9ATTACHMENT B — SCHOOL HEALTH SERVICES PLANNING GRANT PROPOSAL

School Health Services Planning Grant Phase 1: January-June 2020 Phase 2 (contingent): July 2020-June 2021

| Part 1 | |
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| School District or ESD Name | Neah-Kah-Nie School District |
| Contact Name | Paul Erlebach |
| Contact Phone Number | 503-355-3501 |
| Contact Email | paule@nknsd.org |
| Contact Job Title | Superintendent |
| Title of Project | Neah-Kah-Nie School District School Based Health Center |
| Is this a joint Proposal with another School District or ESD? If so, list other entity. | No |
| Part 2 | |
| Host School | The Neah-Kah-Nie School District operates five schools: Neah-Kah-Nie Preschool, Garibaldi Grade School, Nehalem Elementary School, Neah-Kah-Nie Middle School, and Neah-Kah-Nie High School. The host school for our Phase 1 evaluation and needs assessment (and the future site for our proposed School-Based Health Center) would be Neah-Kah-Nie High School which is co-located with Neah-Kah-Nie Middle School on a single, shared campus. The factors impacting the identification of this site include: Co-location with the middle school granting immediate access to 460 (roughly 60%) of our district's PreK-grade 12 students. Centrally located within the district (2 miles from the preschool and ten minutes from both of the elementary schools) Availability of space within the high school building to accommodate the creation of a new School-Based Health |

Center. Part of the available space is near the entrance to the school, allowing easy access to community members for community health events.

Existence of a room currently utilized for nursing services.

At their September 9, 2019 meeting, the Neah-Kah-Nie School Board voted to apply for this planning grant and make the middle/high school campus the host site for this needs assessment and future health center.

Community Need for Assistance (25%)

The School-Based Health Center model aligns with local and regional needs assessments by addressing a range of critical physical, behavioral, and mental health needs in our communities.

As is described in Columbia Pacific CCO's Regional Health Assessment and Regional Health Improvement Plan for 2019, Tillamook County faces significant barriers to health access. As we examine the social determinants of health in our communities, key areas of concern elevated in the plan include:

- High rates of poverty (Tillamook County median income is \$45,016, compared to \$56,119 for the state; 15% of residents are below the federal poverty level)
- High rates of homelessess and housing insecurity (9 out of every 1000 Tillamook residents are homeless compared to 3 for every 1000 statewide)
- High rates of food insecurity (17% of residents receive SNAP benefits; 21% of youth are experiencing food insecurity)
- <u>Low rates of educational attainment</u> (only 28% of county residents 25 or older have a bachelor's degree, compared to 40% statewide)
- High rates of single parent households (38% of children in the county live in single parent households, compared to 30% for the state)
- <u>High uninsured rates</u> (10% of the overall county population is uninsured compared to 6% statewide)
- <u>Low rates of childhood immunization</u> (64% of 2-year-olds are up-to-date on immunizations compared to 69% statewide)
- <u>High teen birth rates</u> (above both state and regional numbers)
- Low first trimester prenatal treatment rates (below state and regional averages)
- Poor access to healthcare and dental providers (In Tillamook County there are 2,220 residents for every dentist and 400 residents for every mental health provider)

The opening of a School-Based Health Center in our district aligns with and supports the key objectives of this plan, specifically by helping to address the primary care and health professional provider shortage, increasing access to Trauma Informed Care, increasing behavioral health access, and increasing community collaboration and partnerships related to health services.

Another tool utilized when examining our regional health care needs is the Oregon Healthy Teen survey which includes a wealth of data on Tillamook County youth health and health-related behaviors. Based on data from this survey, health access in our county remains a significant issue with 8% of 8th grade respondents saying that they have not been to a doctor in the last 24 months, compared to 6% statewide. For 11th graders, 7% of students had not been to the doctor in the last 24 months, compared to 9.5% statewide. Similarly, 10.6% of 8th graders reported not having gone to the dentist in the last 24 months, compared to 5% statewide. For 11th grade, these rates were just over 8% (for both Tillamook County and the state overall).

The Neah-Kah-Nie School District is currently in the process of developing its long-range plan as part of the Student Success Act. The Student Success Act supports increased district involvement in the delivery of social and health services to students in our area, specifically to better meet students' mental and behavioral health needs and increase the number of school health professionals. As we move forward with the development of this plan (scheduled to be completed later this fall), we will ensure alignment with the vision, priorities, and goals of our School-Based Health Center. Through concurrent planning of these two efforts, we can ensure greater alignment, coordination, and the leveraging of partnerships and resources to maximize impact for the students we serve.

As we look at the students we serve, we see both great need and also great potential and opportunity. The Neah-Kah-Nie School District serves roughly 850 students Pre-K - 12. Fifty two percent of our students are eligible for free or reduced priced lunch; 21% are students of color (with an increasing Latinx population); 6% are english learners; 16% receive special education services; 5.6% are experiencing homelessness; and our student mobility rate is 16%. Our students have incredible promise and potential. Our job is to ensure all students have the ability to fulfill this potential by removing barriers to access and opportunity and providing environments that promote health, safety, and a love of learning.

Community Readiness (25%)

The Neah-Kah-Nie School District central office is located in Rockaway Beach and draws students from the surrounding communities of Manzanita, Wheeler, Nehalem, Rockaway Beach, Bay City, and Garibaldi. Over the course of our Needs Assessment and Planning period, our aim is to engage students, families, and stakeholders across all of these communities as we co-create a plan that reflects, and is driven by, the needs of our communities.

We are still early in our School Based Health Center planning work but the work done to date includes:

- Initial conversations with the district School Board
- A formal vote by the School Board in support of this application
- Initial conversations and collaboration with key community, educational, and healthcare partners
- The establishment (and first meeting) of the Neah-Kah-Nie SBHC Advisory Council (see Partnerships and Sustainability section for more detail).

The members of our Advisory Council represent key partners who will actively help to shape the work as it moves forward, including: The Rinehart Clinic; Columbia Pacific CCO; Tillamook County Community Health Centers (Health Department); Nehalem Bay Health District; Neah-Kah-Nie School District staff and leadership; Neah-Kah-Nie School District school nurse; Neah-Kah-Nie School Board member; Regional Drug and Alcohol Counselor; parent representative; and student representative.

Community partners who are not official members of the Advisory Council but who will be instrumental in our needs assessment, community engagement, and future planning, include:

- The Mudd Nick Foundation
- The Eugene Schmuck Foundation
- The Rockaway Beach Lions Club
- Tillamook Education Consortium (Tillamook Bay Community College, Tillamook School District, Nestucca School District, and Neah-Kah-Nie School District)
- Northwest Regional Education Service District
- Neah-Kah-Nie High School Superintendent's Student Advisory Committee
- Neah-Kah-Nie High School Site Council

For the last two decades the Neah-Kah-Nie School District has contracted with the Tillamook County Health Department to provide a half-time school nurse for our district. In the last few years, our health services have expanded beyond our half-time

nurse, thanks to additional community collaborations. Through a partnership with the Tillamook Education Consortium, we have access to a regional drug and alcohol counselor, and through our work with the Rinehart Clinic, we have access to a behavioral health expert one day a week. However, the extreme shortages of healthcare providers in our region -- paired with high rates of poverty, housing and food insecurity, and geographic isolation -have prompted us to explore how we, as a district, can do more to help to address community healthcare needs. A School-Based Health Center would allow us to greatly expand the health services provided to the youth in our communities, remove barriers to access, and support improved health and behavioral outcomes for the students we serve. These efforts would be supported through our SBHC and our aligned Student Success Act plan in close collaboration with our healthcare and community partners.

The Neah-Kah-Nie school district will contract with the Rinehart Clinic to serve as our non-profit consultant and technical assistance provider in our needs assessment. The clinic's staff are well versed in community engagement and outreach, data collection and analysis, and group facilitation. They will work closely with district staff as we engage with the diverse communities we serve to assess areas of need, identify community concerns and hopes, and explore how a SBHC could best serve our students, families, and staff. All of our needs assessment work will apply an equity lens and include targeted outreach to historically marginalized and underserved populations to ensure their needs and input are reflected in our final proposal. Rinehart clinic staff will also serve as a main point of contact for our other healthcare partners as this work moves forward.

See attached for partner letters of support.

Partnerships and Sustainability (20%)

As part of our initial School-Based Health Center (SBHC) planning work, the Neah-Kah-Nie School District has launched a SBHC Advisory Council. This Council held its first meeting in early September (see attached for meeting minutes) to allow partners to contribute to and provide input on this Planning Grant proposal.

Advisory Council members represent key stakeholder, educational, and healthcare partners, including:

- Gail Nelson, Chief Executive Officer of The Rinehart Clinic (a federally qualified health center)
- Mimi Haley, Executive Director, Columbia Pacific CCO
- Dr. Lisa Steffey, Medical Director, Tillamook County Community Health Centers

- Mark Johnson, Board Chair, Nehalem Bay Health District
- Paul Erlebach, Neah-Kah-Nie Superintendent
- Cerisa Albrechtsen, Neah-Kah-Nie School District school nurse
- Dr. Heidi Buckmaster, Neah-Kah-Nie School High School Principal
- Lori Dilbeck, Neah-Kah-Nie Middle School Principal
- Janmarie Nugent, Garibaldi Grade School Principal
- Kristi Woika, Nehalem Elementary Principal
- Stacey Dilbeck, Neah-Kah-Nie Student Services/Special Education Director
- Pat Ryan, Neah-Kah-Nie School Board Chair
- Ashley Atwood, Neah-Kah-Nie High School Drug and Alcohol Counselor
- Alejandro Quintana, Latinx parent/Neah-Kah-Nie School District staff member
- Kent Piper, senior, Neah-Kah-Nie High School student representative

The Neah-Kan-Nie School District has a strong relationship with local health partners. Neah-Kah-Nie Superintendent Paul Erlebach serves as the Board Chair for our local federally qualified health center, The Rinehart Clinic, which provides opportunities for close collaboration, partnership, and engagement. The Rinehart Clinic is a community healthcare leader with deep connections across our enrollment area and expertise in community engagement, needs assessment, and program development. They will be critical partners in the success of this needs assessment and program design/development. In addition, we have always had a good working relationship with the local health department (with whom we contract our school nurse) and see them as critical partners as we explore a possible SBHC in our district.

Student learning and student health are inextricably linked. We cannot achieve the learning outcomes we have for our students if we do not first address their most basic physical, mental, and emotional needs. When we approach learning from this holistic standpoint - in a collaborative model of shared responsibility, co-creation, and support - we believe we can build an educational system that truly supports students (and families) in learning, life, health, and growth. This philosophy will be woven into our Student Success Act plan and will guide our SBHC development work. We want our schools to not only be centers of learning but centers of health and wellness where our students can thrive physically, emotionally, and academically.

Youth Involvement (20%)

Our needs assessment and development plans will follow a user-centered, equity-focused model that puts the users of our system (our district's students and families) at the center of the process. In order to elevate student and family voice and ensure that our needs assessment accurately captures the diverse experiences and needs of our community, we will institute a number of measures to engage students and families in the needs assessment and development process, including:

- Youth / Parent Representatives on the SBHC Advisory Council: Our recently launched SBHC Advisory Council includes both a high school student representative and a bilingual parent representative. The student representative also serves on the Superintendent's Student Advisory Council and is a strong student leader in the district. Following each SBHC Advisory Council meeting, the student representative will report back to the larger youth advisory group to share out on committee activities and solicit input, feedback, and suggestions from the other student representatives. This provides a structure for ongoing, broad-based student input into the needs assessment and planning process and ensures student voice and experience stays front and center in our work.
- Youth / Parent Needs Assessment Focus Groups: As part of our needs assessment, we will conduct focus groups with both students and parents across our district. Focus groups will include students at various grade ranges and families from across our enrollment area. Targeted outreach will be conducted to students and families who speak languages other than English (particularly Spanish) and interpreters will be provided as needed. Focus groups will engage participants in conversations related to current areas of need, gaps in service, barriers to access, user vision/goals for the SBHC, and the best ways to welcome/engaged students and families into the center.
- Youth / Parent Needs Assessment Surveys: In addition to focus groups, we will solicit feedback and engagement from a wider range of students and families through needs assessment surveys. Surveys will gather feedback on the proposed SBHC, community and student-identified areas of need, opportunities for improved service delivery, how to promote/market the center, and what users most want to see from a SBHC.
- Oregon Healthy Teen Survey: Oregon Healthy Teen Survey data will continue to be analyzed as part of our Needs assessment to identify areas of youth-identified need, risk, and opportunity. Student Advisory Committee members will be engaged in the examination and analysis

| Part 4 Budget Narrative (10%) See page below | |
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| School Health Services Survey | Complete at: https://www.surveymonkey.com/r/MNQ9B65 *Proposal considered incomplete if survey is not filled out in total |
| Part 3 | |
| | youth-provided data points. As we move forward in this process, it will be critical to have youth and families actively at the table, empowered as co-creators of this future center, and helping to shape and inform each step of the process. The members of the Youth Advisory Committee will be surveyed as we move forward in this process to identify additional opportunities for authentic youth engagement and the elevation of youth voice. |
| | of this data to shed additional light on these |

ATTACHMENT D — PROJECT BUDGET NARRATIVE

Estimated time of Phase 1 Award: Jan. – June 2020

Provide a detailed budget narrative for Phase 1 budget (note: budget must not exceed \$35,000 and must be spent by 06/30/20)

- What are the primary anticipated costs for Phase 1? Please include any costs for supplies, FTE, travel, etc.
- What are the possible gaps in funding during Phase 1? How will those gaps be addressed?

The Neah-Kah-Nie School District will contract with the Rinehart Clinic (a non-profit, federally qualified health center) to facilitate the community needs assessment including the following key activities:

- Conducting community meetings across the enrollment area
- Conducting student, parent, and staff focus groups and feedback surveys
- Producing a final Community Needs Assessment Report

Anticipated cost breakdowns are as follows:

Personnel

\$30,000 - Staffing for community meeting planning and facilitation, focus group and survey administration, and report development

Clinic staff will reach out to community stakeholders, including but not limited to, area non-profits, school employees, students, parents, area public health authority, and general area population to begin a conversation around the need for health services in the public schools.

Meeting areas will be identified and community will be notified about the community meetings. Additional needs such as interpretive services will be identified and provided. Virtual meeting spaces might be employed in some cases. These community forums will be used to collect ideas, information, and feedback. Clinic staff will be on hand to facilitate these meetings.

In addition, small group focus groups and larger surveys will be conducted to gather both qualitative and quantitative feedback from stakeholder groups.

Staff will summarize the information gleaned from outreach and the forums into a concise Needs Assessment Report.

Non-Personnel

\$4000 - Misc. Meeting Costs

We anticipate roughly \$4000 in non-staffing meeting costs for our community outreach meetings to cover costs such as space rental, interpreters, technology, food, materials, and advertisements. We anticipate hosting four to six community meetings and a similar number of focus groups across the district's enrollment area.

\$500 - Travel Costs

We anticipate roughly \$500 in mileage reimbursements for staff traveling to community meetings and focus groups.

\$500 - Supplies and Materials

We anticipate roughly \$500 in miscellaneous materials and supplies needed to support this needs assessment.

<u>In-Kind Support</u> - The Neah-Kah-Nie School District will help to support this effort with in-kind use of district facilities, district staff time, and support filling and gaps in funding or services not covered by grant dollars.

Fulfillment of need assessment duties will be provided by the Rinehart Clinic in close collaboration and partnership with district leadership and staff. We don't anticipate any issue regarding funding gaps during our needs assessment phase.