications to districts; greater efficiency in delivery of transportation services, etc.

1. Utilization of the medical mobile unit 1 day per week to districts on a rotating schedule for dental care will increase dental sealants, cleanings provided. 2. Utilization of the mobile medical unit 1 day per week to districts for medical and mental health care will increase immunizations for school attendance. 3. Utilization of the medical mobile bus will increase diagnosis and provide services to address mental health issues thereby decreasing suicide rates. 3. Utilization of the medical mobile unit for 26 days annually for outreach programs and individual school requests throughout the school year and summer in order to reach additional students and families at high

attendance public events.

ii. What assumptions must be true for this outcome to be realized?
Example: neighboring districts have overlapping needs in administrative areas that can be combined to create efficiencies.

1. Implementing a shared service model provides medical, dental, and mental health services to all county districts that are not large enough to have on site clinics. 2. Shared services with Columbiana County Mobile Medical (CCMM) provides the health care services needed on site to decrease absenteeism. 3. Shared CCMM addresses the transportation barrier to health care. 4. Shared CCMM provides consistent health care services to students and families. 5. Shared services with consortium districts and health partners brings high quality health services in a cost effective model through CCMM.

iii. Describe any early efforts you have made to test these assumptions (pilot implementation, data analysis etc), or how these are well-supported by the literature.

Early efforts to test assumptions to create an effective shared service model for school based health care through the CCMM at school sites includes a study of the current status of shared services for school health care in Columbiana County through the CASH Coalition. It has a proven record of success through the collaborative efforts of our grant partner hospitals, ELCH and SRMC, the CAA, and other county health agencies. The mobile delivery of health services will build upon an established collaboration to provide high quality healthcare to schools. The shared service model between health partners and all Coumbiana county school districts will be a cost effective way to increase medical access for students, staff, and families lacking transportation, insurance, language skills/health literacy. Student access to a consistent health care provider will narrow the gap in services, and will benefit the following populations: those who are economically disadvantaged, 3,100 Hispanic people facing language barriers, families in very rural areas who lack transportation, and individuals who do not seek help due to social stigma. One example of the successful integration of school-based health services is Cincinnati Public Schools (CPS). The CPS health care model has proven successful in its collaboration with city health agencies and foundations. Clinics are opening at multiple schools to serve the needs of students and staff. The CCESC team noticed that the health services provided at CPS address many of the same non-academic barriers facing our rural, high poverty Appalachian students. Cincinnati's program informed much of the planning for Project On the Road. Closer to home, is the Austintown Fitch Mobile Med. After visiting the mobile unit 3 times and meeting with the management team, it was determined that the mobile medical delivery model best fit the needs of our county districts. Austintown's team generously shared information about vehicle size options, supply lists for medical, dental, and mental health equipment, and discussed the design dimensions needed to provide school based health care in a shared delivery model. Austintown's mobile unit has been in place since its purchase in 2012. Information shared included the barriers faced, such as an 8 month window for the bus to be built and equipped to specifications, and vendor names for bids. Scheduling charts with reasonable estimates for time and number of students served, were also shared. The final efforts to test assumptions includes current research that ties student health to academic achievement. The Hewlett Foundation cites in the "Student Health and Well-Being" article that "health is missing from education reform." The Colorado Education Initiative's overview of research found a clear connection between academic performance and school success, stressing the importance of shared services between health agencies and schools. Shared services is a timely and cost effective model for the CCMM to deliver the critical health care needed to our students, staff, and families.

iv. List the specific indicators that you will use to monitor progress toward your desired outcomes.
These should be measureable changes, not the accomplishment of tasks.
Example: consolidation of transportation services between two districts.

Comprehensive baseline assessment will be conducted with each student upon enrollment in project services, followed by ongoing assessments of student progress at 6-month intervals throughout the duration of the project (through 2022). The following specific indicators include: School attendance Grade point average (4.0 scale) Number of wellness visits during the previous 6 months Number of acute care physician visits during the previous 6 months Number of mental health visits during the previous 6 months Number of dental visits during the previous 6 months Rate of private or government health insurance enrollment or coverage Number of emergency room visits (expected to decrease over time) Number of medical, mental health, and dental services for siblings of participating students Parents' attendance at work (expected to increase over time) Improved physical, mental, and dental health Increased familial capacity to access community health services Number of CCMM district visits

v. List and describe pertinent data points that you will use to evaluate the success of your efforts, providing baseline data to be used for future comparison.
Example: change in the number of school buses or miles travelled.

Baseline:Comprehensive baseline assessment will be conducted with each student upon enrollment in project services. Follow up data points for future comparison: ongoing assessments of student progress at 6-month intervals throughout the duration of the project (through 2022). These dates will vary according to the student's initial visit to the CCMM for services. The future comparisons will be made 2016-2022 at 6 month intervals and will be part of the electronic record. Staff and families will be tracked using the 6 month interval process also. CCMM visits:The number of district visits by CCMM will be collected in June and January 2016-2022. Baseline District data: Attendance and GPA June 2016 Follow up: 6 Month intervals, June and January 2017-2022 Data is available each day from the electronic record data from the CCMM/health staff.

vi. How are you prepared to alter the course of your project if assumptions prove false or outcomes are not realized?

We are prepared to alter the course of our project in many ways, including the shared services so critical to this project. A team is already exists to monitor our grant. Project Director, Danielle Dillon, and the Community Action Agency (CAA) will be reporting to the CASH Coalition (Coordinated Action for School Health) at each bi-monthly meeting. The CASH Coalition is a county wide committee, in existence for 20 years, with representation from ELCH, SRMC, CAA, County Health Department, Mental Health Board, Family Recovery, and the Counseling Center. Meeting every other month, the group will provide oversight for Project On the Road. We are prepared to alter the course of our project in the following ways: 1 - We will expand our services in Years 2-5 determined by the needs brought forward by the CASH Coalition and school nurses. If we determine additional needs for medical, mental, or dental services we are prepared to make adjustments as the year progresses. Whether we provide more medical, dental, or mental health will be driven by the data and our team 2 - We are prepared to change our Outreach Program. This could mean expanding to new Outreach partners that can bring new and different services to our schools and community or we can just add additional days for our existing partners. 3 - We also have the ability to expand our project beyond Columbiana County 4 - We can also adjust where we go with our mobile medical unit if we find locations where the service is needed more - that is one of the strengths of being mobile The CCMM utilization projections are based on pertinent and current county data. Our project is data driven and we have the ability to react quickly and strategically to meet the needs of our students, schools, and

community.

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

- [ ] a. New - Never before implemented
- [x] b. Existing - Never implemented in your community school or school district but proven successful in other educational environments
- [ ] c. Replication - Expansion or new implementation of a previous Straight A Project
- [ ] d. Mixed Concept - Incorporates new and existing elements
- [ ] e. Established - Elevating or expanding an effective program that is already implemented in your district, school or consortia partnership

C) BUDGET AND SUSTAINABILITY

11. Financial Information: - All applicants must enter or upload the following supporting information. The information in these documents must correspond to your responses in questions 12-19.

a. Enter a project budget in CCIP (by clicking the link below)

Enter Budget

b. If applicable, upload the Consortium Budget Worksheet (by clicking the Upload Documents link below)

c. Upload the Financial Impact Table (by clicking the Upload Documents link below)

Upload Documents

The project budget is entered directly in CCIP. For consortia, this project budget must reflect the information provided by the applicant in the Consortium Budget Worksheet. Directions for the Financial Impact Table are located on the first tab of the workbook. Applicants must submit one Financial Impact Table with each application. For consortium applications, please add additional sheets instead of submitting separate Financial Impact Tables.

844,940.70 12. What is the amount of this grant request?

13. Provide a brief narrative explanation of the overall budget.
Responses should provide a rationale and evidence for each of the budget items and associated costs outlined in the project budget. In no case should the total projected expenses in the budget narrative exceed the total project costs in the budget grid.

Salaries ($38,713.70) Support Serv $13,103.00: ESC consultant@20% - liaison between ESC and vendors Gov/Admin $22,067.50: Proj. Dir. for grant@ 50% salary Prof Dev $2,000: Stipends(8 drivers) for driver and Safety Training Transportation $1,543.20: Driver costs for Apr-June, 2017 Fringe Ben (14,657.80) - for above salary Purchased Serv ($121,915.17) Support Serv $26,500: External Evaluator @ $20,000, Travel Expenses-meetings and vendor @ $5,000, Technology Setup @ $1500 Gov/Admin $2,250: Legal fees for Lease Agreement Facilities $84,000: Electrical work for 24 bldgs @ $3,500 each for 50 amp Transportation $9,165.17: Mobile Medical Unit maintenance, storage, insurance, fuel, etc. for April-June, 2017 Supplies (193,077.03) Support Serv $193,077.03: Medical and Dental supplies to put our Mobile Medical Clinic in place. The complete list of supplies is available. Permanent Medical Supplies include: Vascular Doppler, Oxygen Tanks, Med Cabinet, Ice Machine, Hydroculator, Eye & Ear Flush, Centrifuge, Suction Machine, Stethoscope, Vision Screener, Wheelchair, 3 computers, printer, video projector, etc., and disposable Med Supplies Dental Supplies include licensing for Electronic Dental Records (EDR) ($77,013), 5 EDR Provider licenses ($41,650), Dental Instruments, Extraction Equipment, Amalgamator, Dry Autoclave, Curing Light, etc. and disposable supplies Capital Outlay ($475,077.00) Support Serv $20,488: Medical equipment - ECG $4,929, PT/INR machine $2000, Breath and Alcohol Unit $2000, Audio Meter $1702, Dental Cavitron $2,000, Dental Extraction, 1 high speed surgical and 1 high speed Cupler $7,856 Transportation $456,089: Base Price Mobile Medical Clinic $249,500 Options: Wheelchair lift, $12,013,Side windows $1,371, Slide out room $16,843, awning $3816, exterior video $6251, entrance lock steps $4491, HVAC $6160, Restroom $6831, security $1425, Med frig $2310, Graphics $8500, Delivery $1500 Medical Package $27,558 Dental Package (Treatment area for 2) $104,033

14. Please provide an estimate of the total costs associated with maintaining this program through each of the five years following the initial grant implementation year (sustainability costs). This is the sum of expenditures from Section A of the Financial Impact Table.

25,549.03 a. Sustainability Year 1

29,427.40 b. Sustainability Year 2

33,163.90 c. Sustainability Year 3

36,818.97 d. Sustainability Year 4

40,653.45 e. Sustainability Year 5

15. Please provide a narrative explanation of sustainability costs.
Sustainability costs include any ongoing spending related to the grant project after June 30, 2017. Examples of sustainability costs include annual professional development, staffing costs, equipment maintenance, and software license agreements. To every extent possible, rationale for the specific amounts given should be outlined. The costs outlined in this narrative section should be consistent and verified by the financial documentation

submitted and explained in the Financial Impact Table. If the project does not have sustainability costs, applicants should explain why.

Sustainability Costs: Year 1 - $25,549 going up to Year 5 - $40,653. Sustainability costs include all costs associated with the Columbiana County Mobile Medical vehicle and the equipment on it which would include fuel, maintenance, storage, insurance, cleaning, and Wifi. Maintenance of equipment would start in Year 3 as most items come with a 2 year warranty while the remainder to be added by Year 4. We would also have personnel costs for the driver and our Project Director. We have budgeted funds to cover maintenance throughout the grant period. CCESC has a full time mechanic doing routine maintenance on busses, although we should encounter very little as it will be under warranty throughout the grant (total of 26,020 miles by Yr 5). Routine maintenance will only include oil changes every 6,000 miles and generator maintenance every 150 hours it is run. We do not anticipate using the generator much as we are installing 50 amp electrical hookups in our districts. We also have a Dir of Technology at the CCESC who will service the 3 computers (3 yr warranty), printer, and WiFi. This grant also has a large amount of disposable supplies that are needed on an annual basis. Through our lease agreement with Community Action Agency (CAA), we will stock the CCMM vehicle initially, but they are responsible for replenishing all items used. Additionally, they will also be responsible for any annual license renewals (Electronic Dental Records Maintenance alone will cost $811 per month) and maintenance of medical equipment, which they have included in their budget. We have another source of revenue available if we choose to use it. The ESC could create advertising income on the back of our vehicle. We have not entered this in our grant budget as we have not yet contracted an agreement. All costs are offset by income in Year 1, with net profit increasing each year with additional days being added to the Community Action Agency lease and Outreach programs.

100 16. What percentage of these costs will be met through cost savings achieved through implementation of the program?

Total cost savings from section B of the Financial Impact Table divided by total sustainability cost from section A of the Financial Impact Table. If the calculated amount is greater than 100, enter 100 here.

17. Please explain how these cost savings will be derived from the program.

Applicants who selected spending reductions in the five-year forecast as a goal must identify those expected savings in questions 16 and 17. All spending reductions must be verifiable, permanent, and credible. Explanation of savings must be specific as to staff counts; salary/benefits; equipment costs, etc.

Project on the Road is designed to be sustainable not only throughout the grant period but beyond. Explanation of costs: Year 1 - $25,549 increasing to Year 5 - $40,653 Annual costs are for expenses for our Columbiana County Mobile Medical (CCMM) vehicle (fuel, insurance, storage, cleaning, and routine maintenance), maintenance of equipment, disposable costs, and personnel costs for the driver and project director. Question 15 provides more detail on costs. Explanation of Income: Year 1 - $29,570 increasing to Year 5 - $49,990 We will generate this income through our Lease Agreement with Community Action Agency (CAA) and our Outreach partners, Salem Regional Medical Center and East Liverpool City Hospital. CAA will lease the CCMM vehicle for 96 days in Year 1 @ $220 per day for a total of $21,120. Additionally, they will provide their own driver and be responsible for staffing (Nurse Practitioner, Nurse, Dental Hygienist, Dentist, and Behavioral Health Provider) and billing. They will also replenish all consumables they use and cover annual maintenance fees. Our Outreach partners will utilize the CCMM vehicle for 26 days in Year 1 @ $325 days totaling income of $8,450. CCESC will provide a driver during these days. This brings our total income to $29,570. With the addition of days this increases each year so that by Year 5 our total income will be $ 49,990. (We anticipate adding 24 days each year to CAA and 3 days per year to Outreach). Cost Savings: Year 1: Income ($29,570) - Costs ($25,549) = $4,021 Year 2: Income ($35,080) - Costs ($29,427) = $5,653 Year 3: Income ($40,320) - Costs ($33,164) = $7,156 Year 4: Income ($45,290) - Costs ($36,819) = $8,471 Year 5: Income ($49,990) - Costs ($40,653) = $9,337 Total Income = $34,637 Cost savings are based on our annual increase of days. The more days added, the more the savings. All this while at the same time providing thousands of students and community with medical, dental, and mental health services..

0 18. What percentage of sustainability costs will be met through reallocation of savings from elsewhere in the general budget?

Total reallocation from section C of the Financial Impact Table divided by total sustainability cost from section A of the Financial Impact Table
Note: the responses to questions 16 and 18 must total 100%

19. Please explain the source of these reallocated funds.

Reallocation of funds implies that a reduction has been made elsewhere in the budget. Straight A encourages projects to determine up front what can be replaced in order to ensure the life of the innovative project.

All sustainable costs were covered through cost savings generated by our grant. We will be able to sustain our grant without reallocating any resources by both the Educational Service Center and all consortium districts.

D) IMPLEMENTATION

20. Please provide a brief description of the team or individuals responsible for the implementation of this project, including other consortium members or partners.

This response should include a list of qualifications for the applicant and others associated with the grant. Please list key personnel only. If the application is for a consortium or a partnership, the lead should provide information on its ability to manage the grant in an effective and efficient manner. Include the partner/consortium members' qualifications, skills and experience with innovative project implementation and projects of similar scope.

Enter Implementation Team Key Personnel information by clicking the link below:

Add Implementation Team

For Questions 21-23 please describe each phase of your project including its timeline, and scope of work.

A complete response to these questions will demonstrate awareness of the context in which the project will be implemented and the time it will take to implement the project with fidelity. A strong plan for implementing, communicating and coordinating the project should be apparent, including coordination and communication in and amongst members of the consortium or partnership (if applicable). Not every specific action step need be

included, but the outline of the major steps should demonstrate a thoughtful plan for achieving the goals of the project. The timeline should reflect significant and important milestones in an appropriate time frame.

21. Planning

a. Date RangeJuly 1, 2016 - June 30,2017

b. Scope of activities - include all specific completion benchmarks.

DATE - WHO IS RESPONSIBLE - ACTIVITY July, 2016 - ESC and Communty Action Agency - Determine Mobile Medical specs, create and put out to bid for mobile medical uniton consecutive weeks July, 2016 - June, 2017 (bi monthly)- Coordinated Action for School Health(CASH) - Grant Advisory Committee to meet August 16, 2016 - ESC - Open bids, get Board approval and order Mobile Medical vehicle August, 2016 - ESC and Phil Rumrill (KSU) - Create Evaluation instrument September, 2016 - Danielle Dillon (ESC), Coordinated Action for School Health (CASH) members - Gather school nurses data October - December, 2016 - Steve Stewart (ESC) - Complete 50 amp service at consortium buidlings for medical unit January, 2017 - D Dillon (ESC), Coordinated Action for School Health(CASH) members - Gather baseline student academic data January - June, 2017 - ESC, CAA, Hospitals - order all supplies March, 2017 - ESC and Communty Action Agency - Sign Lease Agreement March, 2017 - D Dillon (ESC), Coordinated Action for School Health(CASH) members, Consortium School Districts - Schedule Mobile Medical unit for June 1, 2017-December 31, 2017 March, 2017 - D. Dillon (ESC) and Outreach Partners (Salem Reg Med Ctr, E. Liv City Hosp, Kent State Univ.) - Schedule Mobile Medical unit for June 1, 2017-December 31, 2017 April, 2017 - ESC - take delivery of Mobile Medical unit May, 2017 - ESC - train drivers for Mobile Medical unit May, 2017 - Joe Warchol (ESC) order and set up computers, printer, and WiFi June, 2017 - D. Dillon (ESC), Coordinated Action for School Health(CASH) members - Gather end of year stidenmt academic baseline data June, 2017 - ESC and Outreach partners, consortium - Community Unveiling of Columbiana County Mobile Medical Unit June, 2017 - ESC and Outreach partners - community/school appearances to start

22. Implementation(grant funded start-up activities)

a. Date RangeJuly 1, 2017 - June 30, 2018

b. Scope of activities - include all specific completion benchmarks

DATE - WHO IS RESPONSIBLE - ACTIVITY July, 2017 - June 30, 2018 - ESC and partners - Mobile Medical to visit schools and communities July, 2017 - June 30, 2018 - CAA and CASH Coaltion - collect student mobile visit health data and compile findings July, 2017 - June, 2018 (bi monthly)- Coordinated Action for School Health(CASH) - Grant Advisory Committee to meet July, 2017 - ESC (bus garage) - scheduled maintenance on mobile unit September, 2017 - Danielle Dillon (ESC), Coordinated Action for School Health(CASH) members - Gather school nurses data October, 2017 - D Dillon (ESC), Coordinated Action for School Health(CASH) members, Consortium School Districts - Schedule Mobile Medical unit for Jan 1, 2018 -June 30, 2018 October, 2017 - D. Dillon (ESC) and Outreach Partners (Salem Reg Med Ctr, E. Liv City Hosp, Kent State Univ.) - Schedule Mobile Medical unit for Jan 1, 2018 -June 30, 2018 January, 2018 - D Dillon (ESC), Coordinated Action for School Health(CASH) members - Gather student academic and health data January and June, 2018 - Advisory Board - Report data to county superintendents March, 2018 - D Dillon (ESC), Coordinated Action for School Health(CASH) members, Consortium School Districts - Schedule Mobile Medical unit for June 1, 2018 -December 31, 2018 March, 2018 - D. Dillon (ESC) and Outreach Partners (Salem Reg Med Ctr, E. Liv City Hosp, Kent State Univ.) - Schedule Mobile Medical unit for June 1, 2018 -December 31, 2018 June, 2018 - D. Dillon (ESC), Coordinated Action for School Health(CASH) members - Gather end of year student academic and health data June, 2018 - ESC, Advisory Board, and external evaluator - Meet to do a formal grant evaluation of Year 1 June, 2018 - ESC, Advisory Board, and external evaluator - Formal Presentation of Year 1 Findings to all stakeholders in the county

23. Programmatic Sustainability (years following implementation, including institutionalization of program, evaluation and communication of program outcomes)

a. Date RangeJuly 1, 2018 - June 30,2022

b. Scope of activities - include all specific completion benchmarks

Bimonthly Advisory Board meetings throughout the grant: will continue Advisory Board meetings bimonthly to evaluate data and ascertain any needed changes in our delivery plan. We will also look to invite additional partners in to the Outreach program to expand usage of the Mobile Medical unit and to provide health education and disease prevention programs. June of every year: ESC/CASH will document the following benchmarks - student attendance, student acheivement, health data, medical, dental, and mental health clients, rate of private and government health insurance enrollment/coverage, and family health status. June of every year: Adivisory Board to meet to complete a formal grant evaluation and present findings to all county stakeholders annually. June of every year: ESC will report out all expenses (show all maintenance costs) and income for the grant annually. The Columbiana County School Consortium, the CCESC, and partners have a proven track record for sustaining programs far beyond the grant funding period.One example is the Seniors to Sophmores grant, now CC+, with enrollment growing from 40 to over 200 students. Other examples include the federal Teaching American history grant with 5 Appalachian counties and COAL, a science and technology grant with 9 Appalachian counties. The High School-Higher Education Alignment grant teams have reconvened for addressing issues with kent State and county districts, also. The STEM grant, Project Inspire continues to grow with larger numbers of teachers trained and additional resources, curriculum, and skills. Partners are committed to ON the Road for the long run. It is a critical need and will positively impact so many.

E) SUBSTANTIAL IMPACT AND LASTING VALUE

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

The response should illustrate the critical instructional and/or organizational changes that will result from implementation of the grant and the impact of these changes. These changes can include permanent changes to current district processes, new processes that will be incorporated or the removal of redundant processes. The response may also outline the expected change in behaviors of individuals (changes to classroom practice, collaboration across district boundaries, changes to a typical work day for specific staff members, etc.). The expected changes should be realistic and significant in moving the institution forward.

Please enter your response below:

Project On the Road will provide an expected change in the way health care services are delivered. The CCMM mobile unit will deliver consistent medical, dental, and mental health services at school sites, adding to our integrated comprehensive services approach being developed in our schools (Capper and Frattura). Other expected changes include decreased absenteeism and increased student achievement. Students and staff will miss less school with on-site health services. The average 13 day absenteeism rate for teachers (Salem News, May, 2016) as well as the chronic student absentee range of 6.3%-20.6% in the 11 districts (State District Report Cards, 2015) will decrease. Students will be healthier and ready to learn, as a preponderance of evidence indicates. Student achievement will increase through improved consistent healthcare access, improved attendance and engagement in the classroom, and improved teacher attendance for consistent high quality instruction. Improved diagnostics will result in referrals to the care needed, with health maintenance and family use of other medical agencies increasing. Shared classroom educational resources including curriculum, health expert speakers, and materials will provide students and staff with increased health and wellness knowledge. Staff will have authentic PD through interactions with field experts. Students and families will change their perceived health status as services address individual health care needs and feelings of wellness increase. CCMM will expand the existing CASH model to the effective Whole School-Whole Community-Whole Child model to better meet student needs on-site. Changes are expected with increased visits for consistent medical, dental, and mental health care with the on-site delivery. A non-academic barrier to healthcare will be effectively addressed through the CCMM, putting all students, especially those marginalized by poverty, language, and disabilities, On the Road to school success.

25. Please provide the name and contact information for the person and/or organization who will oversee the evaluation of this project.

Projects may be evaluated either internally or externally. However, evaluation must be ongoing throughout the entire period of sustainability and have the capacity to provide the Ohio Department of Education with clear metrics related to each selected goal.

Please enter your response below:

Dr. Phillip Rumrill, Kent State University prumrill@kent.edu 330-672-0600

26. Describe the overall plan for evaluation, including plans for data collection, underlying research rationale, measurement timelines and methods of analysis.

This plan should include the methodology for measuring all of the project outcomes. Applicants should make sure to outline quantitative approaches to assess progress and measure the overall impact of the project proposal. The response should provide a clear outline of the methods, process, timelines and data requirements for the final analysis of the project's progress, success or shortfall. The applicant should provide information on how the lessons learned from the project can and will be shared with other education providers in Ohio. Note: A complete and comprehensive version of the evaluation plan must be submitted to ODE by all selected projects.

To systematically evaluate the impact and sustainability of Project On the Road, the CCESC team has retained the services of an external evaluator, Dr. Phillip Rumrill, from Kent State University. In collaboration with project staff, Dr. Rumrill will employ a single-group, quasi-experimental design to gauge the impact of project services on participating students' academic performance; school attendance and participation; access to health care services; and overall medical, mental health, dental health; and family circumstances. The rationale for this research design is that all project funds are intended to support direct services which are culturally responsive and relevant for participating students and their families; requested funds do not permit a parallel assessment of a comparison or control group. However, project staff will be able to compare participating student outcomes to known population parameters for same-age children in Columbiana and other counties in Ohio. The methodology for our systematic outcome evaluation includes a comprehensive baseline assessment that will be conducted with each student upon enrollment in project services, followed by ongoing assessments of student progress at 6-month intervals throughout the duration of the project (through 2022). Assessments will be conducted in person or with phone interviews. The baseline and follow-along instrument will elicit the same information from each student at each data point. Students and families will provide information on the following variables at each data point: School attendance/absenteeism rate (i.e., number of full days attended divided by total number of school days during the previous 6 months) Grade point average (4.0 scale) Number of wellness visits during the previous 6 months Number of acute care physician visits during the previous 6 months Number of mental health visits during the previous 6 months Number of dental visits during the previous 6 months Perceived general health status Health maintenance/self-efficacy Rate of private or government health insurance enrollment or coverage Number of emergency room visits (expected to decrease over time) Number of medical, mental health, and dental services for siblings of participating students Parental knowledge of community medical, mental health, dental, and social service resources Perceived family health status Parents' attendance at work (expected to increase over time) In terms of quantitative analysis, project staff will utilize nonparametric statistics such as Chi-square analysis for categorically coded variables and t-test/repeated measures analysis of variance for continuously coded variables to assess student and family changes over time on the above-noted dependent variables. Data from each follow-along assessment (conducted at 6 month intervals) will be compared to each student's baseline assessment to examine whether and to what extent project services result in: Improved academic performance and school attendance Increased utilization of health care services Improved physical, mental, and dental health Increased familial capacity to access community health services In addition to the expected direct effects of project services on participating students and their families, local health care providers intend to align service delivery with the priorities identified in the 2016 Community Health Needs Assessment. Provider commitments are secured from the Community Action Agency, East Liverpool City Hospital, and Salem Regional Medical Center. This community investment has potential secondary impacts beyond school-based health, and is evidence of the collaborative nature and scope of Project On the Road.

27. Please describe the likelihood that this project, if successful, can be scaled-up, expanded and/or replicated. Include a description of potential replications both within the district or collaborative group, as well as an estimation of the probability that this solution will prove useful to others. Discuss the possibility of publications, etc., to make others aware of what has been learned in this project.

The response should provide an explanation of the time and effort it would take to implement the project in another district, as well as any plans to share lessons learned with other districts. To every extent possible, applicants should outline how this project can become part of a model so that other districts across the state can take advantage of the learnings from this proposed innovative project. If there is a plan to increase the scale and scope of the project within the district or consortium, it should be noted here.

On the Road will scale up with additional days added for services to school sites, 27 days annually year 2-6, an increase from 122 to 230

days, ensuring students have access to CCMM health care services. Additional days will be added for outreach to the Hispanic population served by SRMC. In addition, CAA is exploring the prospect of expansion into Jefferson County, and the possible scale up with a second mobile unit. Jefferson County interest is high. Full replication is a real possibility in the next two years. Conversations with Akron Children's Hospital indicate that the Hospital will join our partnership in Year 2, adding outreach, education programs, curriculum, and resources. The project will be expanded to Headstart program sites in the future to meet the medical care of all young children in the county ages 0-5. The CCESC and Consortium Schools have a proven track record of not only sustaining grants, but expanding and replicating them beyond the original scope, partners, and sites, crossing borders to share programs such as:The Teaching American History Grant in 5 Appalachian counties; Dual Credit with Stark and Carroll Counties; COAL science/technology project with 9 Appalachian counties;and Seniors to Sophomores grant into Mahoning County, all have been expanded and sustained beyond the grant funding periods.Information derived from On the Road will be disseminated through our web site, through partners who work beyond Columbiana County. While the mobile unit will be committed to county schools, the program would have high interest for similar needs in our surrounding areas to encourage replication. All work will be shared openly.Community outreach services will extend beyond the borders of the county by a CCMM presence at the many summer events in the region. The CCMM health clinic on wheels will be On the Road to meet the medical, dental, and mental health access needs identified for healthy, successful students.

By virtue of applying for the Straight A Fund, all applicants agree to participate in the overall evaluation of the Straight A Fund for the duration of the evaluation time frame. The Governing Board of the Straight A Fund reserves the right to conduct an evaluation of the project and request additional information in the form of data, surveys, interviews, focus groups and other related data on behalf of the General Assembly, Governor and other interested parties for an overall evaluation of the Straight A Fund.

PROGRAM ASSURANCES: I agree, on behalf of this applicant, and any or all identified consortium members or partners, that all supporting documents contain information approved by a relevant executive board or its equivalent and to abide by all assurances outlined in the Straight A Assurances (available in the document library section of the CCIP).

Anna Marie Vaughn

Consortium

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Sections

Consortium Contacts

First Name	Last Name	Telephone Number	Email Address	Organization Name	IRN	Address	Delete Contact
Louis	Ramunno	330-385-6831	louis.ramunno@beaverlocal.org	Beaver Local	046425	46088 Bell School Rd, East Liverpool, OH, 43920-8774	
Joseph	Shivers	330-332-0316	shiversjoe@salem.k12.oh.us	Salem City	044735	1226 E State St, Salem, OH, 44460-2222	
Richard	Bereschick	330-532-2643	rbereschick@wellsville.k12.oh.us	Wellsville Local	045039	929 Center St, Wellsville, OH, 43968-1423	
Melissa	Watson	330-385-7132	mwatson@elcsd.k12.oh.us	East Liverpool City	043919	810 W 8th St, East Liverpool, OH, 43920-2302	
Joe	Siefke	330-424-7714	joe.siefke@omeresa.net	Lisbon Exempted Village	045450	317 N Market St, Lisbon, OH, 44432-1145	
Traci	Hostetler	330-426-4191	traci.hostetler@erschools.k12.oh.us	East Palestine City	043927	200 West North Avenue, East Palestine, OH, 44413-1779	
William	Devon	330-424-7788	bdevonccbmrdd@spii.net	Columbiana County Board of DD	065920	7675 State Route 45, Lisbon, OH, 44432-9369	
John	Dilling	330-482-5526	jdilling@crestviewlocal.k12.oh.us	Crestview Local	046433	44100 Crestview Rd Ste A, Columbiana, OH, 44408-9660	
Chuck	Adkins	330-424-9561	williard.adkins@ccctc.k12.oh.us	Columbiana County	050906	9364 State Route 45, Lisbon, OH, 44432-9585	
Rob	Mehno	330-427-6594	rmehno@leetonia.k12.oh.us	Leetonia Exempted Village	045443	450 Walnut St, Leetonia, OH, 44431-1075	
Don	Mook	330-482-5352	don.mook@columbianaschools.org	Columbiana Exempted Village	045328	700 Columbiana Waterford Rd, Columbiana, OH, 44408-9499	
Steve	Viscounte	330-223-1521	steve.viscounte@united.k12.oh.us	United Local	046458	8143 State Route 9, Hanoverton, OH, 44423-8618	
John	Wilson	330-679-2343	john.wilson@omeresa.net	Southern Local	046441	38095 State Route 39, Salineville, OH, 43945-9726	

Partnerships

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Sections

Partnerships							
First Name	**Last Name**	**Telephone Number**	**Email Address**	**Organization Name**	**IRN**	**Address**	**Delete Contact**
Mary Ann	Pettibon	(330)424-7221	maryann.pettibon@caaofcc.org	Community Action Agency of Columbiana County		7880 Lincoln Place, , Lisbon, OH, 44432	
Keith	Richardson	(330)385-7200	krichardson@elch.org	East Liverpool City Hospital		425 West 5th St., , East Liverpool, OH, 43920	
Anita	Hackstedde	(330)332-1551	debbie.pietrzak@salemregional.com	Salem Regional Medical Center		1995 East State St., , Salem, OH, 44460	
Stephen	Nameth	(330)332-0361	snameth1@kent.edu	Kent State University Columbiana County		2491 S.R. 45, , Salem, OH, 44460	

Implementation Team

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Sections

Implementation Team								
First Name	Last Name	Title	Responsibilities	Qualifications	Prior Relevant Experience	Education	% FTE on Project	Delete Contact
Joe	Waarchol	Director of Technology, Columbiana County Educational Service Center	Will setup and maintain computers, printer, and WiFi for the grant.	Service and support of computers, file servers and printers; responsible for selecting vendors and placing orders; provide professional development; grant writing, technology planning, Federal E-rate program; TCP/IP, IIS Web server, Domain Name Service, Video conferencing and Cisco routers.	20 years experience w/technology implementation in schools; instrumental in supporting technology in STEM grant and others across Columbiana County	Associate's Degree in Electronic Technology, ATES Technical Institute	5	
Mary Ann	Pettibon	Chief Executive Officer, Community Action Health Agency	Will oversee the staffing and operation of the mobile medical unit as one of CAA's designated clinic sites and will provide quality health practitioners. She will respnsible for all staffing and billing as well as fulfilling the lease agreement with Columbiana County Educational Service Center.	Manages the operations of three health centers and one dental facility	9 years of health clinic management experience, 3 years of mental health clinic administrative experience	Master of Business Administration, University of Pittsburgh	25	
Beth	Weir	Executive Director, River Valley Physicians (East Liverpool City Hospital	Providing physicians to staff the mobile medical unit and connect community outreach services in the southern part of Columbiana County	Director of a physician multi-specialty group	39 years of health care administration experience	Associate of Business Management, Kent State University	15	
Debbie	Pietrzak	Vice President of Marketing/Planning, Salem Regional Medical Center	Providing staff to operate the mobile medical unit for community outreach within the northern part of Columbiana County	Directs strategic planning, marketing, and community health initiatives for Salem Regional Medical Center	35 years experience working for the Salem Regional Medical Center health system	Master of Business Administration, Kent State University	10	

Steve	Stewart	Columbiana County Educational Center Consultant	To oversee the purchase of the Columbiana County Mobile Medical Vehicle. This will include bringing together all medical personnel and the vendors for the layout and equipping of the vehicle, creating an RFP, and ordering, schedule PD trainings for drivers, order computers; manage the budget; communicate monthly with the management team for updates as to the status of the vehicle and technology.	37 total years in education with 16 years as a classroom teacher and 21 years as an administrator	Experiences include Technology Director and State and Federal Grants Director for Salem City Schools and Lisbon Exempted Village School District where he was in charge of Race to the Top and 3rd Grade reading initiatives. Mr. Stewart is currently administering the College Credit Plus program and Straight A grant Project Inspire for the Columbiana County ESC. He has an extensive background in both technology and grant administration.	B.A. in Education from Youngstown State University (1973). Masters Degree in Education (Instructional Technology) from Kent State Universit	20	
Danielle	Dillon	Coordinator, Columbiana County Educational Service Center	Responsibilities for this grant will be to serve as the Project Director. She will be responsible for all faucets of this grant and overseeing all other personnel. Paricularly, Danielle will serve as the liaison between healtht system partners, the consortium school districts, and the Columbiana County Educational Service Center. She will coordinate all visits to the schools with our mobile medical unit. She will also facilitate meetings every two months with the CASH Coalition (Coordinating Action for School Health). This group will make any needed changes as our grant progresses.	Established outreach coordinator for the CCESC and the CASH (Coordinating Action for School Health) Coalition for the past 10 years.	Managed an AmeriCorps grant for the CCESC that served 11 school districts (5 years)	Master of Public Health, completion in August 2016, Kent State University	50	