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## PartnerSHIP Meeting Minutes

December 6th, 1:00 – 3:00pm

**Meeting Objectives:**

* Continue team building
* Form steering committee
* Discuss 2022 work plan
* Continue discussion related to ordering of strategies

**OHA staff and facilitators**

Nhu To-Haynes, Christy Hudson, Heather Owens, Liz Gharst, Cara Biddlecom, Lisa Rau

**Guest**

Steve, Hillsboro Medical Center

**PartnerSHIP members** (**"**x" indicates present)

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| --- | --- | --- | --- |
| Alisha Overstreet  | x |  |  |
| Amy Thuren |  | Maria (Kalli) D Morales Donahue |  |
| Connie Dillinger | x | Monica Yellow Owl |  |
| Dalia Baadarani  | x | Rachel Schutz |  |
| Esther Kim  | x | Stan Baker |  |
| Ian Winbrock  | x | Susan Blane | x |
| Jennifer Little |  | Timur Holove | x |
|  |  | Toc Soneoulay-Gillespie  |  |
| Jess (Jesse) Gasper | x | Veronica S Leonard |  |
| Kimberly Lane  |  | W. Kirt Toombs | x |

Meeting recording available at: <https://youtu.be/r-wkek8BU9g>

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| **Welcome & team building time***Nhu To- Haynes, Moderator, OHA*Nhu introduced herself and welcomed the group. She moved to the warm-up exercise, 2 questions were discussed in breakouts:* If you could have one person join you at the dinner table (dead or alive) who would it be? Or,
* What is one thing you are looking forward to in 2022?
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| **Guidance committee report out***Nhu To- Haynes, Moderator, OHA**Alisa Overstreet, PartnerSHIP member**Connie Dillinger, PartnerSHIP member*The guidance committee reported out on their work from the past month. Alisha shared the need to two identify new PartnerSHIP members that were lost due to job transitions.. She shared that OHA identified the initial membership but would like this body to inform how membership is identified moving forward. This work could either be left to guidance committee or a membership specific committee if there is interest from other PartnerSHIP members. Alisha followed up on a proposal at the last meeting to conduct a root cause analysis However, guidance committee determined this kind of analysis would be a very intensive exercise that should have happened during the development of the plan itself. Conducting a root cause analysis would be like starting over, which is not the intention of this group. Instead, the guidance committee suggests using data that is already collected via the state health assessment, other community engagement efforts and leveraging opportunities in the legislature. Another option could be potentially examining submissions brought to systems of care. The idea is around centering communities around the strategies that we will identify in chunks, in addition to all of the other data that that is taken into consideration such as items related to the legislative. Connie shared that the Steering Committee for the PartnerSHIP would change to Guidance Committee as not to create confusion with the PartnerSHIP as the steering committee for HTO. She also shared that the PartnerSHIP would retreat in January to develop a 2022 work plan for the PartnerSHIP. Connie shared that she attended the Oregon food bank Conference for the Community Food Systems Network. Questions/ Comments:* Kurt appreciated all the hard work and research into the root cause analysis, and supports the recommendations to move forward.
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* PartnerSHIP members are encouragedto get involved with the following efforts:
* -Join a membership committee to drive future membership process.
* Join guidance committee in their January retreat.
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| **OHA’s legislative process and PartnerSHIP contributions***Cara Biddlecom, Public Health Division Deputy Director, OHA**Charina Walker, Legislative Policy Lead, OHA*Charina Walker provided an overview of OHA PHD’slegislative process. The role of OHA and the legislative process:* Support the Governor's policy and budget positions,
* Evaluate proposed legislation for policy and fiscal impact on OHA programs and operations.
* Provide objective and fact-based information. They identify and address health equity and antiracism issues and propose legislation.
* Advance policy that supports Healthier Together Oregon
* Advance the 10 year strategic goal to eliminate health inequities
* Identify policies that supports Triple Aim; better healthcare, better care and lower costs.

Also mentioned was engaging community through the process and making sure the process is community centered as something currently being worked toward by identifying ways to make it better and more inclusive for the next session and beyond. Legislative session:Charina explained, long session is 160 days in odd-numbered years and short session is 35 days in even-numbered years. She added that PHD dos not typically put together, or put forward, legislative concepts and policy option packages for the short session. There is quite a bit of planning that goes with the long session, currently the 2023 long session is being worked, it seems like it is far in the future but it takes time to be intentional and put together equity centered concepts and policy option packages. Timeline for the 2023 session process:Charina shared the timeline, highlighting that we should be engaging partners and identifying, developing and refining legislative concepts and policy option packages throughout. Putting forward ideas at the front end, instead of coming back after and asking how we did.Other ways ideas become laws:State agencies are not the only way that you can put an idea forward to become a law. You can as a group or a citizen present a concept to a representative and then the representative decides to sponsor or introduce the bill that is another way. Then the process is started.A diagram about the legislative process was shared. Administrative Rulemaking: How agencies and people guide bill implementation:Charina shared the Administrative Rulemaking Process stating that anyone can be part of a rules advisory committee (RAC) as it is required to include representation of communities most impacted by the rule. Also, mentioning that there are opportunities to give comment.OHA Bills from 2021 Session:Charina shared examples of various types of bills from the 2021 session that align with HTO and health equity.The floor was opened for questions.* Jess Gasper: How do folks access more information about the opportunities mentioned? *Cara provided updates on communication and timelines of Modernization and Healthy Homes Initiative funding opportunities mentioned from the 2021 session. There is a link to the modernization funding is available in basecamp and on the teams message board.*
* Timur Holove: Is there more information on the immigrant and refugee committee that was mentioned in the 2021 bill review?  *SB1550 was introduced in the 2022 leg session – would transfer the Office of Immigrant and Refugee Advancement to ODHS from Governor's Office*
* Alisha: Is there an information hub to access information about contracting opportunities with the state? Shared equity concerns about access. o*Charina and Cara offered that folks can find more information at the Oregonbuys website. Community partners applying to PHD modernization funding are being offered an alternative method to submit applications as Oregon Buys system is new and not particularly community friendly. Also, news releases are typically put out by OHA when new funding opportunities are made available.*

Charina posed a question, how would you, as the PartnerSHIP, like to engage in OHA’s legislative and rule making process? The following discussion took place:* Stan: Is it possible for the PartnerSHIP to establish a policy legislative committee that could focus on this? Committee could lookat the partnership's strategies and priorities and engage with OHA to work on this and understand what the PartnerSHIP can do as far as the legislative and rulemaking processes.

What steps would need to be taken to form this committee? Are there parameters or outlines the PartnerSHIP would have to follow? Are there rules or laws that would guide what the PartnerSHIP can say and what we can do? * Cara: What OHAP can do as as an agencymay look different than what this body, either as a group, or as individuals, or associated with your organizations, may be able to do when it comes to policy. Having a committee, like the PartnerSHI, that can connect with other agencies whose work impacts health will be really helpful to advance the work included in the plan.
* Ian: What relationship does OHA have with legislators? Ian expressed that developing relationship with policymakers has been very productive for policymaking process. Suggests the PartnerSHIP explore the relationship building with policy makers: if PartnerSHIP members can individually reach out to policymakers and share experiences, it would facilitate higher level conversations about appropriation or policy priorities and a deeper connection as a constituent in the geography you represent. He asked about a targeted list of the key Senate and House committees that might be a useful framework to think about what our policy priorities are and how to build on the existing relationships that OHA has with legislators?
* Cara: Agreed that relationships are important and that work that done with the community is reflected in the legislature. Sharing experience with investments received in the last session that having OHA with partners or partners by themselves participate in the process and speak to the impact of an investment or policy change is really important to making it happen.
* Susan: Discussed that coalitions often send folks to testify at legislative hearings on topics they are passionate about. She offered that this group may be used as a communication central to assure that information gets out to counterparts and community organizations as pertinent legislative items come up. So as to keep people on point to speak to those topics at legislative hearings. Adding also, that more lead time may produce a more effective effort with the 48-hour turnaround as its always a last-minute flurry to put together the small cohort of people who go testify.
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| **BREAK – 10 minutes** |
| **Reach consensus on focus strategies for 2022***Christy Hudson, HTO Lead, OHA**Nhu To- Haynes, Moderator, OHA*Nhu introduced the next agenda topic to review prioritized strategies and reach consensus. Christy gave an overview of process to prioritize strategies * A round of surveys took place asking the group to identify which of the 62 were most and least important. The group then used a jam board to assess those that rose to the top from those survey efforts over a series of meetings and discussions, landing on the 15 strategies that the group looked at in November. From there, the guidance committee pulled 7 from that list of 15.
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Christy shared list of strategies starting place and it doesn't mean that other strategies cannot be folded in. Nhu asked PartnerSHIP members to identify if they were thumbs up, down or sideways on current list of strategies. Results: 70% thumbs up, 30% thumbs sidewaysThe floor was opened for those who voted thumbs-sideways to offer questions and comments:* Member of public (Steve): Two of the bullets are regarding the food system and three regarding behavioral health. If voting, are these duplicate, would one of the three chosen?
* Nhu: Responded that these could be done at the same time. It does not necessarily mean that any is more important than the other but a group of priorities The PartnerSHIP would accept to move forward on in 2022.
* Ian: Wondered of there is opportunity to drop bullet 3 in favor of bullet 2 to have greater focus, he believes having a narrower focus on a single priority in an area would be of greater value than having diffuse priorities in the same area. He asked for a greater degree of clarity around the food system work and why we included one that prioritizes people of color in low-income communities and the second that prioritizes all communities?
* Alisha: Shared the thought process was based on state health assessments and community feedback, taking the top seven needs consistently presented throughout the reports available. The desire to focus on a particular group in terms of food insecurity eliminated people in rural areas which are known to be vulnerable to food insecurity. In Oregon, people of color are generally concentrated urban areas. This allows focus on food security while targeting two different vulnerable populations called out in the plan.
* Liz: Explained that the strategies target different activities. Increasing access to culturally appropriate food for people of color and low-income communities is focused on access to available programs and how people access support services in their area. Covid highlighted food insecurity across populations. Building a resilient food system is broader and about system itself, including climate change, emergency planning, and work directly with farmers. She discussed work that's beginning with the Oregon community system network and working directly with tribes, POC farmers and the network as a whole.
* Toc: Looking at the three behavioral health bullets, she sees overlap. She asked for clarity giving the example of to reduce systemic barriers. She opined that culture, language, transportation, etc. is included in systemic barriers. Then looking at provide culturally and linguistically responsive, trauma informed and multi-tiered she feels there is overlap. Asking, what is meant by multi-tiered? Is it improving integration between behavioral health and other types of care, she felt that was broad as well.
* Alisha: Expressed that it’s the same concept. Reducing systemic barriers goes back to the overall system, how the system itself conducts services, the way it provides access to services in community, and being able to hire mental health professionals. The cultural and linguistically responsive multi-tiered mental health services and support all children and families is more line with peer delivered services such as a family partner or youth partner. She shared that only those who qualify for wraparound services are able to access these services in her area. This makes it very difficult for families who don't qualify wraparound services but could utilize peer delivered services, that is a multi-tier. Improving integration between behavioral health and other types of care is to be more effective and efficient. These are all interconnected, they cannot all be addressed with the same strategy.
* Christy shared info in chat about work with youth between DOC and ODE.
* Susan: Agreed with description given and believes it is valid to get granular in how the group addresses different areas. Appreciates how definition was teased out.
* Nhu: Paused the conversation and reminded the group that this is for year one, it may get pared down to 3-4 bullets instead of all 7. She asked the group to consider what has been and to vote again.
* Alisha: Added that while all of the strategies interconnected, a path can be seen of how one strategy leads to the next.

Nhu conducted a second consensus poll – after confirming that quorum had been achieved. esult: 100%, thumbs-up.Nhu asked if the folks wanted to ask further questions, there were none. She thanked the group. |
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| **Updates***Christy Hudson, HTO Lead, OHA**Connie Dillinger, PartnerSHIP member*Christy updated the group on committee work talking through various ideas for committees. She shared that OHA does not have capacity to support all at this time. Hopefully support capacity will be better next year in a post COVID world. She asked the group to share about interest, how these might work, and time and capacity regarding funding and guidance committee, communications committee, Community engagement and measuring data, policy committee and if there are others.* Nhu responded to Esther's request for a recap of the policy committee conversation with a brief overview.
* Nhu wondered if giving the group a list of legislative concepts and an opportunity to give feedback and ask questions would be a helpful next step.
* Alisha offered that this may be a good topic for the retreat in January and bring back to February meeting agenda.
* Ian asked how many committees OHA could support.
* Nhu expressed there is not an answer right now.
* Christy added that the policy and funding and finance committees would be most useful at this time. She offered to have open office hours for January if desired.
* Alisha suggested combining committees to help with capacity as it makes sense based on interest and need.
* Nhu invited folks to show interest to Christy or herself by Dec. 31 via email to be brought to guidance committee in January.

Connie shared about a conference she attended regarding food security and with a focus on sustainability. She thanked Liz for bringing up additional info earlier in the meeting and will have more to share about Oregon Seed Exchange catalog at February meeting.Nhu thanked the group and adjourned the meeting. |
| **Wrap up and next steps** * Guidance committee retreat is in January, details to come.
* Share interest in subcommittee work Christy or Nhu by 12/31.
* January meeting is cancelled due to holiday recess. Next meeting is Monday, February 7, 2022
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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

* Sign language and spoken language interpreters
* Written materials in other languages
* Braille
* Large print
* Audio and other formats

If you need help or have questions, please contact Heather Owens at 971-291-2568 or heather.r.owens@dhsoha.state.or.us or 711 TTY.

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* + Intérpretes de lengua de señas y lengua hablada
	+ Materiales escritos en otros idiomas
	+ Braille
	+ Letra grande
	+ Audio y otros formatos

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