
Oregon Health Authority Central Services and State Assessments & Enterprise-Wide Costs

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OREGON HEALTH AUTHORITY
Director's Office

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Governor Kotek's Budget Priorities

Build more housing
and reduce
homelessness

Improve access to
mental health and
addiction services

Ensure Oregon's children
are better served by
early literacy, child care,
and K-12 investments

Central Services' Role in this Budget

- Leadership and training on health equity
- Budget oversight to ensure accountability for public investments
- Engagement with key partners
- Operational support and guidance
- Metrics and performance review

Central Services

Equity and Inclusion Division

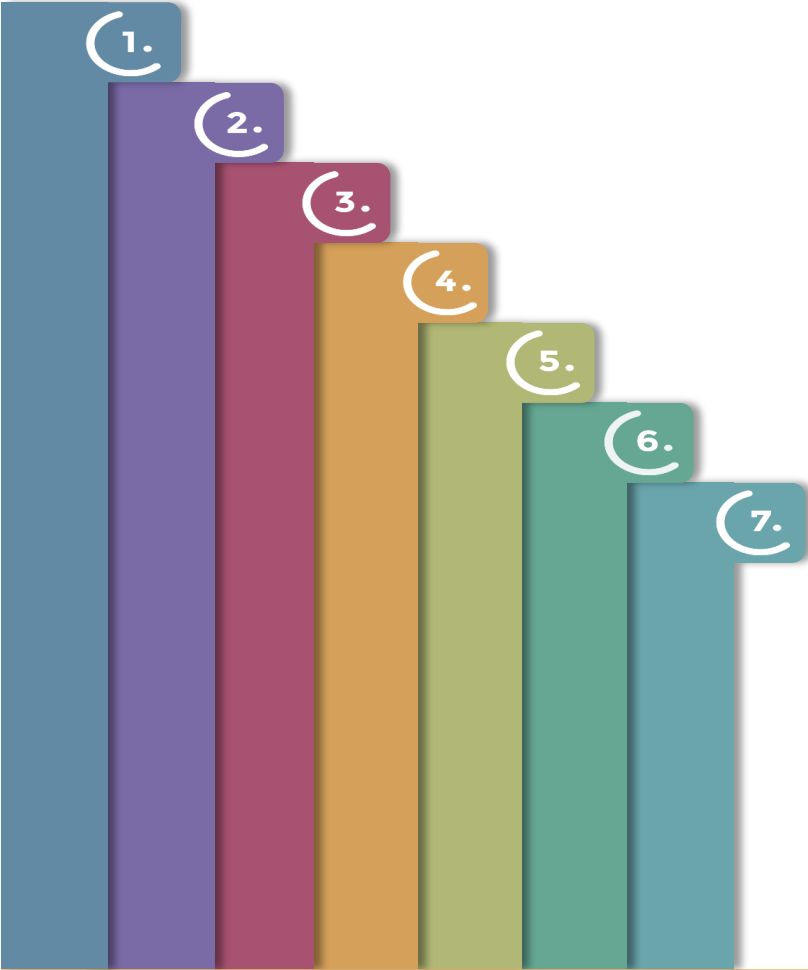
Tribal Affairs

Community Partner Outreach Program

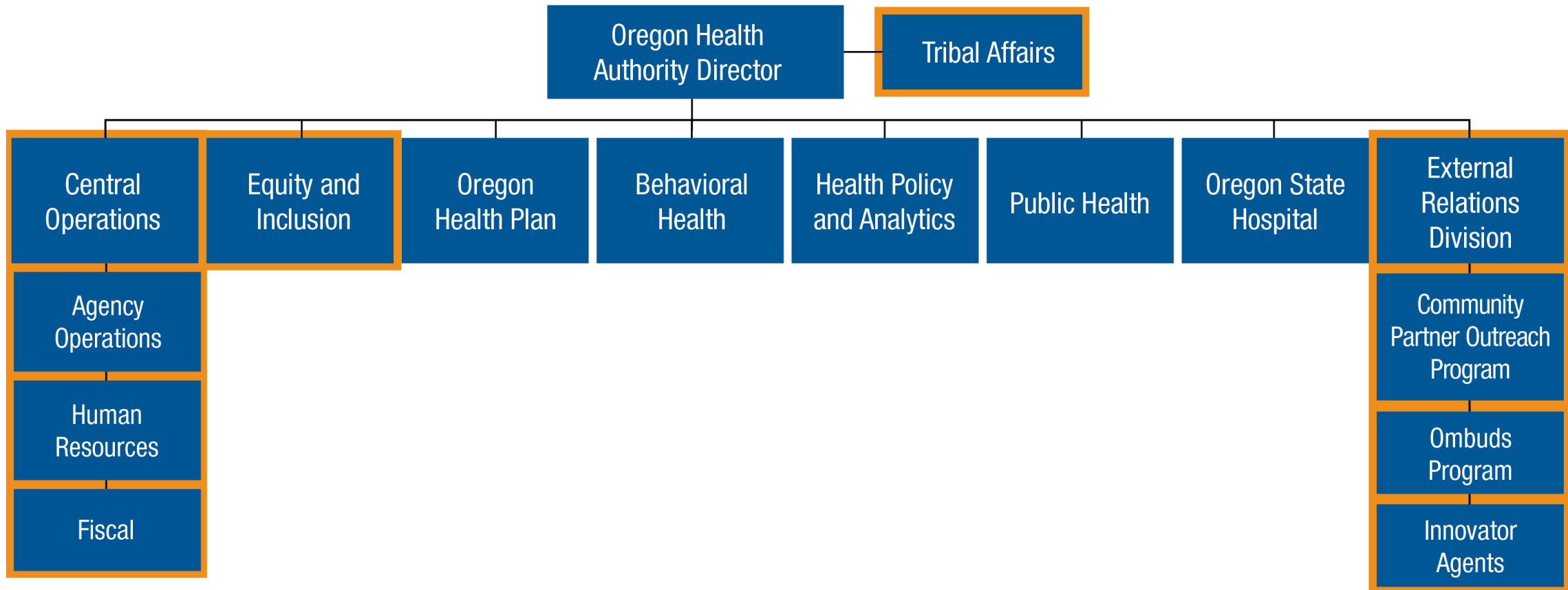
State Assessments & Enterprise-Wide Costs

Key Performance Measures

Proposed Budget



Parts of Central Services



Central Services
Equity and Inclusion Division

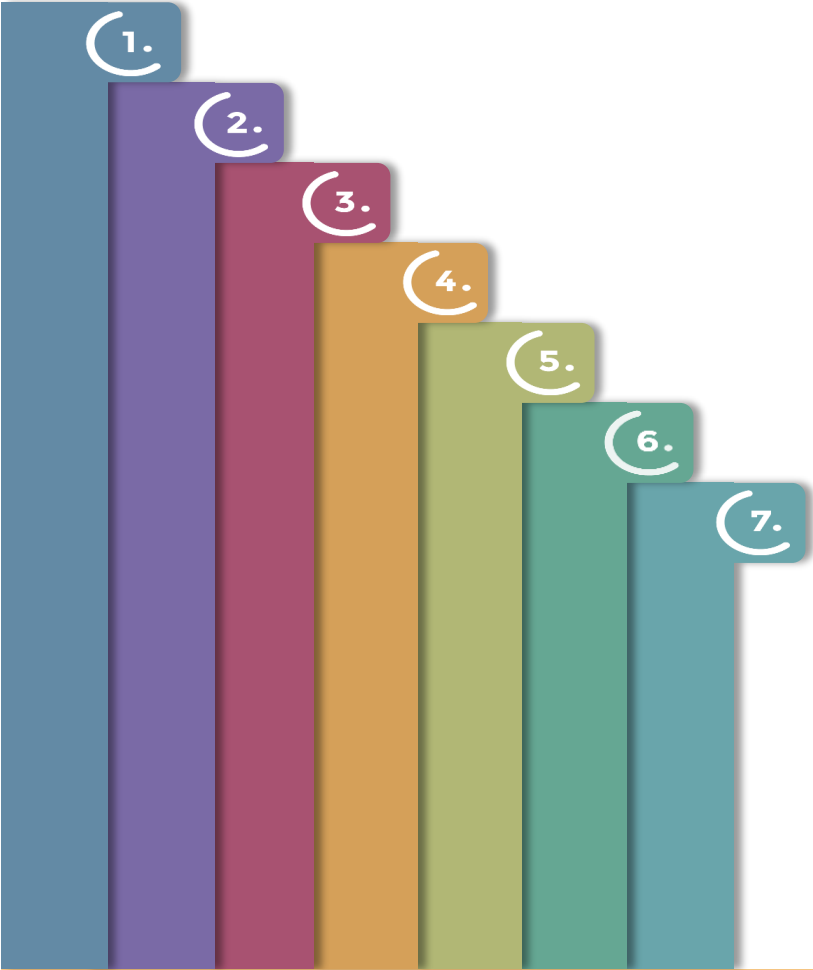
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OHA's Strategic Goal

**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, age, 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
 - Recognizing, reconciling and rectifying historical and contemporary injustices.

Established by Oregon Health Policy Board

Adopted by Oregon Health Authority

Equity and Inclusion Division

- 16+ functions for Oregon Health Authority/State of Oregon
- 8+ functions are state or federally mandated
- Policy, deep systems change, minimal direct service
- Team of 22, in process of expansion to 70+
- Follow lead of community

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, Disability, and Sexual Orientation and Gender Identity Demographic (REALD and SOGI) Data Collection
- Compliance with ACA Section 1557 and Language Access
- Community Engagement

Equity and Inclusion Division

Equity and inclusion collaboration and 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 & Analytics and Equity & Inclusion partnership
 - First incentivized metric for CCOs
 - Meaningful Access: Health Care Interpreters and Language Access
- COVID-19 response
 - \$45 million investment in partnership with Tribal Affairs and Community Partner Outreach Program
- Technical assistance for Behavioral Health and Oregon State Hospital

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, Equity Advancement and Affirmative Action
- Equity Advancement Leadership Team and Employee Resource Groups
- Equity Research & Analytics
- Policy development
- Legislative concept and bill review
- Leading anti-racism in agency planning

Central Services
Equity and Inclusion Division

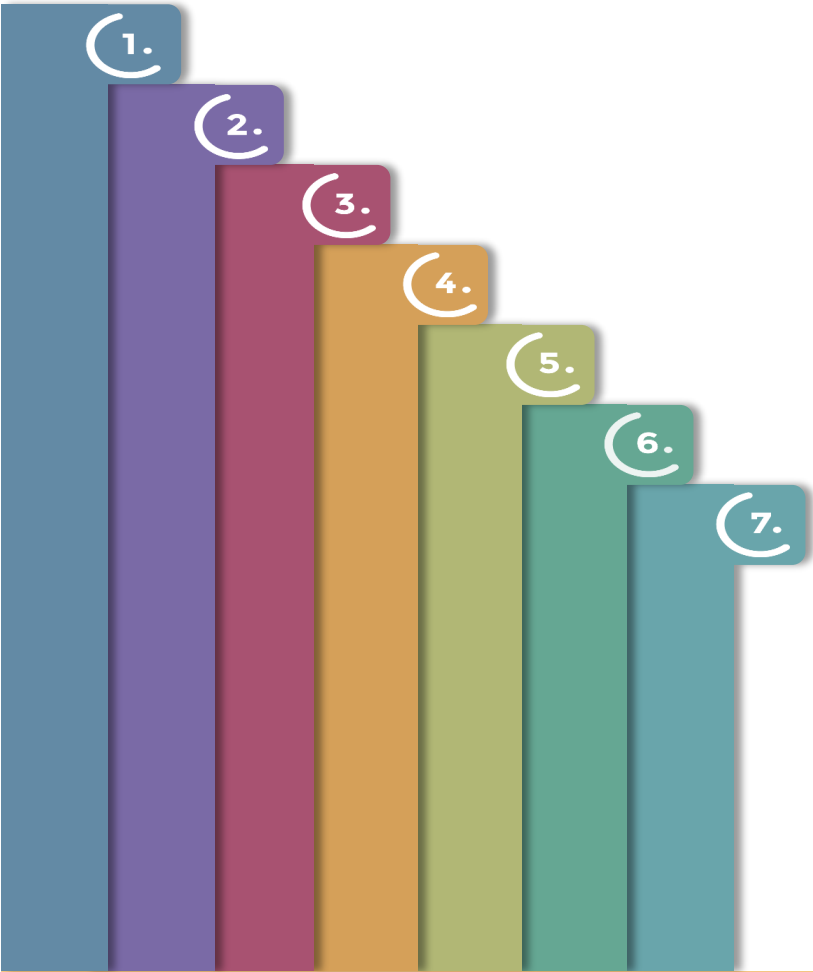
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Tribal Affairs

OHA honors the government-to-government relationship between the state and the Nine Federally Recognized Tribes of Oregon

Tribal Affairs Director works with leadership and staff across the agency to:

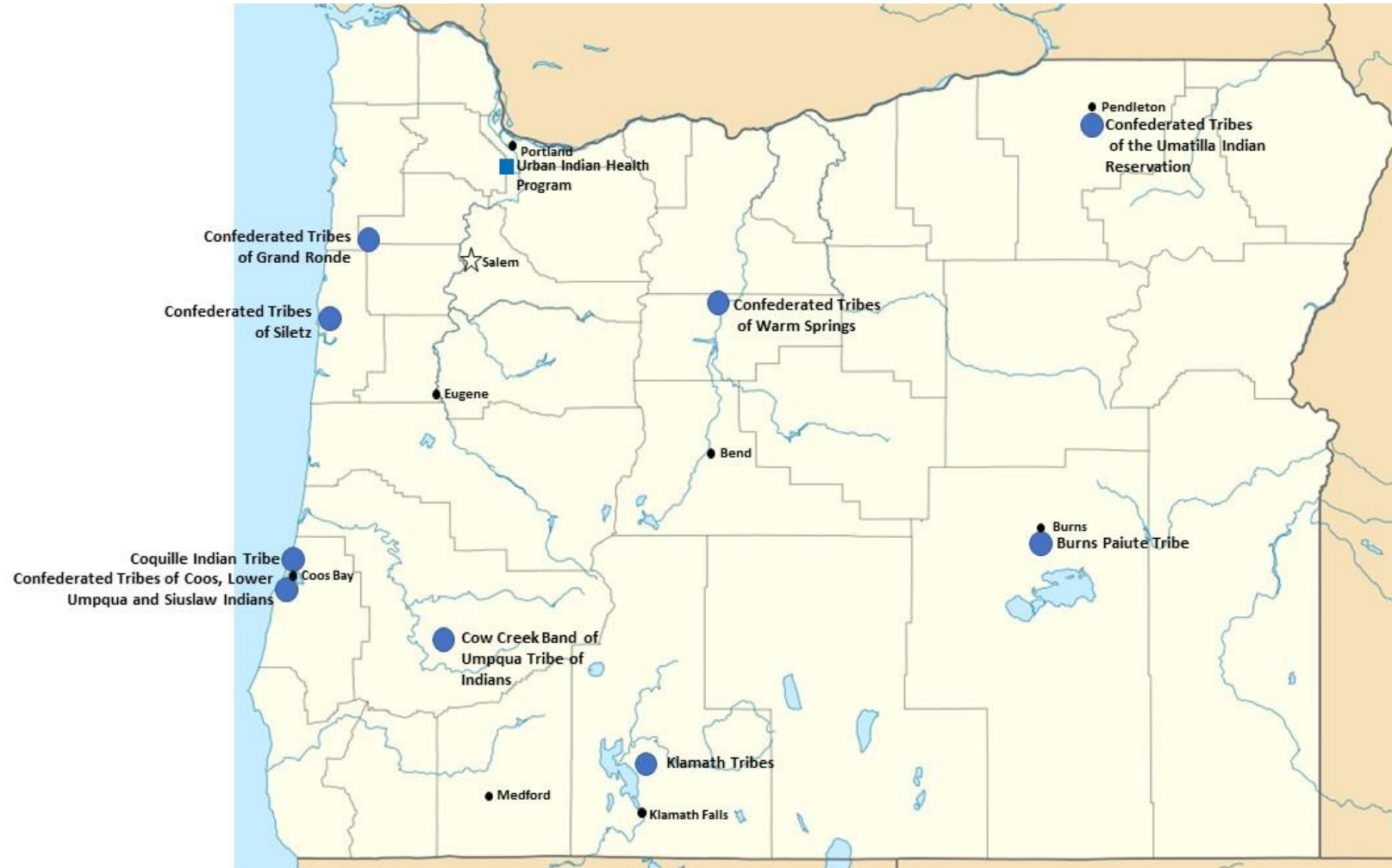
- Implement the Tribal Consultation Policy
- Identify individuals at OHA responsible for developing and implementing programs that affect Tribes
- Utilize a process to identify the programs that affect Tribes
- Coordinate communication between OHA and Tribes
- Promote positive government-to-government relations between OHA and Tribes
- Provide training to staff on the policy, process and ongoing relationship

SB770-2001 (ORS 182.162 to 182.168)

Tribal Affairs

- OHA tribal liaisons are vital to this work in specific areas, including Medicaid, Behavioral Health, Public Health, Health Policy & Analytics, and Oregon State Hospital
- Tribal Affairs, liaisons and other OHA staff work regularly with:
 - Elected tribal officials
 - Tribal health directors and staff
 - Indian Health Service
 - Urban Indian Health Program
 - Northwest Portland Area Indian Health Board
 - Other agencies and organizations focusing on tribal health priorities

Nine Federally Recognized Tribes of Oregon



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
- Increase access and quality of behavioral health services and supporting the Tribal Behavioral Health workforce
- Modernize public health
- 100% FMAP Tribal Savings & Reinvestment Program (HB 2286)
- Special Diabetes Program for Indians
- Tribal Based Practices

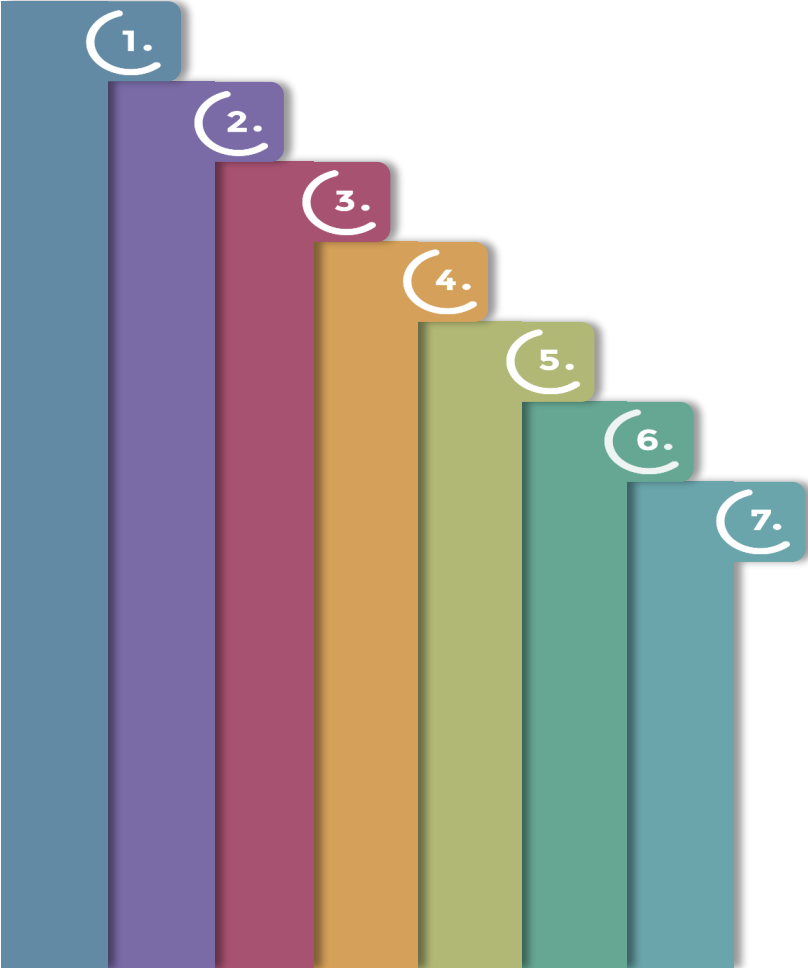
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Community Partner Outreach Program

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What is the Community Partner Outreach Program?

- Work with the Oregon Health Plan (OHP), Oregon's Medicaid program
- Network of over 381 organizations in every county in Oregon
 - 1400+ certified Oregon Health Plan application assisters
 - Referred to as Community Partners or assisters
- Regional and statewide team that provides support to diverse network of community partners
- Administers grants to Community Partner organizations

A Community-Centered Approach

- Our mission is to engage communities across Oregon to advance an equitable, responsive health system, envisioning a strong and healthy Oregon
 - Together, we strive for a stronger, healthier Oregon
 - Through passion and collaboration, we elevate both the beauty in diversity and unique community needs
- Our goal is reducing health disparities through:
 - Medicaid enrollment
 - Outreach
 - Healthcare system navigation and utilization of benefits



CPOP History



Community Engagement

- CPOP Community Partner network can listen to the voice of community and share it back with CPOP Regional Outreach Coordinators
- Information shared back helps us be more responsive to people in Oregon and make improvements in how we serve them
- When we hear from community partners regarding housing, behavioral health needs, substance use disorder or other Social Determinants of Health, we search for resources that exist within communities and share those with the network, so they can be more responsive to those needs

Shifting Focus From Enrollment to Navigation

- In addition to helping community members apply for Medicaid, many Community Partners also already provide:
 - Advocacy for underserved populations
 - Outreach to communities
 - Connection to community resources to address Social Determinants of Health
- Grant funding requirements
 - Healthcare System Navigation
 - Specific requirements to grants around healthcare navigation

What is Healthcare System Navigation?

- Essential when a member has not accessed health care services – or perhaps only accessed them through emergency rooms – because English is not their primary language
- Community Partner network is able to help them understand:
 - How to set up appointments
 - How to ask for and receive interpreter services for their appointments
- Ensures members get more timely care, get preventative care, and can access the care they need at the least expensive point in care services

Agency Operations Division

- Human Resources: Supports 5,224 staff (2021-2023 budget)
 - Recruitment
 - Employee Relations
 - Classification and Compensation
 - Training and Development
 - Oregon Family Leave Act/Family and Medical Leave Act
- Develops and maintains OHA's Performance Management System
 - Quarterly Performance Reviews
 - Change management activities
 - Continuous improvement processes
- Centralized Public Records management for the agency
- Office of Information Services (part of Shared Services)

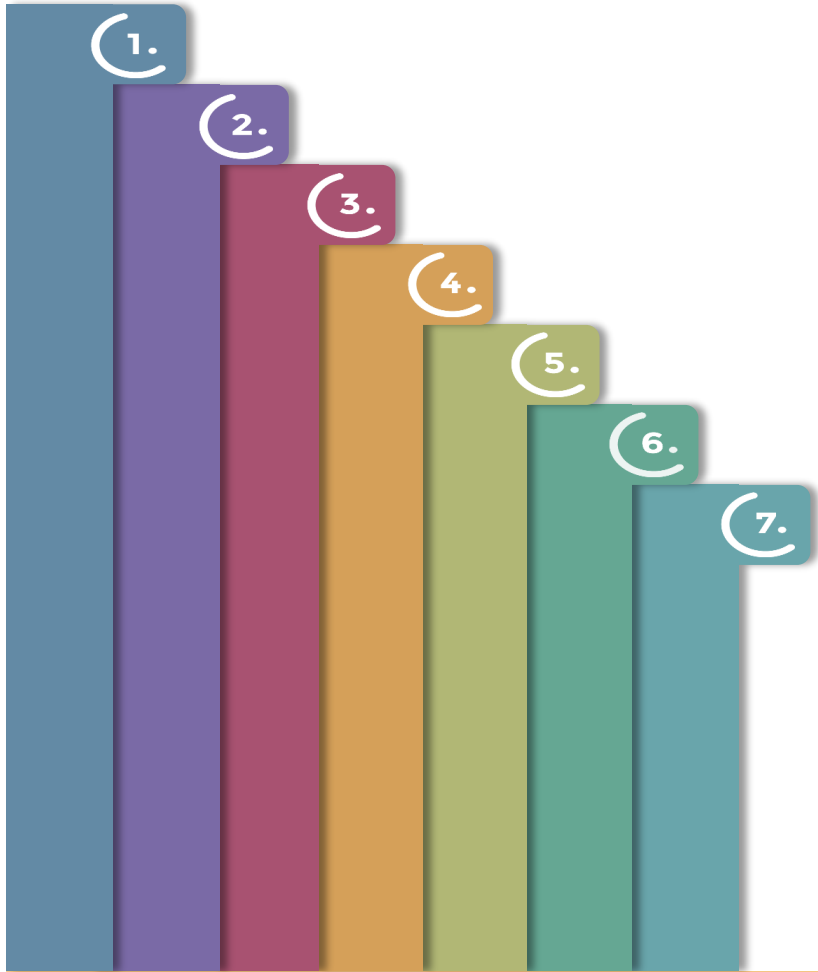
External Relations Division

- Connecting people in Oregon 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 (assistance for Oregon Health Plan members)
 - Innovator Agents

Fiscal Division

- Provides budgetary direction and oversight for all OHA resources
- Manages day to day Medicaid budget issues to assure greatest federal match for services
- Oversees the CCO rate development process and reviews CCO financial submissions
- Sets regulatory framework for Medicaid finances in Oregon
- Performs external audits of Medicaid providers and CCOs to assure proper implementation of federal and state regulations

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State Assessments & 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

Central Services
Equity and Inclusion Division

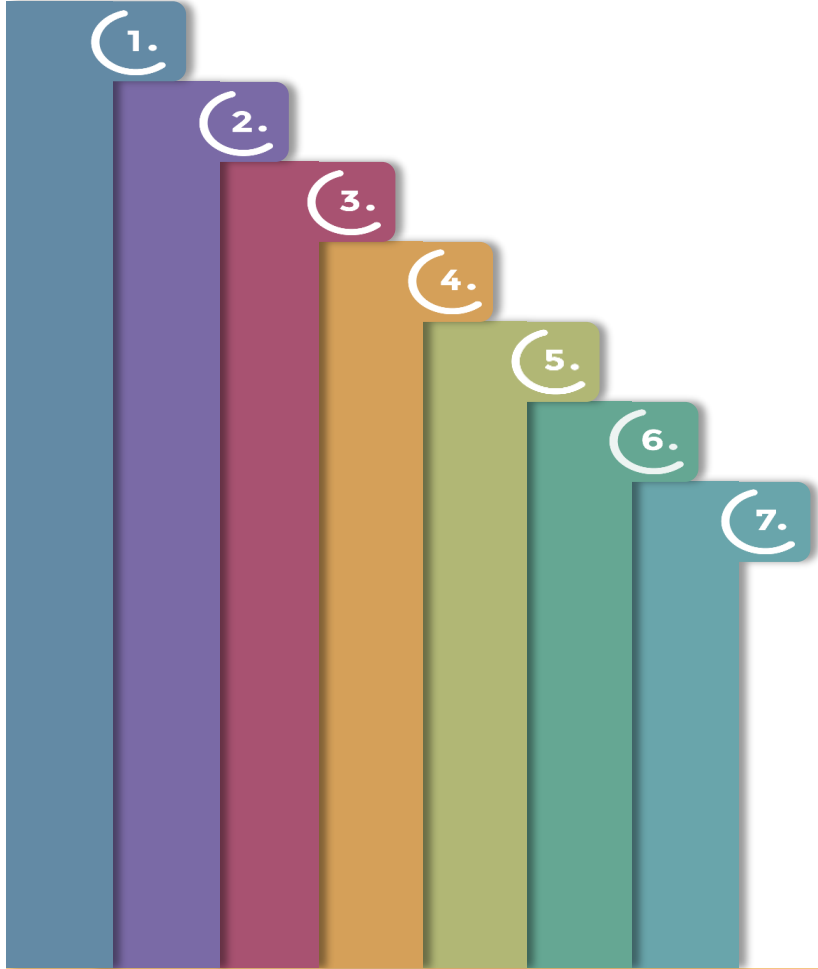
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Key Performance Measures (KPMs)

- OHA desires that its KPMs align with its strategic goal of eliminating health inequities in Oregon by 2030
- Proposed changes:
 - Keep: 18
 - Add: 20
 - Delete: 23
- Many KPMs to add include disparity categories (marked with *)
 - American Indian & Alaska Native
 - Asian
 - Black & African American
 - Hispanic & Latinx
 - Native Hawaiian & Pacific Islander
 - White/Multiracial/Other
 - Disability
 - Gender

Existing OHA Performance Measures to Add to KPMs

- Comparison of OHA workforce to potential labor market*
- Comparison of OHA non-supervisory managers to potential labor market*
- Comparison of OHA supervisory managers to potential labor market*
- Comparison of OHA voluntary separations to all agency separations*
- Comparison of OHA involuntary separations to all agency separations*
- Quality of life - Poor physical health*
- Quality of life - Poor mental health*
- Premature death*
- Mortality from drug overdose*
- Tobacco use - Teens
- Obesity - Teens
- Statewide sustainable cost of care
- OHA sustainable cost of care
- Critical events meeting the 14-calendar day timeline to provide correspondence to Tribal leaders
- Tribal consultations meeting the 30-calendar day timeline for reporting of outcome of consultation
- Timeliness of translations during emerging public health events
- Health equity measure: meaningful language access to culturally responsive health care services for CCO members – Component #1
- Health equity measure: meaningful language access to culturally responsive health care services for CCO members – Component #2
- Infant mortality rate*
- Reduction of severe maternal morbidity

Existing KPMs to Delete (Still to be Tracked by OHA)

- Follow-up care for children prescribed with ADHD medication (initiation)
- Follow-up care for children prescribed with ADHD medication (continuation and maintenance)
- 30 day alcohol use among 6th graders
- 30 day illicit drug use among 11th graders
- 30 day alcohol use among 11th graders
- Prenatal care (population)
- Prenatal care (Medicaid)
- Patient centered primary care home (PCPHC) enrollment
- PQI 01: Diabetes short-term complication admission rate
- PQI 05: COPD or asthma in older adults admission rate
- PQI 08: Congestive heart failure admission rate
- PQI 15: Asthma in younger adults admission rate
- Member health status – Adults
- Member health status – Children
- Rate of tobacco use (Medicaid)
- Effective contraceptive use (population)
- Effective contraceptive use (Medicaid)
- Flu shots (population)
- Child immunization rates (population)
- Child immunization rates (Medicaid)
- Plan all cause readmissions
- Eligibility processing time
- OHP members in CCOs

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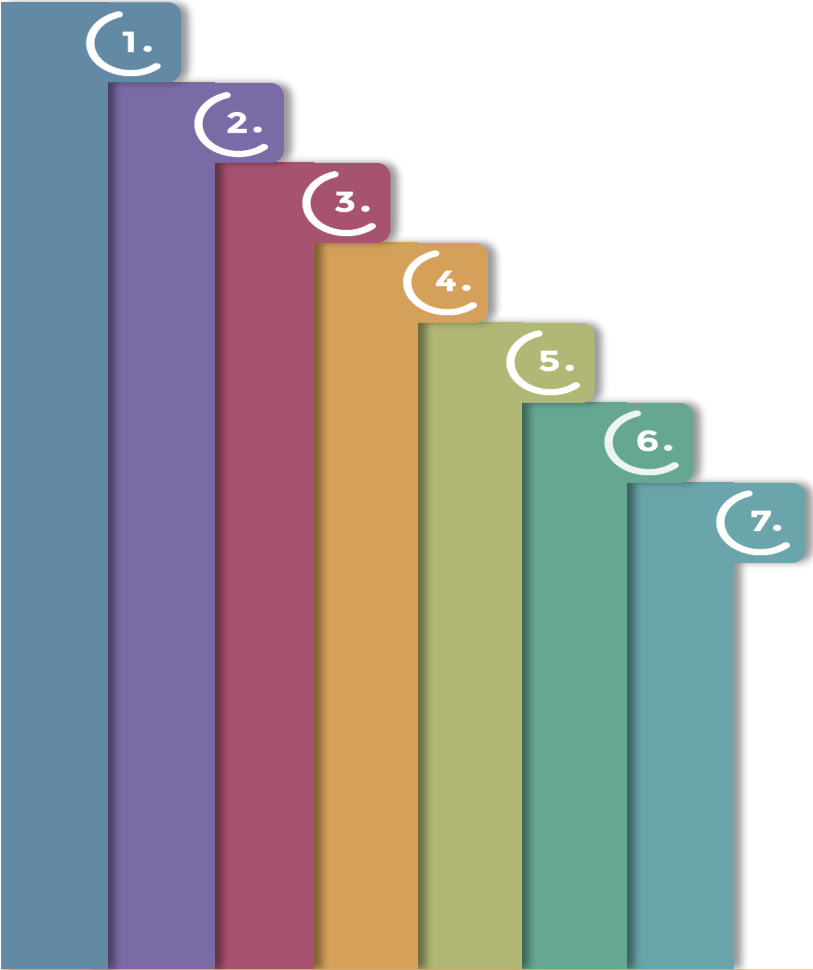
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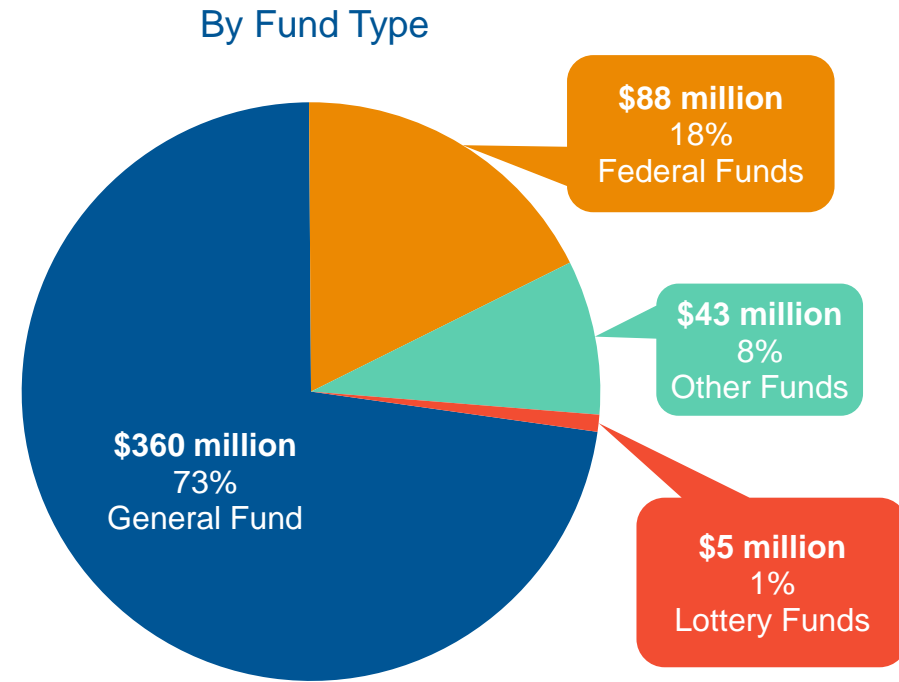
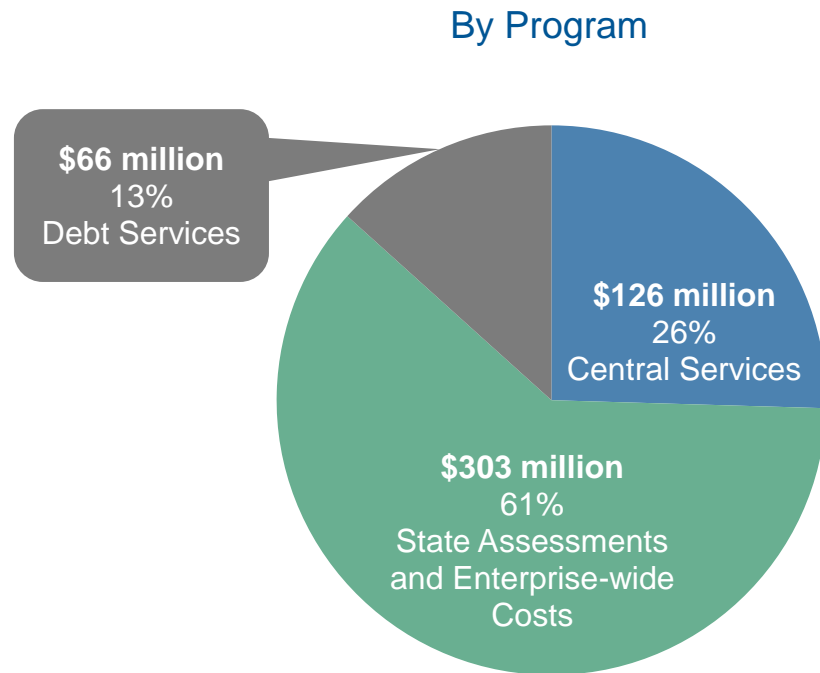
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2023-2025 Governor's Budget

- Central Services and State Assessments & Enterprise-Wide Costs



POP 401: Eliminating Health Inequities

- OHA and the Equity and Inclusion Division are leading the largest and most ambitious transformation in health care and health delivery in the nation
- Funds and expands work necessary to eliminate health inequities in Oregon by 2030, including:
 - Additional technical assistance from experts in training, civil rights, disability access, language access, and equity and inclusion
 - Ensuring that agency initiatives are designed and implemented with health equity and anti-racism principles and practices at the forefront
 - Training and better preparation for OHA workforce
 - Project metrics and dashboards to track efforts toward health equity

	General Fund	Total Funds	Positions
POP 401	\$5.0 M	\$6.3 M	31

POP 403: Getting to Data Justice

- Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data are OHA's best tool to close the significant gaps in health inequities
- Funds work to:
 - Enhance and maintain the patient-facing survey tool
 - Establish Enterprise Scale Statewide REALD & SOGI Registry and Repository
 - Maximize REALD & SOGI data quality by increasing buy-in from providers, and helping providers understand how to ask the questions in a culturally centered and appropriate manner
 - Respond to and fill data requests for data files from the data Repository
 - Liaise with other OHA divisions to manage division-level requests and coordinate appropriate uses of the Repository data

	General Fund	Total Funds	Positions
POP 403	\$12.7 M	\$15.7 M	7

POP 410: Regional Health Equity Coalition Expansion

- Regional Health Equity Coalitions (RHECs) are autonomous, community-led, cross-sector groups focused on addressing health inequities experienced by priority populations, at the policy, system, and environmental levels, with the leading priority being communities of color
 - Established by SB 70 (2021)
 - OHA has received requests for additional RHECs, above the current 10
- Funds expansion of the RHEC program to add five more coalitions in additional regions across the state
- Supports RHECs through technical assistance, administrative activities, and future program planning

	General Fund	Total Funds	Positions
POP 410	\$2.1 M	\$2.2 M	3

Thank You

Oregon
Health
Authority