

Comparison Chart Related to School Health Services

	<i>School Health Services Planning Grant (Oregon Health Authority RFGP-4855-0)</i>	<i>Student Success Act (HB 3427 & HB 5047)</i>	<i>CCO 2.0</i>
Data	<p>Community need for school health services. OHA State Program Office (SPO) will “complete Planning Grant Data Worksheet.” In Phase 1, sites conduct an in-depth needs assessment to evaluate site readiness & community need for school health services.</p>	<ul style="list-style-type: none"> - Metrics to gauge success must be disaggregated and include (HB 3427 Section 12) the following: <ul style="list-style-type: none"> • High School Graduation rate • Ninth-grade on track rate (completed at least one quarter of high school requirements after first year) • Percent of students missing less than 10% of school days • Locally selected metrics to be determined by district and ODE. - Metrics will be used only if investments are place in that area. - Student Health Data is an example to fulfil Domain 3.3 from CIP Needs Assessment. 	<ul style="list-style-type: none"> - In their CHP, to the extent practicable CCOs shall “evaluate the adequacy of the existing SBHC network ... and make recommendations to improve the SBHC system; (OAR 410-141-3145 Section 9) and “Develop meaningful baseline data on health disparities” - CCO 2020 incentives include: <ul style="list-style-type: none"> • #2 Immunizations for adolescents by age 13, including HPV • #5 Screening for depression for children 12 and older • #7 Alcohol and drug screening • #8 Preventive dental screening ages 6-12 • #10 Screening for children entering the foster system.
Consult with	<p>“Nonprofit organization with experience in organizing community projects, or a local organization that coordinates with a statewide nonprofit organization which will facilitate the planning process and to provide technical assistance” from Section 1.2 of School Health Services Planning Grant.</p>	<ul style="list-style-type: none"> - SIA application must include four-year strategic plan (exception is the first plan submitted for 2019-21 biennium will for three years) from HB 3427 Section 10(7)(d): <ul style="list-style-type: none"> (A) Provision of plan is posted on district website; (B) Oral presentation of the plan by district administrator to the board; (C) Opportunity for the public to comment on the plan at an open meeting. 	<p>“Community health improvement plans must address the health of children and youth in the areas served by the CCO including, <i>to the extent practicable</i>, a strategy and a plan for: (a) Working with programs developed by ... the Youth Development Council and the school health providers in the region; and (b) Coordinating the effective and efficient delivery of health care to children and adolescents in the community.” (2019’s HB 2267 Section 10 (1) ORS 414.629)</p>

<p>Community Engagement</p>	<p>Shall solicit/involve (Section 1(3) and (5)(b)(A))</p> <ul style="list-style-type: none"> Local public health authority FQHCs in district Regional Health Equity Coalition (Defined Section 1(7)) Any CCO with members in District “Assure representatives from the demographic groups of their school population are invited to participate/provide input in needs assessment activities” 	<p>- CIP Stakeholder Engagement Indicators: 3.1: Multiple pathways for stakeholder involvement. 3.2: Stakeholder communication is effective. 3.3: Stakeholder input is incorporated into policy decisions (such as Student Health Data)</p> <p>- Principles of Engagement from CIP Health Assessment Needs Toolkit:</p> <ul style="list-style-type: none"> Equity is foundational, build and maintain relationships with community orgs (pp 14-16) Leverage Existing Networks such as classified staff, parents, businesses, community-based organizations, regional collaboratives 	<p>Must have Tribal Liaison (2019’s HB 2267 & CCO Policy #8)</p> <p>CCO governing body must be: (2018’s HB 4018 Section 2(1&2))</p> <ul style="list-style-type: none"> Open to the public Have written/oral testimony Must have reasonable public notice of meetings <p>By year 1 (CCO 2.0 Policy #5)</p> <ul style="list-style-type: none"> CCOs must have a single point of contact for equity activities Have organizational and provider network training and education plan
<p>Funding</p>	<p>Phase 1: \$35,000. (January – June 2020) Phase 2: \$60,000. (July 2020 – June 2021)</p> <p>After Phase 2, \$60,000/year per state funding formula based on successful completion of Phase 2 and certification by June 30, 2021</p>	<p>- At least 50% goes to School Investment Account. Funding may be used (HB 3427 Section 9(3)(b)) to address “students’ health and safety needs”:</p> <p>(A) Social-emotional learning and development; (B) Student mental and behavioral health; (D) Student health and wellness; (E) Trauma-informed practices; (F) School health professionals and assistants; or (G) Facility improvements directly related to improving student health or safety</p> <p>- School district must determine what funds are used for “student mental health and behavioral needs.” (HB 3427 Section 10(5)(a)(B))</p>	<p>“Expend a portion of the annual net income or reserves of the [CCO] ... on services designed to address health disparities and the social determinants of health consistent with the [CCO’s CHP].” (2018’s HB 4018 Section 3(1)(b)(C))</p>

<p>Alignment</p>	<p><i>Describe how the school health services model aligns with already completed assessment work such as</i></p> <ul style="list-style-type: none"> • Student Success Act • Community Improvement Plan (CIP) • Community Health Assessment (CHA) • Public Health Modernization 	<ul style="list-style-type: none"> - SIA priorities align with ODE Needs Assessment – Priority Two: Meeting students’ mental or behavioral health needs and - Districts must conduct a needs assessment which is similar to the one contained in their CIP, so work coincides with submissions already required. 	<ul style="list-style-type: none"> - CCO’s are fully accountable for the behavioral health benefit of their members as described in their contracts (CCO 2.0 Policy #17) - In year 1 CCO’s to meet or exceed national average for fidelity implementation per WFI-EZ scores (CCO 2.0 Policy #27) for young adults and children
<p>Timetable</p>	<p>Phase I: January – June 2020</p> <ul style="list-style-type: none"> • Monthly planning meetings with community partners • Present to school boards on progress of Phase I and any tension points • Identify decision-makers for Phase II • Write report to determine year two eligibility <p>Phase 2: July 2020 – June 2021 Plan for a certified SBHC or alternative school nursing health services model (Section (6)(a))</p>	<ul style="list-style-type: none"> - District CIP (with district needs assessment) is due by Dec 6 and must be posted to the district website. - Each year, each SIA recipient will conduct an audit and review progress toward goals 	<ul style="list-style-type: none"> - Contracts became effective October 1, 2019. Coverage begins Jan 1, 2020. - Community Health Improvement Assessments and Plans were just due in 2019. Most CCOs submit progress plans yearly. - 20% of all CCO payments will be value-based in year 1 (2020).
<p>Notes</p>		<ul style="list-style-type: none"> - Final timetables for district submission have not been finalized 	<ul style="list-style-type: none"> - CCO’s targeted to reach 70% value-based payments by 2024. - Individual CCO Community Health Improvement Plans will be critical.

Acronyms:

ACEs – Adverse Childhood Experiences
CAC – Community Advisory Council
CCO – Coordinated Care Organization
CHA – Community Health Assessment
CHP – Community Health improvement Plan
CIP – Continuous Improvement Plan
FQHC – Federally Qualified Health Centers
OAR – Oregon Administrative Rules

ODE – Oregon Department of Education
ORS – Oregon Revised Statutes
SBHC – School Based Health Center
SIA – Student Investment Account
SPO – State Program Office
VBP – Value-Based Payments
WFI-EZ – Wraparound Fidelity Index, short form

Links:

School Health Needs Assessment

- RFGP:
https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCHOOLBASEDHEALTHCENTERS/Documents/RFGP-4855-0_FINAL_7.25.19.pdf
- 2019's HB 3165 (legislation creating School Health Services Planning Grant):
<https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3165/Enrolled>

Student Success

- 2019's HB 3427: <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB3427/Enrolled>
- 2019 HB 5047 (appropriations): <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB5047/Enrolled>
- Student Investment Account Engagement Toolkit:
<https://www.oregon.gov/ode/StudentSuccess/Documents/SIA%20Engagement%20Toolkit.pdf>
- Continuous Improvement Plan Health Needs Assessment Tool: <https://www.oregon.gov/ode/schools-and-districts/grants/ESEA/IA/Documents/V1%20-%20District%20Oregon%20Integrated%20Systems%20Framework%20Needs%20Assessment.pdf>
- Crosswalk - SIA's 5 priority areas and ODE's Needs Assessment Template:
<https://www.oregon.gov/ode/StudentSuccess/Documents/Crosswalk%20Final.pdf>

CCO 2.0

- Final CCO 2.0 contract terms 5-year awardees:
<https://www.oregon.gov/oha/OHPB/CCODocuments/Final-CCO-contract-terms-for-5-year-contract-awardees.pdf>



- 2019's HB 2267 (legislation revising CCO 2.0 requirements and creating Tribal Advisory Council) <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2267/Enrolled>
- OAR 410-141-3145 Community Health Assessment and Community Health Improvement Plans https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=w-nTFT5nFutTH5Ut6CVW1Hy6xLn98OwKgBI3s0CP65FZgBemYvbx!-268141702?ruleVrsnRsn=87090
- Revising CCO 2.0 – 2018's HB 4018: <https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4018/Enrolled>
- CCO 2.0 Recommended Policies and Implementation Expectations: <https://www.oregon.gov/oha/OHPB/CCODocuments/2018-OHA-CCO-2.0-Report-Appendix-A.PDF>
- 2020 CCO Incentive measures: <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-CCO-incentive-measures.pdf>