
Oregon Health Authority Agency Overview and Central Services

Presented to
Joint Committee on Ways & Means
Subcommittee on Human Services
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Patrick Allen, Oregon Health Authority Director
Leann Johnson, Equity and Inclusion Division Director
Julie Johnson, Tribal Affairs Director



OREGON HEALTH AUTHORITY
Office of the Director

A Year of Unprecedented Challenges, Pain, Heroism... and Hope



What OHA Does

COVID-19

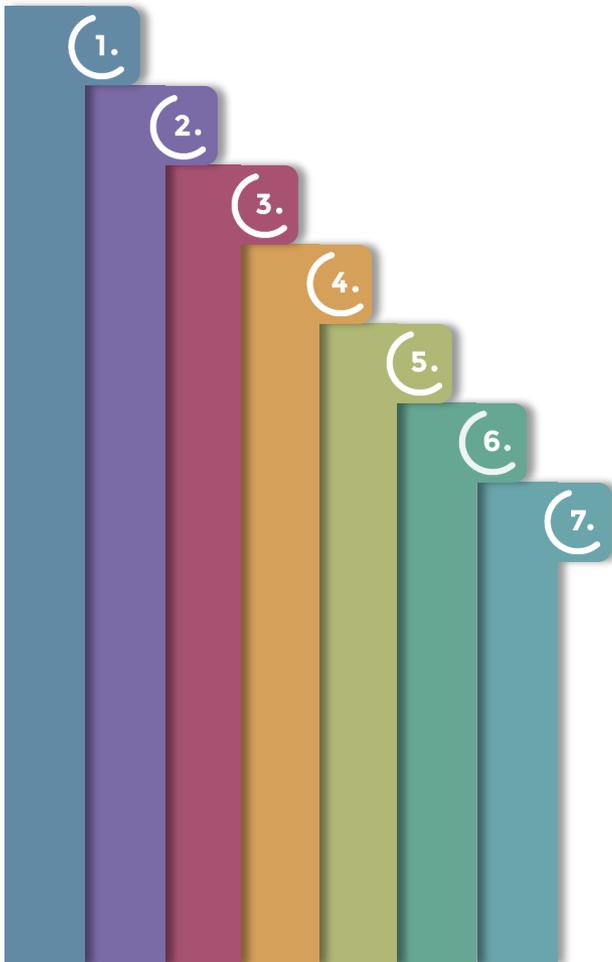
Health Equity

Central Services

Successes

Challenges

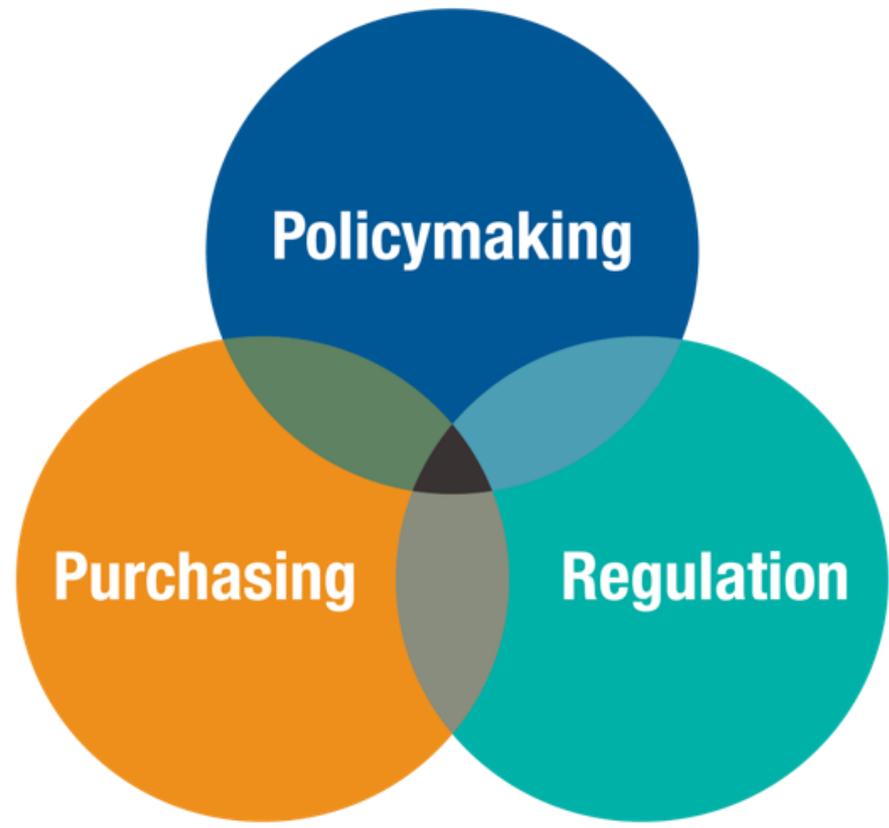
Proposed Budget



The Triple Aim Vision for Oregon

- 1 Better health**
- 2 Better care**
- 3 Lower costs**

OHA's Tasks



OHA's Strategic Goal

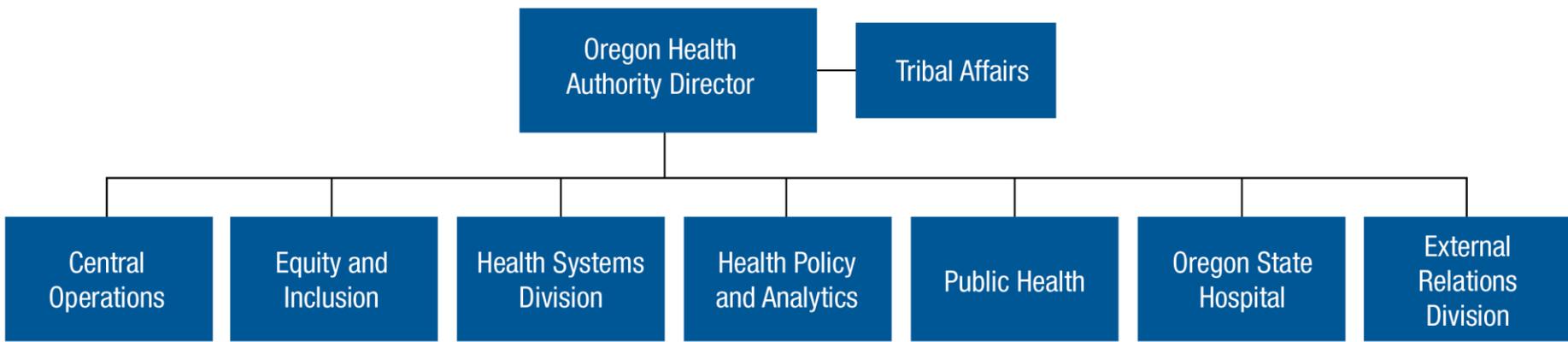
**Eliminate health inequities in
Oregon by 2030**

Definition of Health Equity

- Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
- Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
 - The equitable distribution or redistribution of resources and power; and
 - Recognizing, reconciling and rectifying historical and contemporary injustices.

Oregon Health Policy Board, 2019

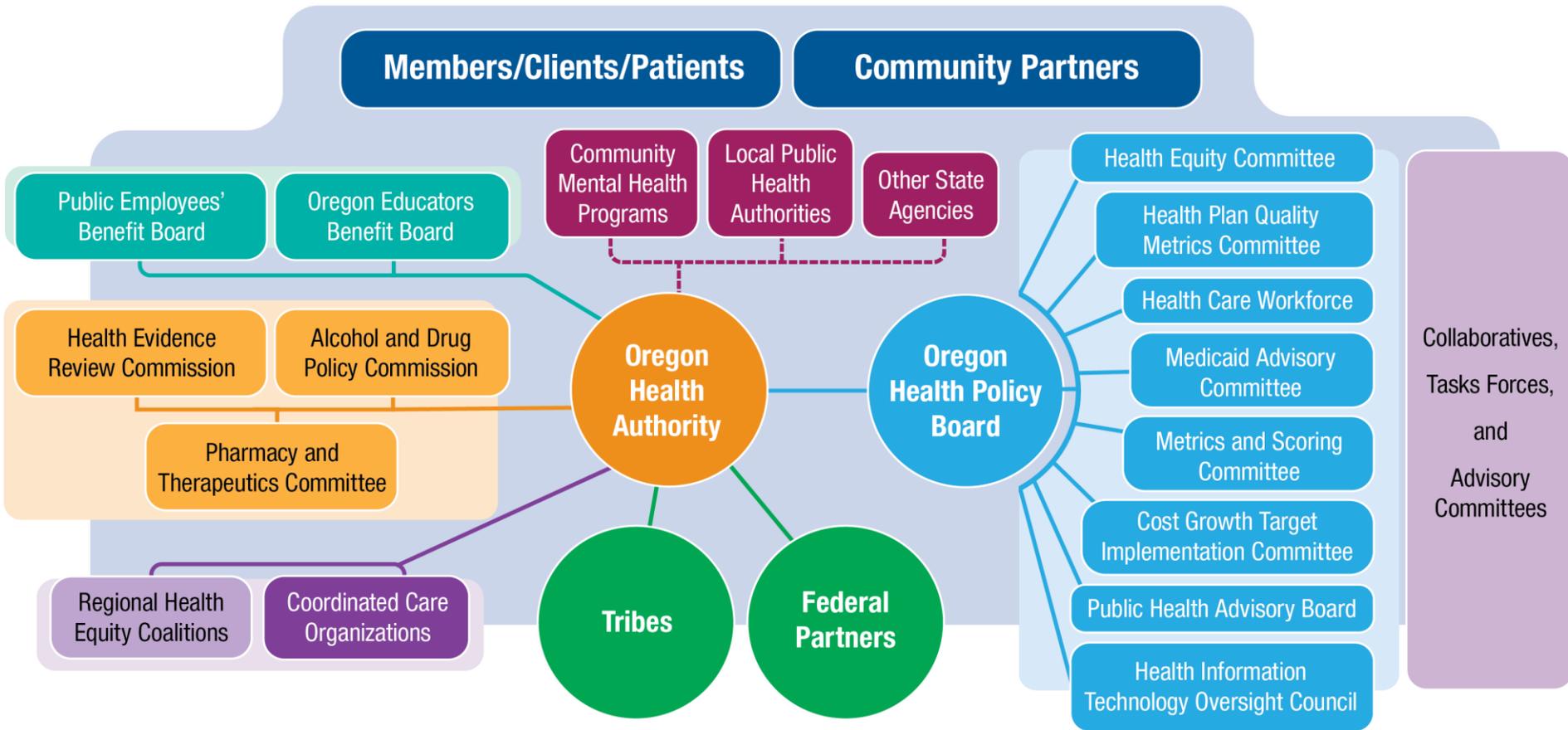
OHA Organizational Structure



OHA Vision, Mission, and Values

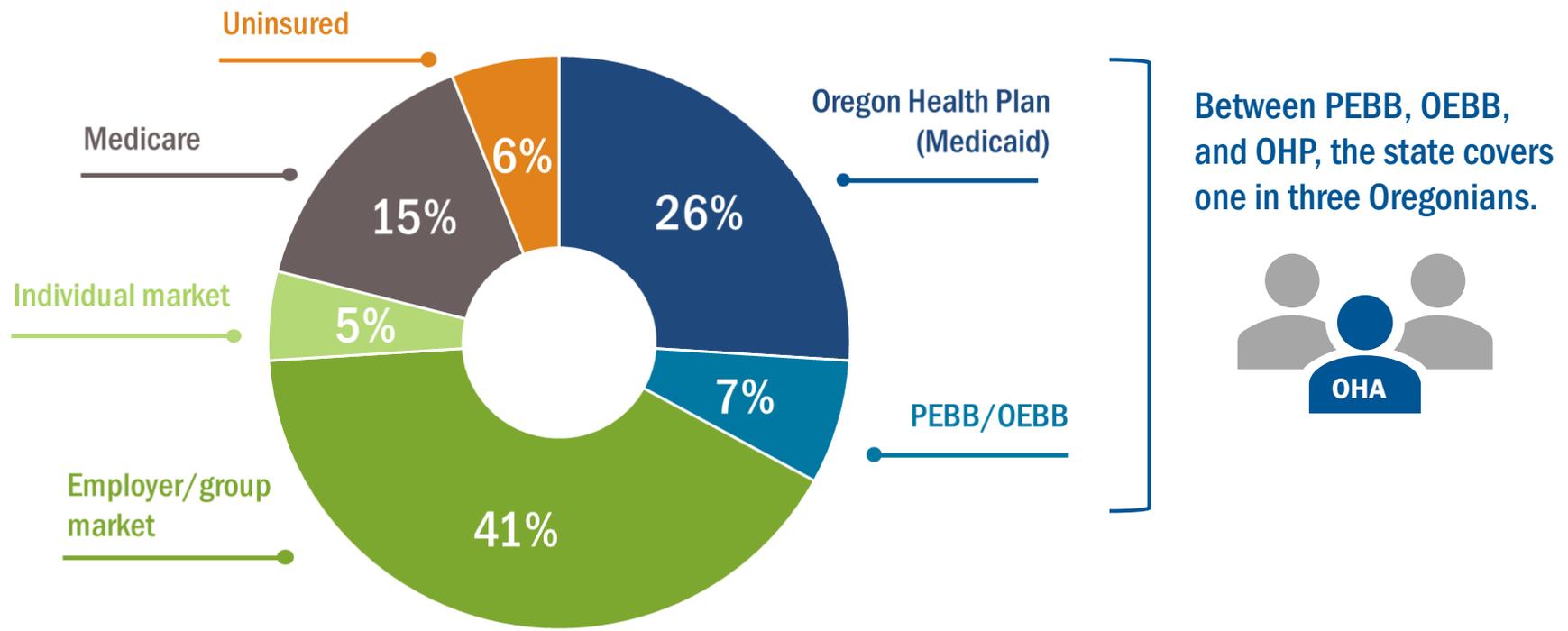


OHA Partnerships and Collaboration



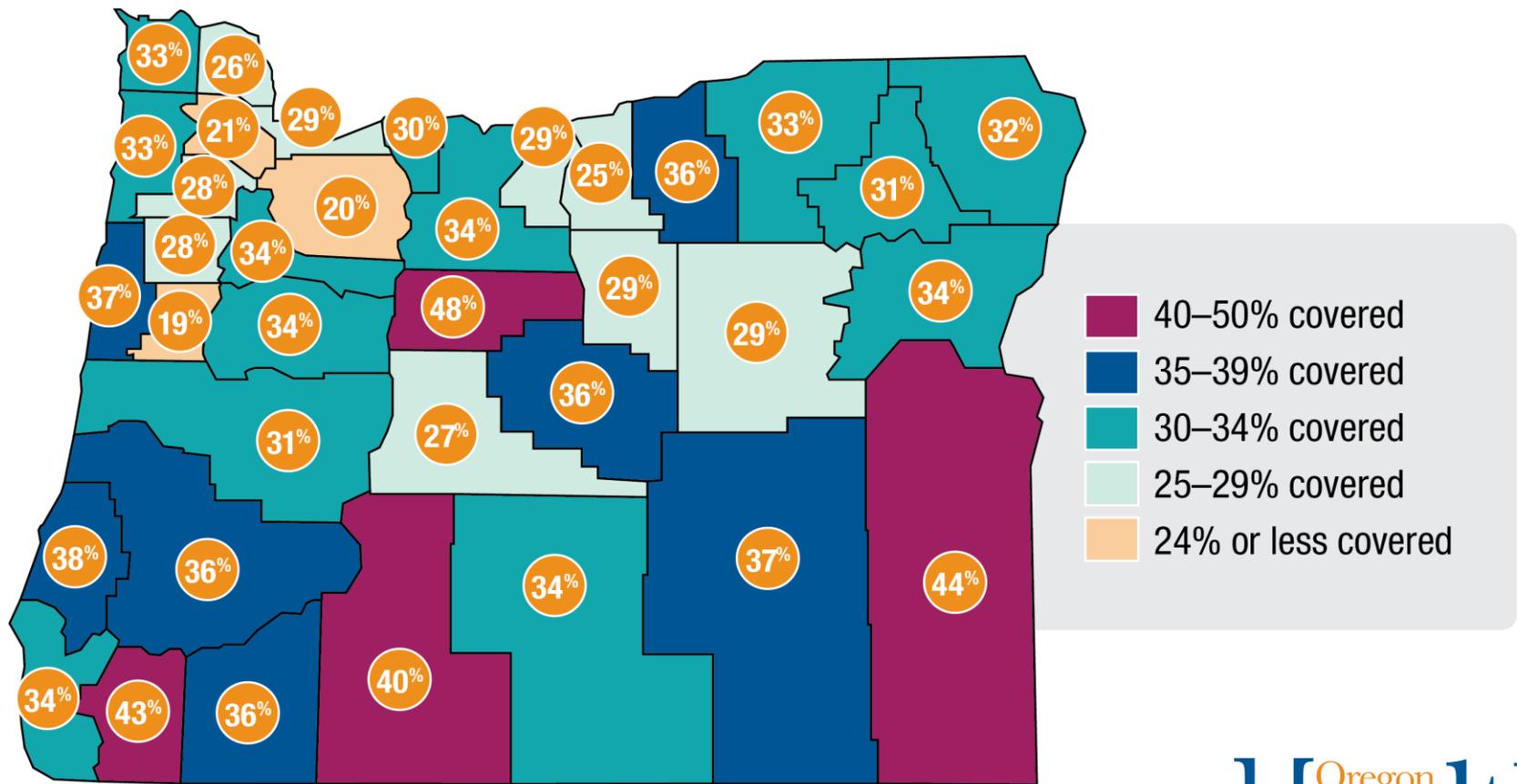
Health Coverage

- 1 in 3 Oregonians get health care coverage directly from OHA



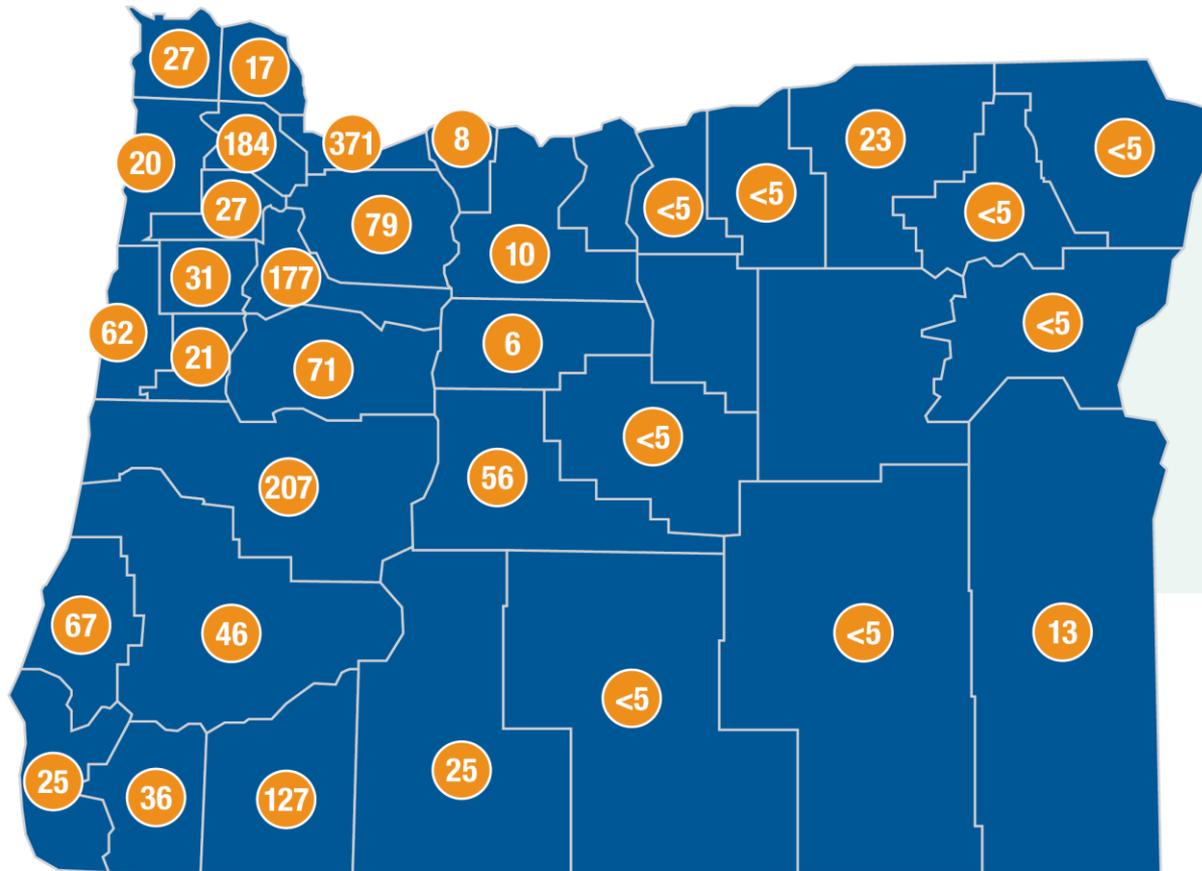
Oregon Health Plan Coverage

- Percentage of county populations receiving Medicaid benefits



Behavioral Health

- Patients admitted to Oregon State Hospital by county, 2019-2020



Community Partnerships

- Collaboration with community partners is critical for meeting local health needs
- OHA's hundreds of community partners include:
 - Community advocacy groups
 - Faith-based and charitable organizations
 - Local health clinics
 - Regional health equity coalitions
 - Local and tribal public health and social service agencies

What OHA Does

COVID-19

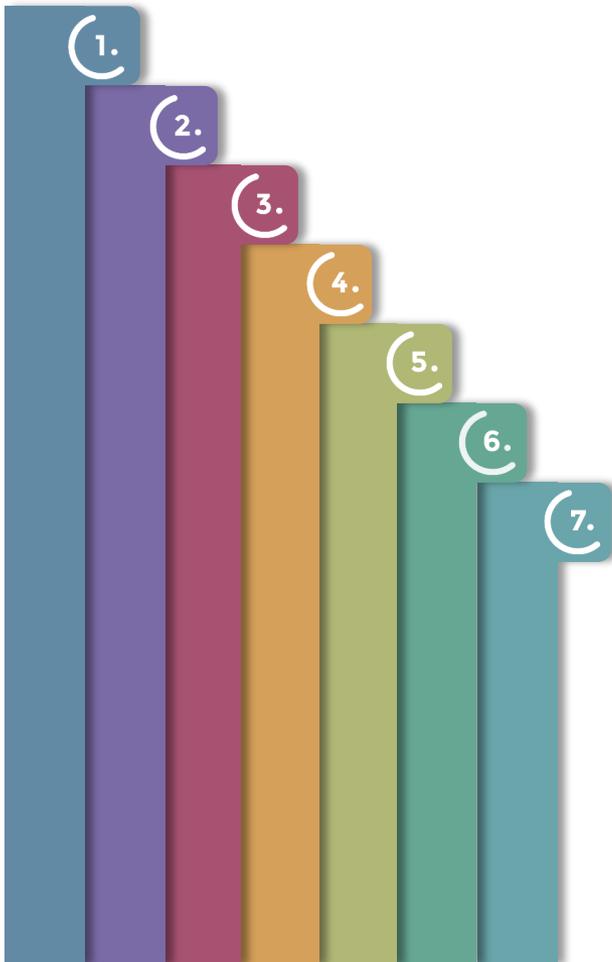
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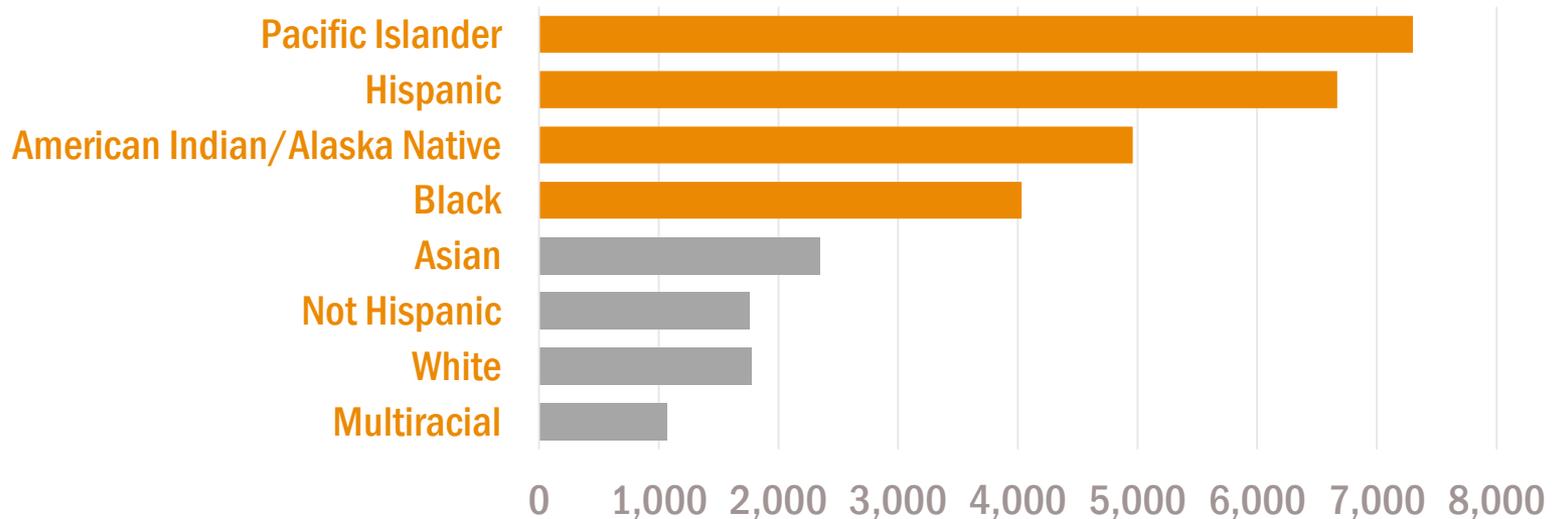
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COVID-19 in Oregon

- Current status:
 - 134,468 cases – 4th lowest per capita among states
 - 1,808 deaths – 5th lowest per capita among states
 - About 12,000 vaccinations per day, limited vaccine supply
- Communities of color still disproportionately affected (cases per 100K)



Statistics as of January 17, 2021. State rankings from CDC, <https://covid.cdc.gov/covid-data-tracker/>.

OHA Response

- **Grounded in equity and collaboration**
- Organization
 - Incident Management Team (IMT): short term emergency response
 - COVID-19 Response and Recovery Unit (CRRU): medium term response, shared service with ODHS
 - Existing OHA programs refocused on pandemic
- Activities
 - Data collection and assessment
 - Dissemination of guidance and information
 - Coordination with other state agencies
 - Testing and contact tracing
 - Behavioral health mitigation and assistance
 - Engagement and coordination with health systems, local public health, tribes, and communities
 - Vaccine planning and implementation

Impacts on OHA

Just as the pandemic has changed our state, it has changed OHA

- Staff redirected from existing duties to COVID-19 response
 - Some short-term, some long-term
 - Other activities delayed
- Broader operational and policy changes, including:
 - Wider collaboration with community organizations
 - Additional efforts to ensure language access
 - Permanent use of telework for OHA staff
- Better operational awareness of health equity by all parts of OHA

After COVID-19

The post-COVID world will not be – and should not be – merely back to the way things were

- Hold onto positive changes that happened during COVID-19 but go further to transform the health system
 - Be better prepared for future pandemics and other health challenges by building a system and infrastructure that better serves all people in Oregon
- Ground all our work in a health equity framework
 - Ensure collection of REAL D data
 - Support health equity coalitions
- Strengthen behavioral health infrastructure to provide greater resiliency, for both the system and individuals

What OHA Does COVID-19

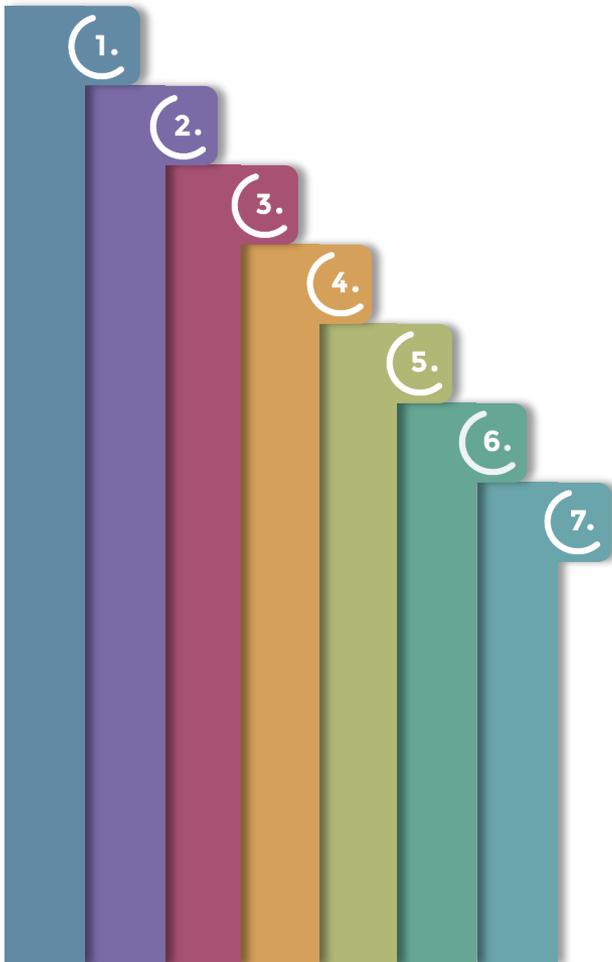
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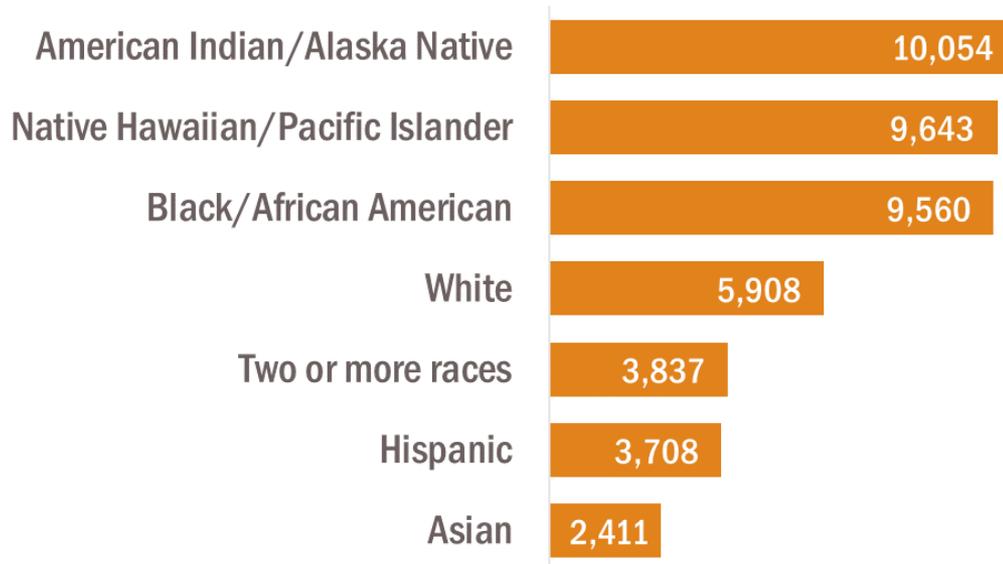


Background and History

- Health disparities are simply differences in the presence of disease, health outcomes, or access to health care between population groups
- Health inequities are differences in health that are not only unnecessary and avoidable but, in addition, are considered **unfair and unjust**
- Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups
 - Intergenerational trauma
 - Racism and historical trauma
 - Toxic stress

Health Inequities in Oregon

- Example: Many communities of color and Tribal Communities experience greater societal impact of early death
 - Years of potential life lost before age 75 (per 100,000):

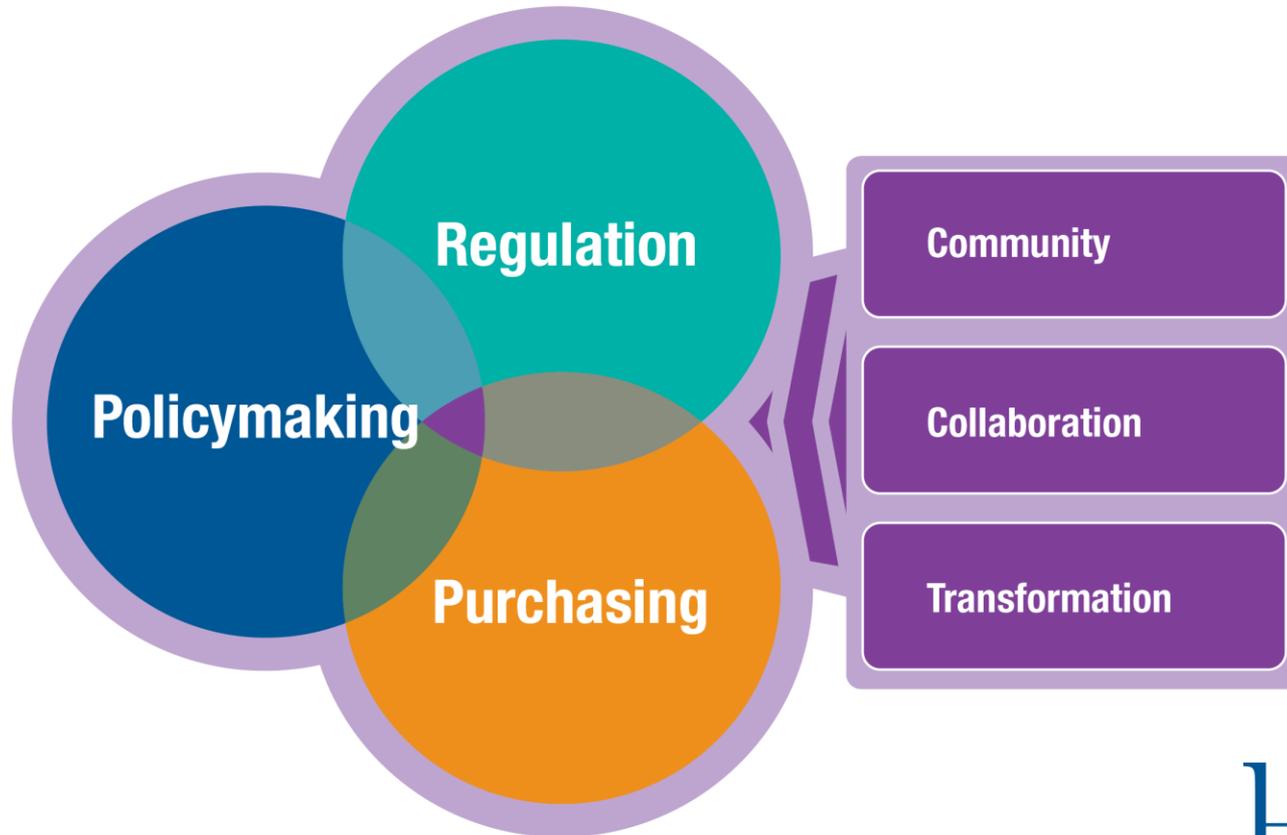


Leading causes of premature death

- Injury
- Cancer
- Heart Disease
- Perinatal Conditions
- Diabetes
- Chronic Lower Respiratory Disease
- Liver Disease and Cirrhosis

OHA Tasks and Strategic Goal

- OHA's work is different when done within a framework of eliminating health inequities in Oregon by 2030



What OHA Does
COVID-19

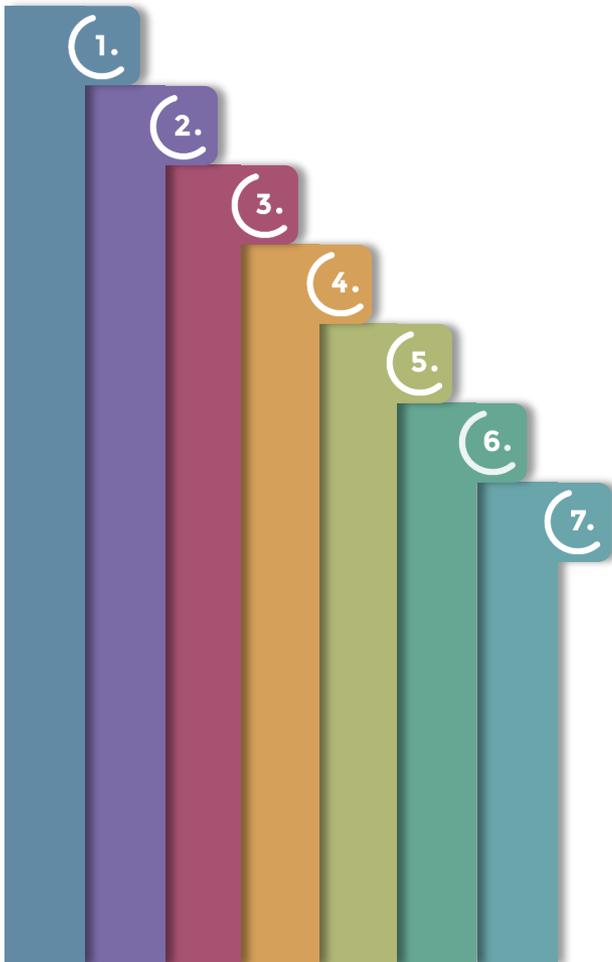
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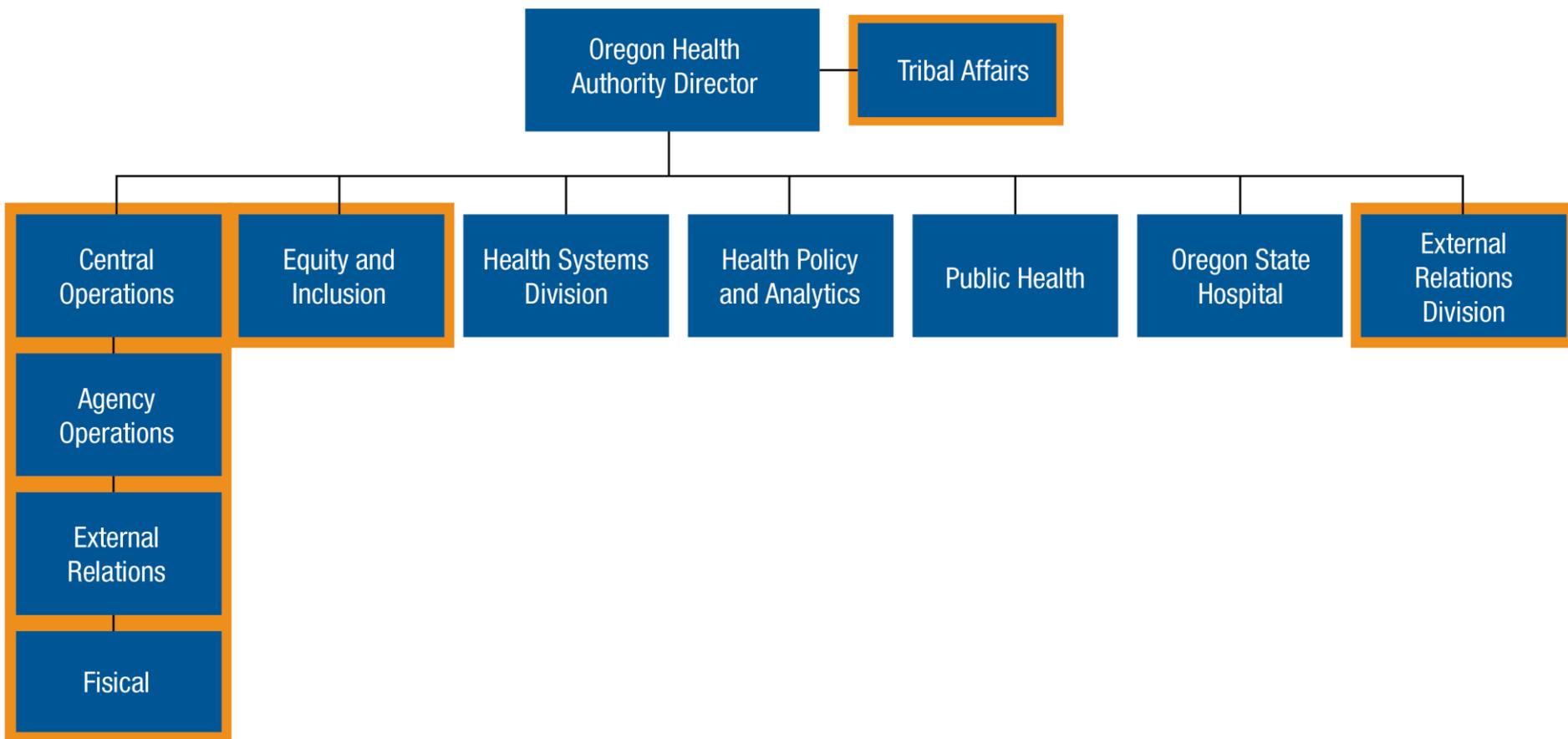
Purpose

Provide agency-wide support to help the Oregon Health Authority achieve its goals and mission

Key functions of Central Services include:

- Equity and Inclusion
- Tribal Affairs
- Central operations
 - Human resources
 - Finance and budget
 - Agency operations
- External Relations

Parts of Central Services



Equity and Inclusion Division

Equity and Inclusion Collaboration & Partnership in Action

- CCO 2.0
 - Policy options with Health Policy and Analytics and Health Systems
 - Technical Assistance for, and review of, CCO Health Equity Plans
 - Traditional Health Workers and Health Care Interpreter provisions
- State Health Improvement Plan/Healthier Together Oregon
 - Led development of policy options related to Institutional Bias with Public Health
- Health Equity Metric
 - Health Policy and Analytics and Equity and Inclusion partnership
 - First incentivized metric for CCOs
 - Meaningful Access: Health Care Interpreters and Language Access
- COVID-19 response
 - \$45 million CFR investment in partnership with Tribal Affairs and the Community Partner Outreach Program
- Technical Assistance for Behavioral Health and Oregon State Hospital
- Leading anti-racism in agency planning

Equity and Inclusion Division

Policy and Programs Around and Throughout the State

- Regional Health Equity Coalitions
- Traditional Health Workers
- Health Care Interpreters
- Cultural Competence Continuing Education
- Non-discrimination and ADA compliance for the public
- Developing Equity Leadership Through Training and Action (DELTA) Cohorts
- Race, Ethnicity, Language and Disability Demographic (REAL D) Data Collection
- Compliance with ACA Section 1557 and Language Access
- Community Engagement

Equity and Inclusion Division

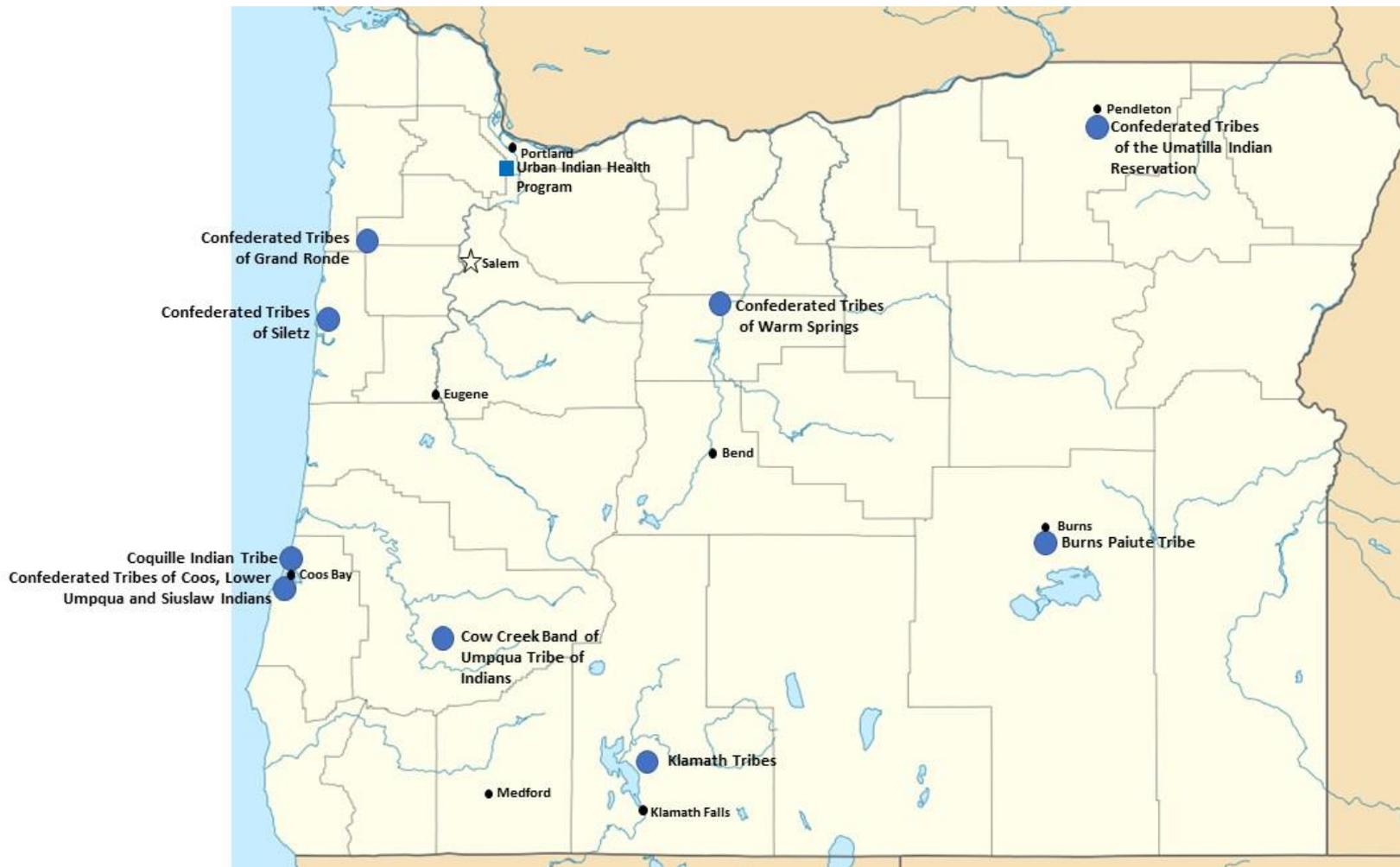
Policy and Programs in OHA

- Non-discrimination compliance in the workforce
- Equity and Inclusion at the Oregon State Hospital
- Technical assistance, training coordination and consultation
- Workforce diversity and Affirmative Action
- Equity Research and Analytics
- Policy development
- Legislative concept and bill review
- Leading anti-racism in agency planning

Tribal Affairs

- OHA honors the government-to-government relationship between the state and the Nine Federally Recognized Tribes of Oregon
- The Tribal Affairs Director and Health Policy Analyst works with leadership and staff across the agency to identify the programs and policies that impact tribes
- OHA tribal liaisons are vital to this work in specific areas, including Medicaid, Mental Health, Public Health, Equity and Inclusion, and Oregon State Hospital
- Tribal Affairs, liaisons and other OHA staff work regularly with elected tribal officials, tribal health directors and staff, Indian Health Services, Urban Indian Health Program, Northwest Portland Area Indian Health Board, as well as other agencies and organizations focusing on tribal health priorities

Nine Federally Recognized Tribes of Oregon



COVID-19 Impacts on Tribes

Tribal communities have been hit extremely hard by the pandemic. Their small close-knit communities have lost elders, cultural keepers, friends and relatives at high rates. It has impacted the physical, emotional, spiritual, and financial well being of the tribes.

OHA has focused on supporting tribal communities via:

- Personal Protection Equipment
- Testing supplies
- Resources for supporting Public Health, Behavioral Health, Medicaid, and Health Equity programs and services
- Vaccine allocation and distribution

Tribal Health Programs and Priorities

OHA supports Tribal Health Programs by providing resources for improving programs and services to best meet their needs

- Support the creation of Indian Managed Care Entities to improve tribal care coordination in tribal communities
- Create and sustain a Tribal Traditional Health Worker program
- Increase access and quality of Behavioral Health Services and supporting the Tribal Behavioral Health workforce
- Support the Dental Health Aid Therapy Program to become authorized permanently
- Modernize public health

Agency Operations Division

- Human Resources: Supports 4,400 staff
 - Recruitment
 - Employee Relations
 - Classification and Compensation
 - Training and Development
 - Oregon Family Leave Act/Family and Medical Leave Act
- Develop and Maintains OHA's Performance Management System
 - Support Quarterly Performance Reviews
 - Coordinate change management activities
 - Engage in continuous improvement processes
- Centralized Public Records management for the agency
- Office of Information Services (part of Shared Services)

External Relations Division

- Connecting Oregonians to OHA's services, programs and mission
- Responsive to the public, legislators, and the media
- Member and Stakeholder Support Unit
 - Community Partner Outreach Program
 - Ombuds Program expansion: 200+ cases on average monthly
 - Innovator Agents

Community Partner Outreach Program

- Mission: Engage communities across Oregon to advance an equitable, responsive health system
- 381 community partner organizations

Fiscal Division

- Provide oversight for financial responsibility and sustainability with Coordinated Care Organizations
- Ensure solvency and sustainability in deploying financial resources and operations
- Develop, coordinate, execute, and manage OHA budgets within divisions and across the agency
- Perform external audits of Medicaid providers and CCOs to assure proper implementation of federal and state regulations

What OHA Does
COVID-19

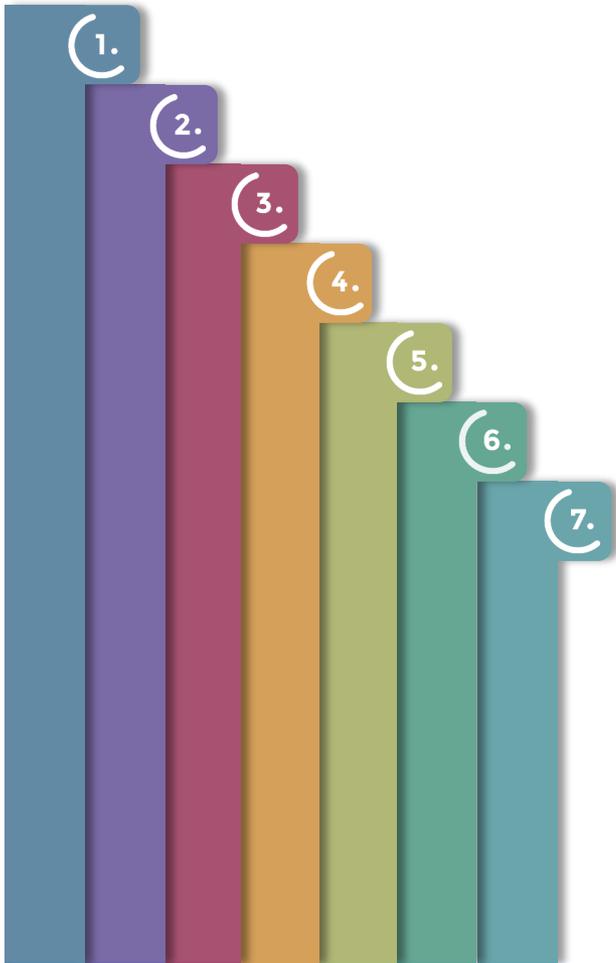
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Success: COVID-19 Funding Directed to Communities

- \$9.4 million in CARES Act funds for community outreach, contact tracing, and social services/wraparound supports
 - Distributed to 173 community organizations in July 2020
- \$45 million in CARES Act funds to address the disproportionate impacts of COVID-19
 - Distributed to 208 community organizations and tribal governments in September 2020
- \$25.6 million in CARES Act funds for culturally appropriate behavioral health services
 - Includes outreach and services to underserved communities and seniors, response lines and website, harm reduction, and COVID-19-related facility improvements
 - Distributed to counties, tribes, behavioral health residential providers, community organizations, and Lines for Life

Success: COVID-19 Communications

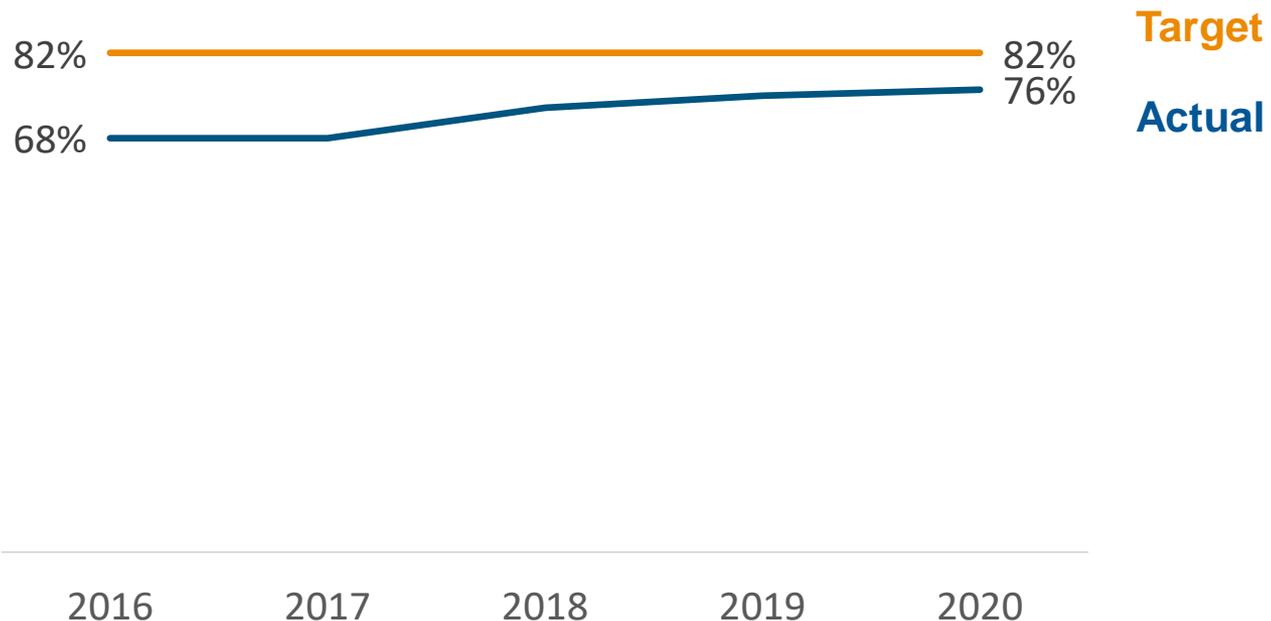
- 18 online data dashboards **updated daily**
- Oregon Coronavirus Update
 - News and updates **emailed daily** to 173,000 subscribers
 - 50% open rate (government and private sector benchmark is ~20%)
- Multiple social media posts daily
- Data report published weekly
- Guidance for 25 specific health care, business, and social sectors
 - Updated regularly, plus frequently asked questions
 - Up to 12 languages
- *“Safe + Strong”*
 - Media and online campaign for emotional and mental health support

Success: COVID-19 Response at Oregon State Hospital

- Protected the health and safety of patients and staff
- Redeployed treatment staff to ensure patients continued treatment and other activities in a safe manner
- Low end of patient cases of any state hospital in the country

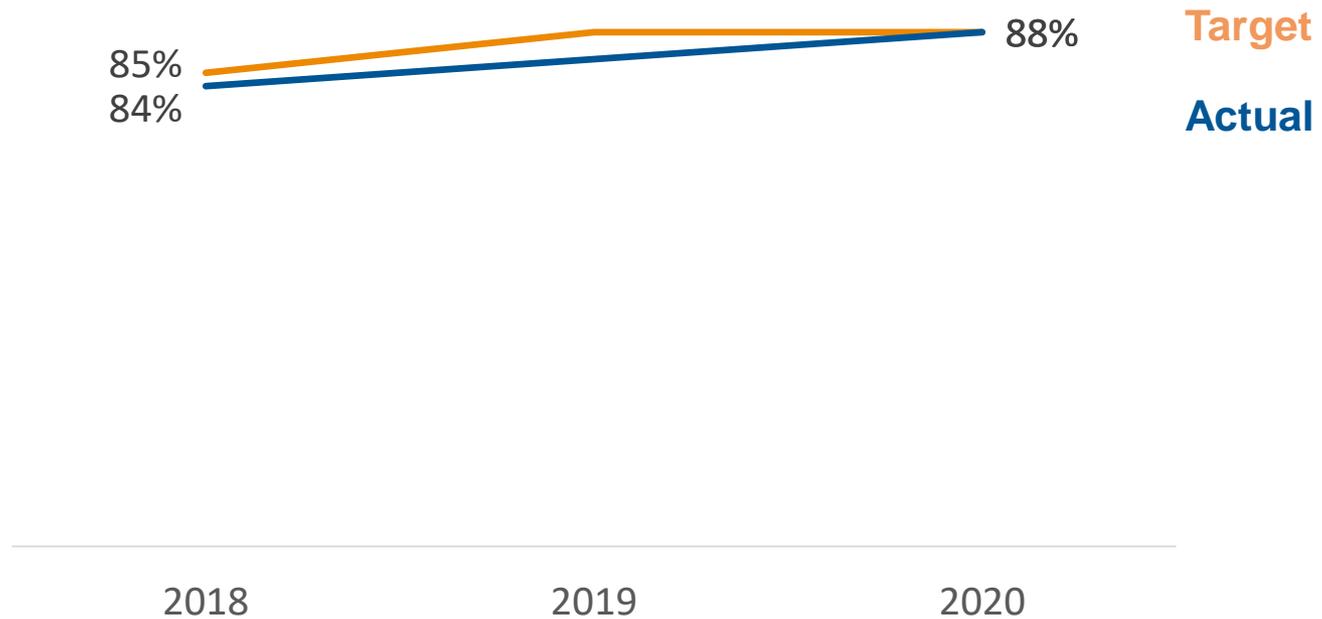
Success: Childhood Vaccinations

- Children in CCOs who received recommended vaccines by age 2
 - Part of CCO Quality Incentive Program
 - Children not in CCOs saw similar increases, but have lower rates overall



Success: CCO Enrollment

- Percent of OHP members enrolled in CCOs



Success: Accelerating Adoption of Value-Based Payments

- Value-Based Payments (VBP) link provider payments to improved quality and performance instead of to the volume of services
- The VBP Compact Workgroup has drafted a voluntary agreement based on VBP principles
- PEBB and OEBC are also aligning with VBP targets

Success: Innovations in Service Delivery

- Reproductive Health Equity Act implementation, and support of reproductive health services
- Behavioral health integration into school-based health centers
- Dental pilot projects

Success: Investments in Public Health Modernization

- Strengthening local and regional infrastructure since 2017
- Better protecting high-risk and systemically marginalized groups
- Emphasis on communicable diseases
 - Infection prevention training
 - Collaboration with local and tribal public health on vaccine outreach events, outbreak responses, and preparedness exercises
 - Flu monitoring, communicable disease reports, and infection prevention materials
 - Faster and more complete case investigations
 - **Made Oregon better prepared when COVID-19 appeared**

What OHA Does
COVID-19

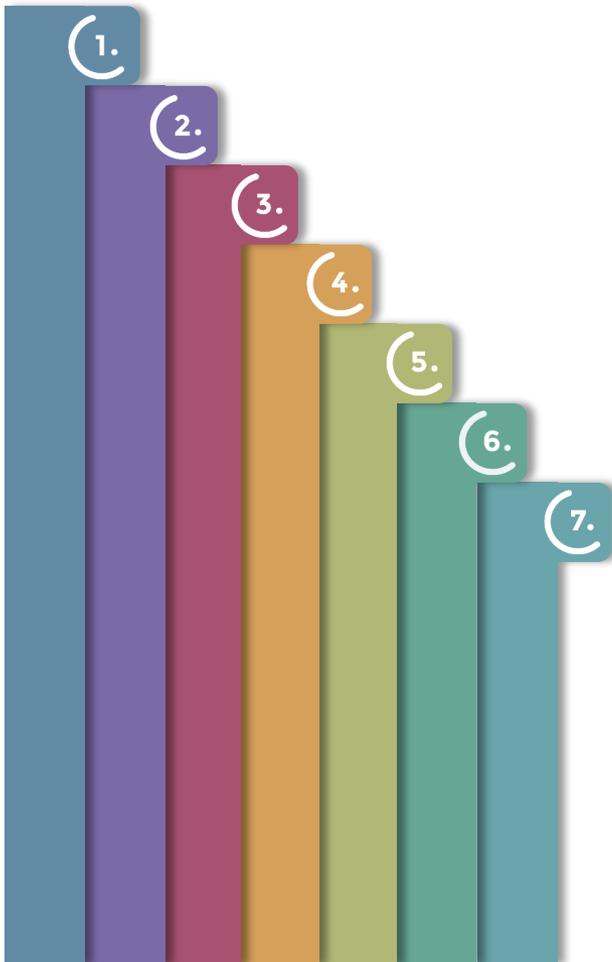
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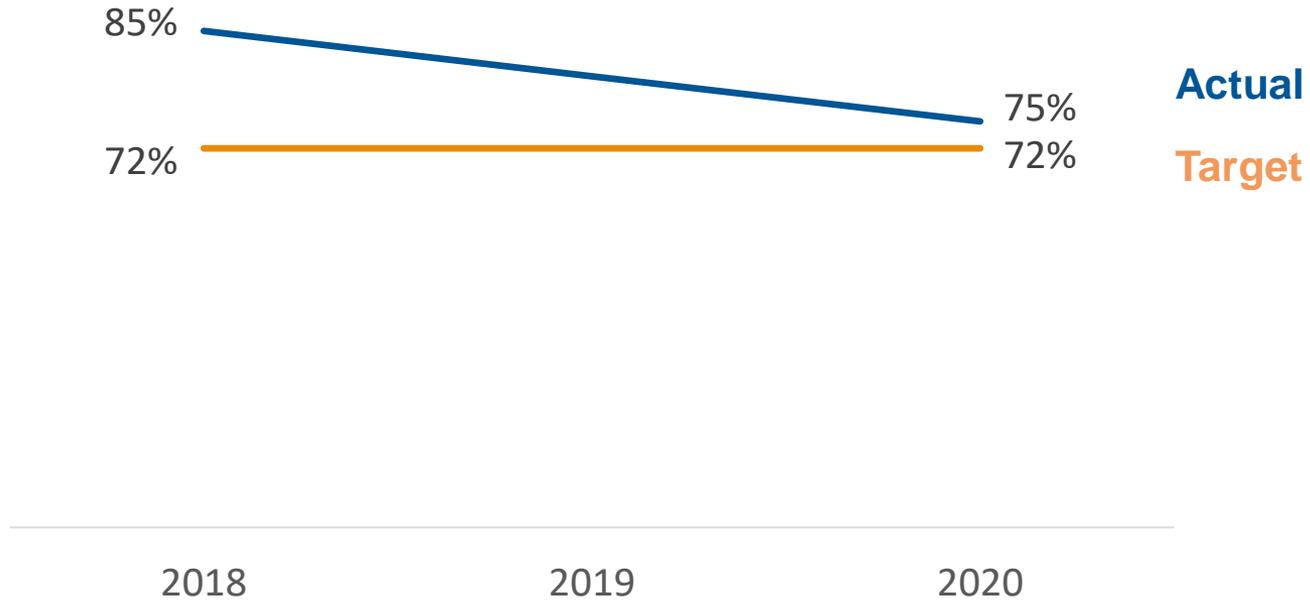
Challenge: Increasing Behavioral Health Concerns

The behavioral health system was already not meeting the need, even before COVID-19

- Disruption of behavioral health services
 - Stress on clients and provider networks
- Increase in drug and alcohol use
 - Nearly a 60% increase in the number of overdose deaths during the second quarter of 2020, compared to same period in 2019, mirroring a national trend
- Risk of suicide increase

Challenge: Follow up for Mental Illness

- Percent of OHP members who were hospitalized for mental health disorders who were seen in outpatient or intermediate treatment within 7 days of discharge

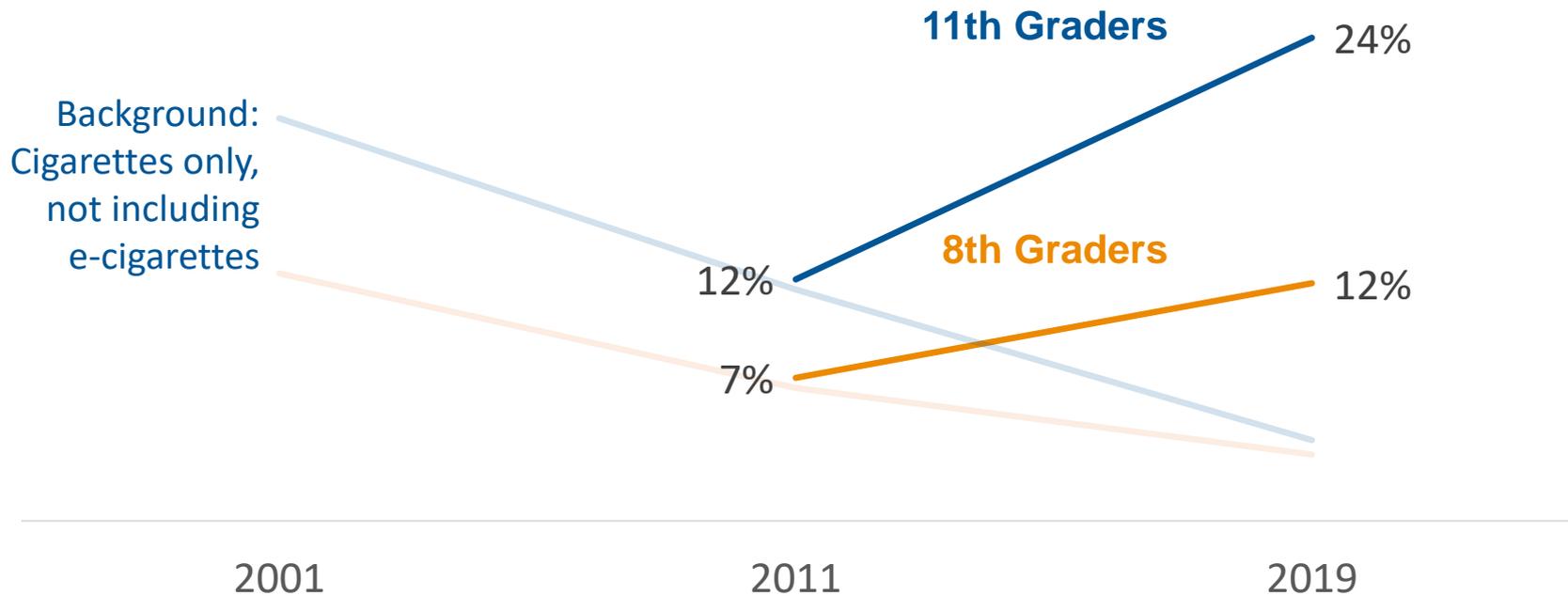


Challenge: Climate and Health

- Wildfire and smoke
- Harmful algal blooms
- Vector-borne diseases
- Extreme weather

Challenge: Youth Vaping

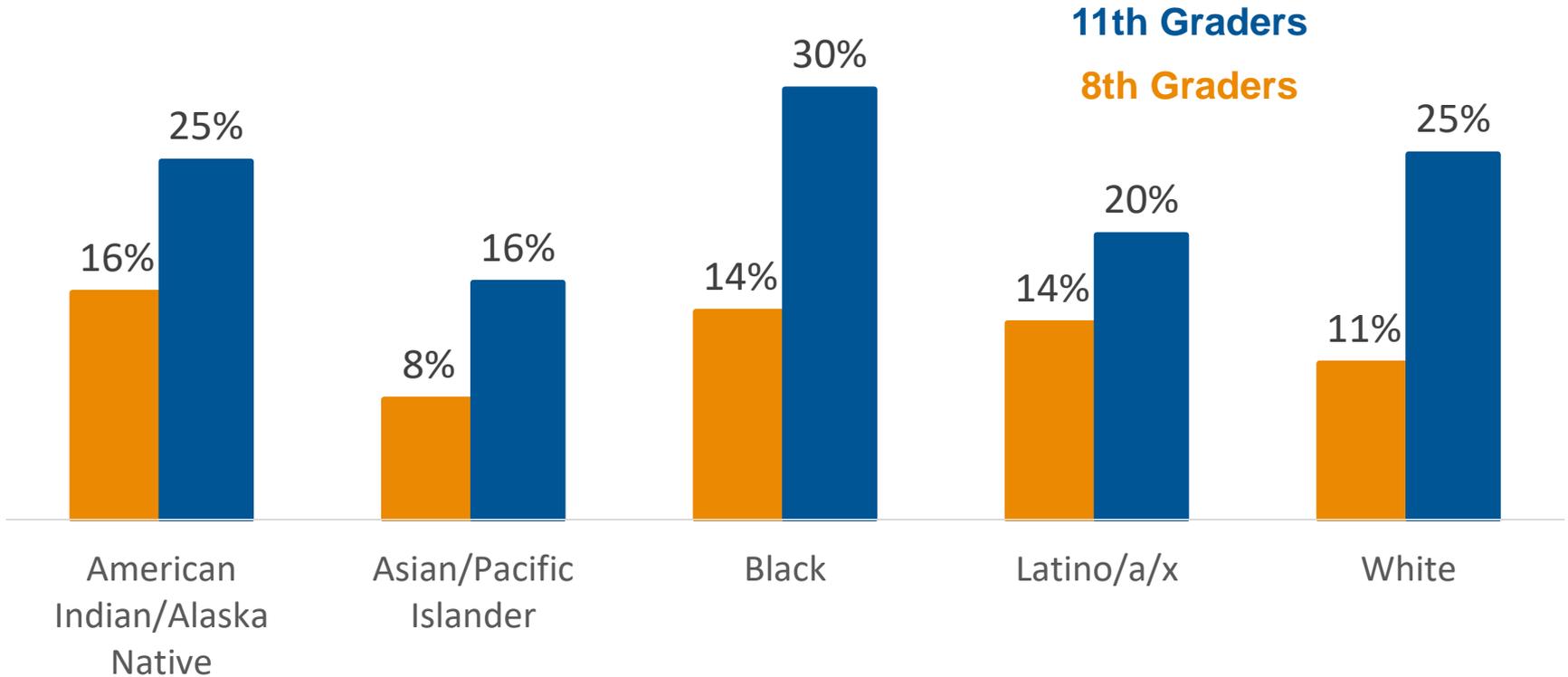
Percentage of teens who currently smoke cigarettes **and/or** use e-cigarettes



Challenge: Youth Vaping Inequity

Percentage of teens who currently use e-cigarettes

- External factors (such as industry marketing) lead to different rates



Challenge: Lack of Data on Equity

Without good data about health impacts on different populations, we cannot eliminate health inequities

- REAL D: race, ethnicity, language, and disability
- SOGI: sexual orientation and gender identity

Challenge: Limited Resources for Health Equity Collaboration and Infrastructure

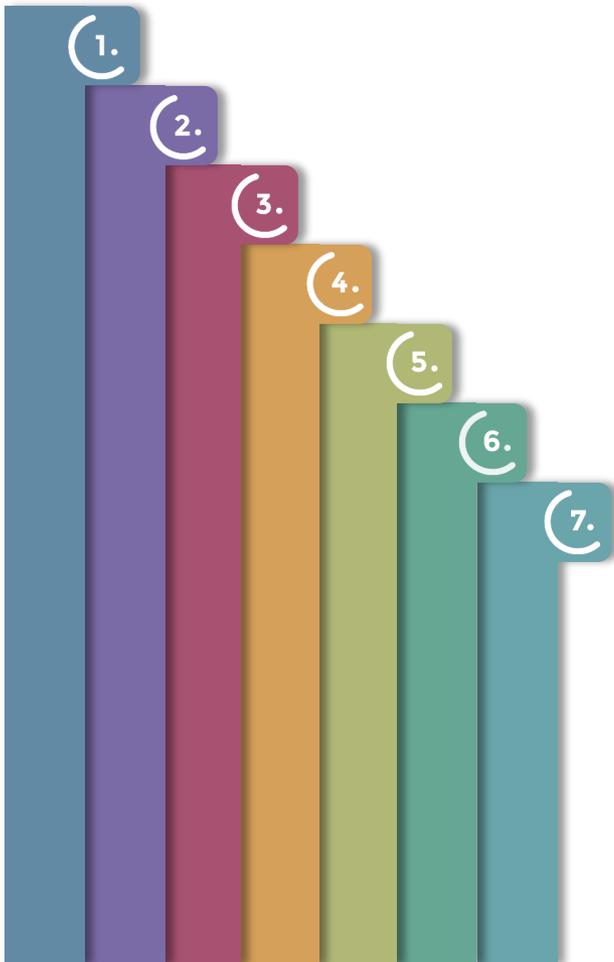
From the definition of health equity:

“Equitable distribution or redistribution of resources and power”

- Advancing health equity requires infrastructure and institutions that:
 - Break down current silos and consider health equity in every policy and business decision
 - Adopt a shared vision for health equity
 - Aim for greater alignment and amplification of existing efforts to advance health equity
 - Build collective capacity and infrastructure at the organization and committee level for change
 - Create and advance systems changes and policies that result in reallocation of resources and power

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Health Equity
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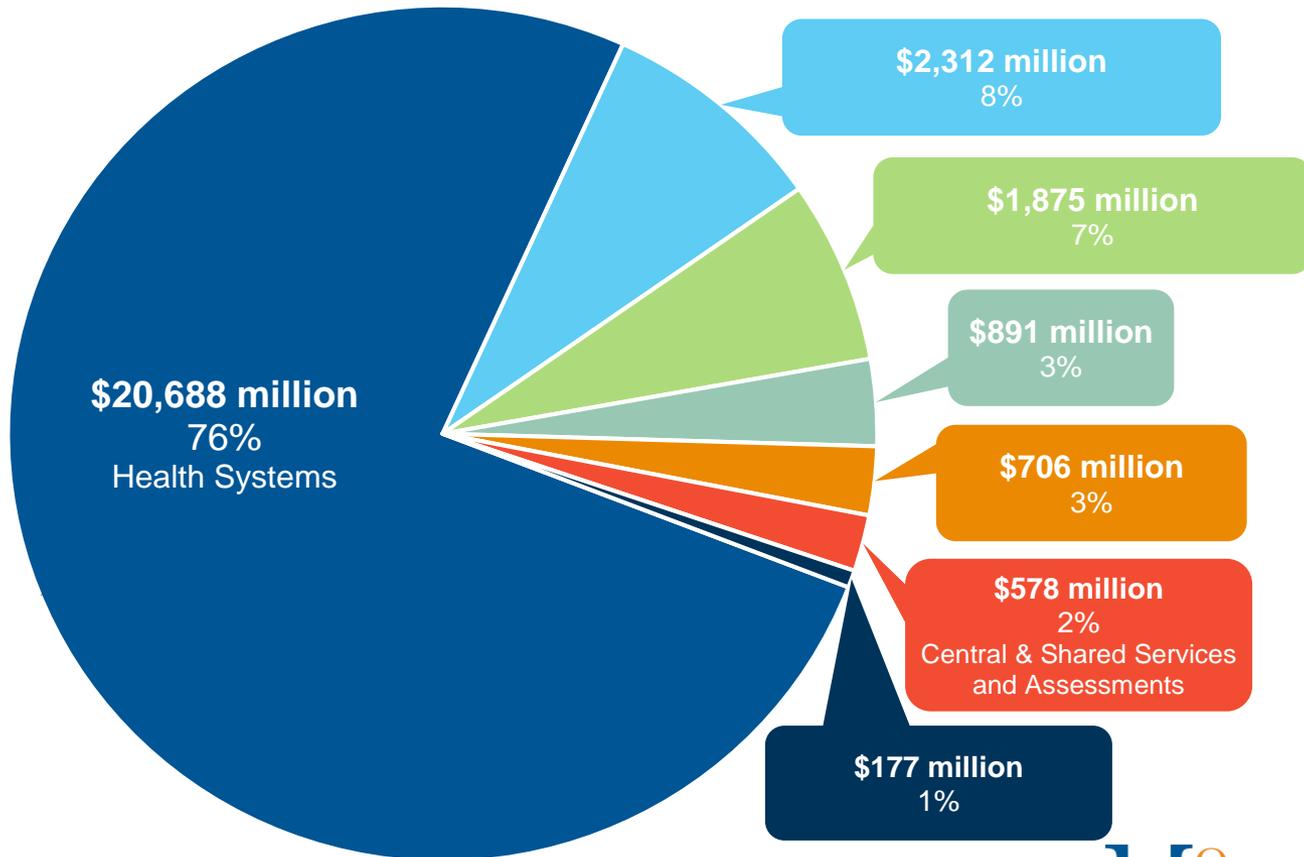
OHA Budget Priorities

- Advance health equity
- Strengthen behavioral health services
- Modernize public health
- Contain health care costs
- Advance health system transformation

2021-2023 Governor's Budget

- By division

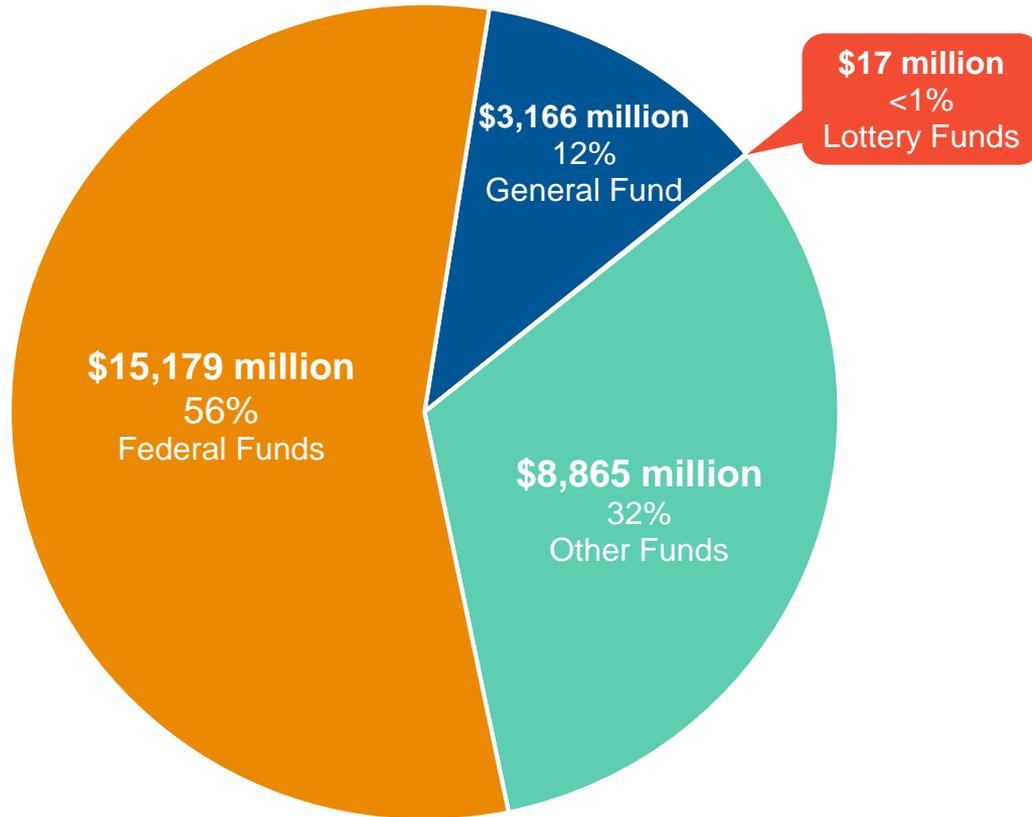
\$27,227 million Total Funds



2021-2023 Governor's Budget

- By fund

\$27,227 million Total Funds



State Assessments and Enterprise-Wide Costs (SAEC)

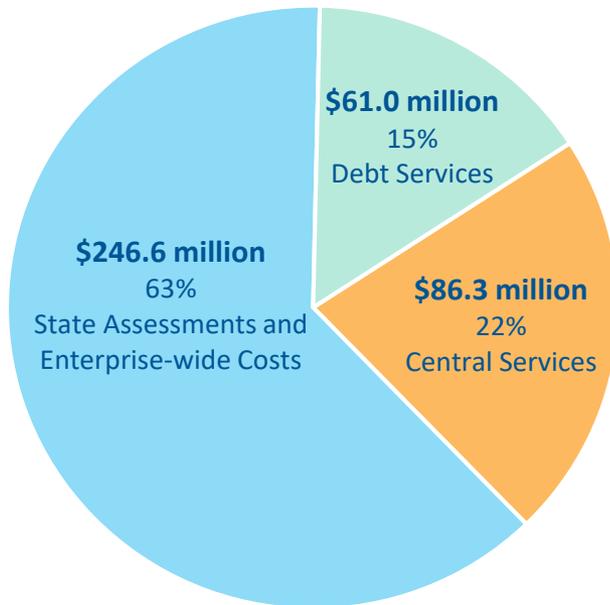
- SAEC budget covers costs for state government assessments and charges, and costs affecting the entire agency, including:
 - State government service charges
 - Risk assessment
 - Enterprise technology services
 - IT Expendable/Break fix
 - Facilities (rent, taxes, fuels and utilities, maintenance, and leasing fees)
 - Mass transit taxes
 - Benefits for unemployment
 - Debt service
 - Funding for Shared Services offices
 - Oregon Administrative Hearings

2021-2023 Governor's Budget

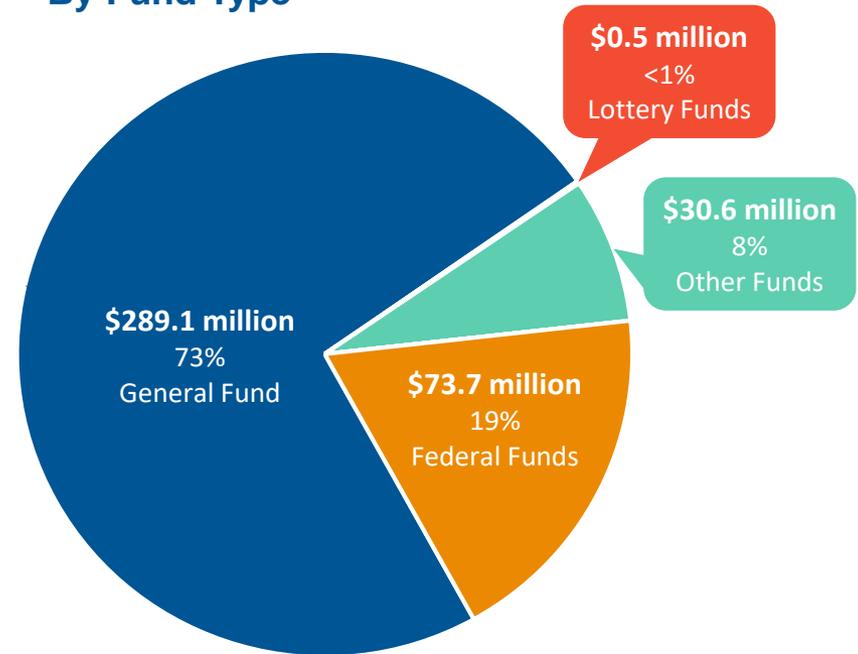
- Central Services & State Assessments and Enterprise-Wide Costs

\$393.9 million Total Funds

By Program



By Fund Type



POP 402: Strategic/Structural Health Equity Innovation and Implementation

- Addresses structural and resource deficits to complete current baseline equity and inclusion work for OHA and Oregon
- Necessary to fulfill the 10-year strategic goal of eliminating health inequities
- Supports SB 70, Regional health equity coalitions, and HB 2087, Healthcare interpreter workforce

	General Fund	Total Funds	Positions
POP 402	\$5.8 M	\$7.3 M	17

POP 403: Indian Managed Care Entity

- Assists in the creation of Indian Managed Care Entities (IMCEs), which would provide critical care coordination services to American Indian/Alaska Native (AI/AN) enrollees in the Oregon Health Plan
- Procures technical assistance for the Tribes and urban Indian health program in designing and implementing the IMCE program
- Ensures each IMCE receives their full Per Member Per Month (PMPM) payment for each AI/AN patient enrolled

	General Fund	Total Funds	Positions
POP 403	\$1.4 M	\$12.1 M	0

POP 404: Tribal Traditional Health Worker

- Funds creation of a sixth, separate Traditional Health Worker category for Indian Health Care Providers (IHCP)
 - Includes developing curriculum, training staff, and certification
- Once certified, IHCPs would be able to receive Medicaid reimbursement recognizing tribal based practices and other culturally specific services under this new worker type
- Supports HB 2088, Tribal Traditional Health Worker

	General Fund	Total Funds	Positions
POP 404	\$172,000	\$215,000	1

Thank You

Health
Oregon
Authority