Keynote:

Health-related Services and Beyond

Chris DeMars

Director, Transformation Center

Deputy Director, Delivery Systems Innovation Office



Welcome

Day 2: May 25

- Keynote: HRS and Beyond 9:00am-10:00pm
- Panel: Community Information Exchange and HRS 10:10am-11:10am
- Panel: Innovations in HRS: Implementing Braided Funding Models 11:40am-12:30pm
- Q&A with OHA Staff 12:30pm-1:00pm



Logistics (reminder)

- This conference is being recorded.
- The main conference room will be open all day for assistance. Chat Megan Giddings at any time for help.
- Please actively chat in your questions for presenters or the OHA team at any time during the presentations.
 - Facilitators will collect and assemble questions for the presenters.
 - You can also post questions or comments for the OHA Team on the HRS Convening Virtual Idea Wall (see link in chat).



CCO HRS Spending in 2020*

- Submitted 2020 expenses appear to be significantly higher than 2019, although, OHA needs to confirm the spending qualifies for HRS.
 - Almost \$39 million in HRS investments reported in Exhibit L reports for 2020
 - This is almost 2.5 times more in investments than was accepted for 2019.
- \$8,603,511 in 2020 HRS expenditures reported for COVID-19 and wildfire relief

*Spending has not yet been reviewed by OHA to ensure it meets HRS criteria. Final spending analysis to be available by early fall 2021.



2019 vs. 2020 Spending Comparison*

	Flexible Services	Community Benefit Initiatives	Health Information Technology	Total
2019 accepted	\$2,964,730	\$9,301,773	\$3,797,244	\$16,163,747
2020 submitted	\$6,082,941	\$25,252,202	\$7,540,970	\$38,889,062

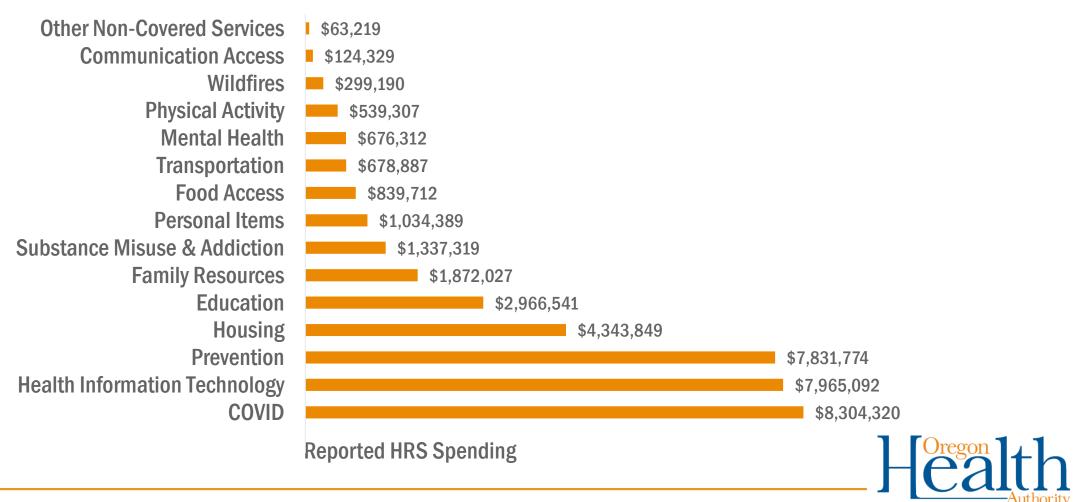
- There appear to be substantial increases in HRS expenditures in 2020 compared to 2019 in:
 - Health information technology
 - Prevention activities
 - Housing-related services and supports, and
 - Education.
- Once final review of 2020 Exhibit Ls is completed, OHA will share out summary data.

*Spending has not yet been reviewed by OHA to ensure it meets HRS criteria. Final spending analysis to be available by early fall 2021.



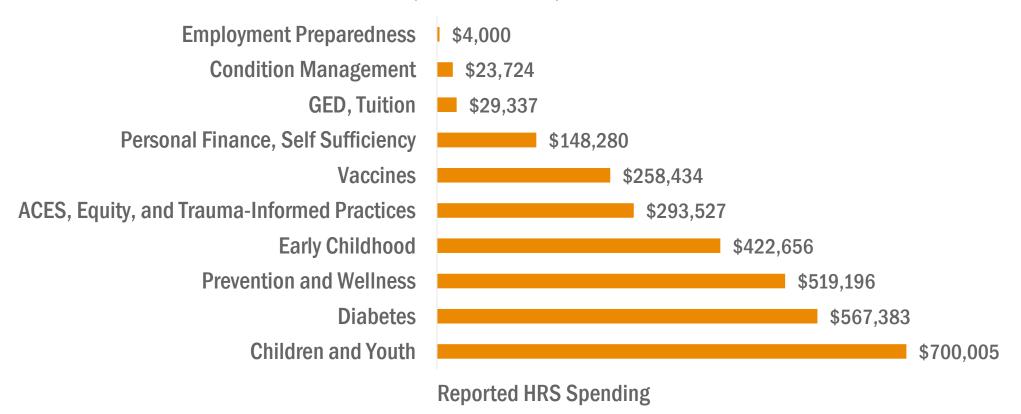
HRS 2020 Submitted Expenses: Total

2020 Reported HRS Expenditures Total Reported: \$38,876,114



HRS 2020 Submitted Expenses: Education*

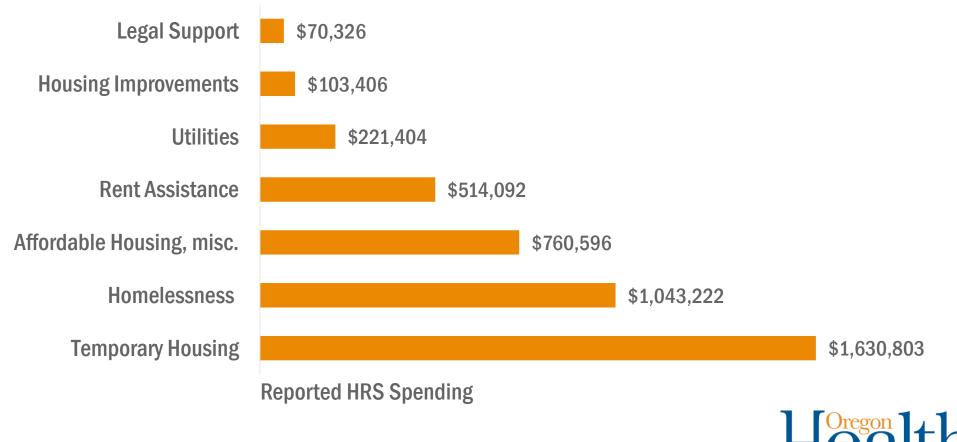
2020 Reported HRS Expenditures Education (\$2,966,541)



7 *Excludes COVID-19 and Wildfires-related Spending

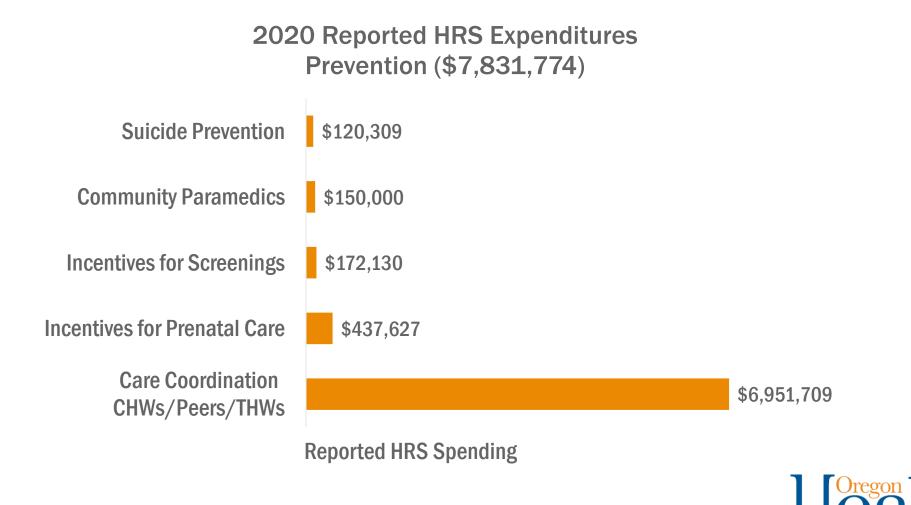
HRS 2020 Submitted Expenses: Housing*





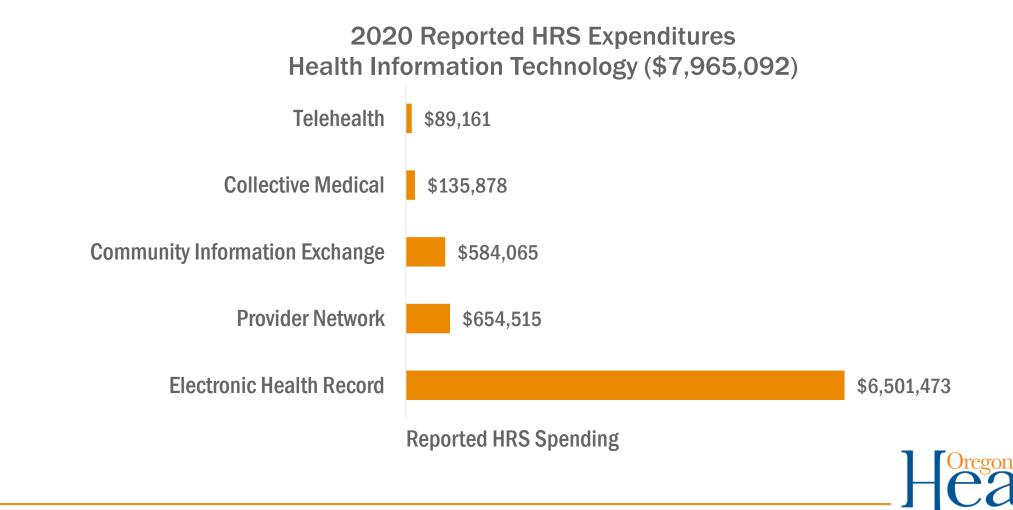
8 *Excludes COVID-19 and Wildfires-related Spending

HRS 2020 Submitted Expenses: Prevention*



9 *Excludes COVID-19 and Wildfires-related Spending

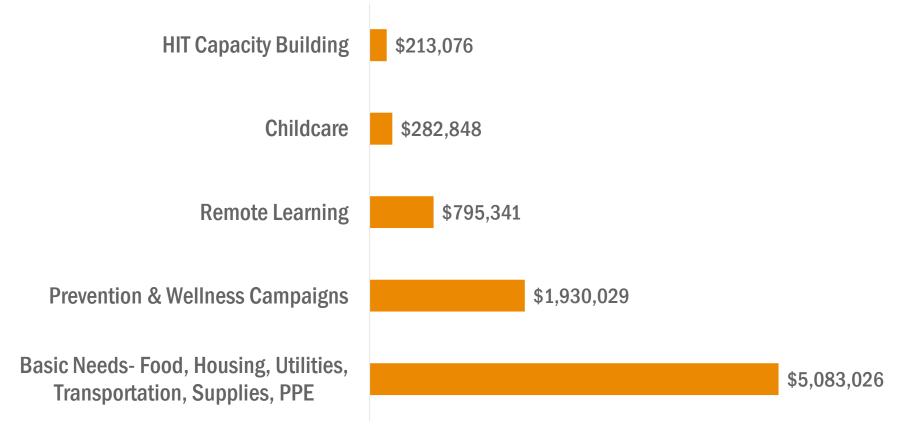
HRS 2020 Submitted Expenses: Health Information Technology*



¹⁰ *Excludes COVID-19 and Wildfires-related Spending

HRS for Resilience and Rebuilding*

\$8,304,321 was spent on COVID relief. 61% of COVID support reported was for basic needs, such as food, housing, utilities, transportation, personal supplies.



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HRS for Resilience and Rebuilding: COVID-19 Examples

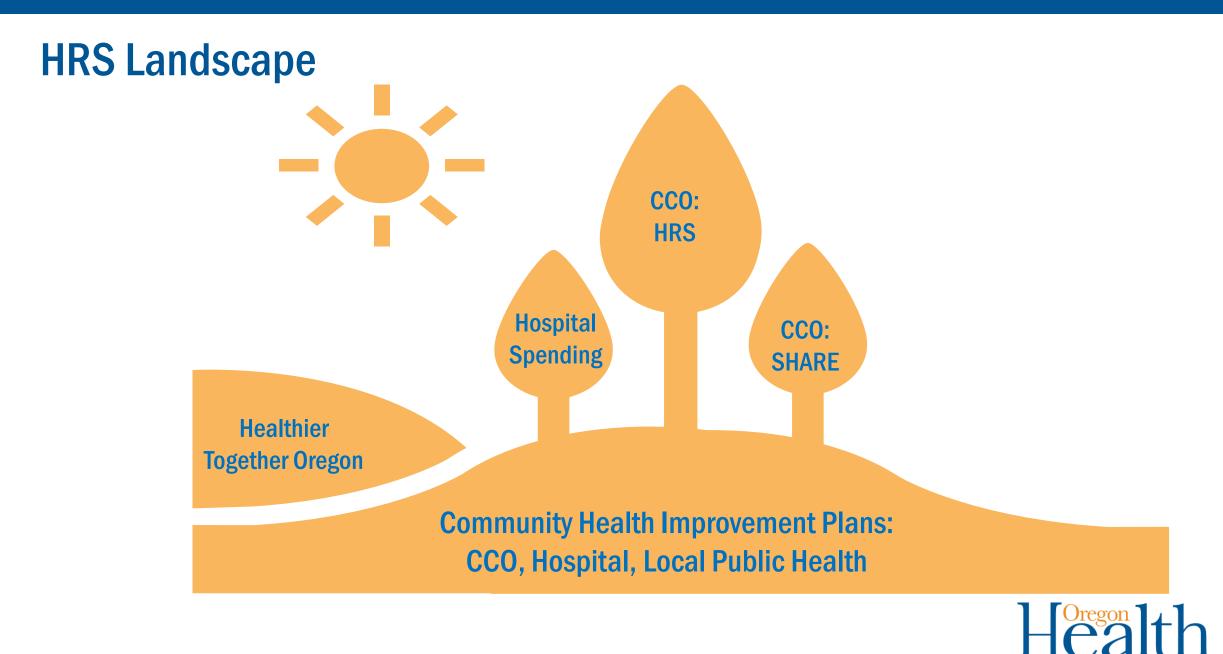
- Wraparound supports for farm worker and immigrant families
- Audio visual technology to reduce social isolation
- Translation of COVID-19 prevention campaigns
- Meal delivery to mobility impaired members, and to children to replace closed school food distribution programs
- Culturally specific food and PPE for BIPOC communities
- Blood pressure cuffs to high-risk pregnant moms for home monitoring
- Internet for children to attend online school
- Mindfulness and stress management programs for students to mitigate COVID-19 induced trauma



HRS for Resilience and Rebuilding: COVID-19 Examples

- Childcare for frontline workers
- Mobile COVID-19 outreach, education and screening
- Non-covered outreach and resource connection for at risk members by CHWs and Peers
- Upgrading school HVAC for infection control
- **Contact tracing for BIPOC populations**
- Culturally and linguistically responsive public health campaigns
- Temporary housing, quarantine housing, housing supports
- Housing, food and sanitation services for homeless
- Short-term rent, mortgage and utilities assistance
- Support for shelter and services for domestic violence victims





Transformation Center HRS supports

Technical Assistance

Oregon Rural Practice-based Research Network

Anne King & Nancy Goff

- One-on-one TA
- Regional housing-focused convenings (starting late 2021)
- Webinars
- All-CCO Convening



Transformation Center HRS supports

OHA HRS team email: <u>Health.RelatedServices@state.or.us</u>

• Submit any HRS-related questions

HRS website: www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx

- Examples of HRS Approved Expenditures (new 3/21)
- Addressing Social Determinants of Health through HRS (updated 3/21)
- HRS Community Benefit Initiatives (updated 3/21)
- HRS FAQ document (updated 3/21)
- Exhibit L Guidance (updated 3/21)
- HRS Brief (updated 3/20)
- HRS & Housing guidance document (updated 12/20)
- HRS Policy Requirements and Evaluation Criteria (12/20)



Planned HRS Guidance Documents

- Supporting healthy housing & addressing environmental concerns (update to housing guidance)
- Care coordination/case management
- Traditional Health Workers
- Health information technology



Questions?

In Lieu of Services

Chris DeMars Director, Transformation Center Deputy Director, Delivery Systems Innovation Office



OHA is pursuing an additional mechanism for CCOs to provide services to their members

• Resulted from the OHA HRS team recognizing some covered services—which, by definition, could not be HRS—being delivered in settings that were not able to bill Medicaid.

ILOS defined

- Determined by the state to be a medically appropriate and cost-effective substitute for a covered service or setting under the State Medicaid Plan.
- The member cannot be required to use the alternative service or setting.
- Must meet requirements for 42 CFR 438.3(e)(2)
 www.ecfr.gov/cgi-bin/text-idx?node=pt42.4.438&rgn=div5#se42.4.438_13

- Flexibility in the current 1115 Medicaid Waiver
- Discussions with CCOs began April 2021
- Plan to implement January 2022
- Connects to the larger vision for CCO 2.0 and key transformation objectives
- May affect how CCOs allocate funds to HRS for certain services



- Begin with a defined list of covered services that CCOs may offer as ILOS
- Ability for list to be broadened, in collaboration with CCOs
- Utilization and actual cost of ILOS considered for rates development:
 - No expected impact on 2022 capitation rates
 - Future years' rates would reflect actual utilization
- OHA will also develop reporting and evaluation standards



Potential Oregon ILOS:

- Diabetes Prevention and other prevention programs
- Services provided by Traditional Health Workers
- Community transition services
- Enhanced care management
- Post-hospitalization recuperative care



Upcoming:

- Further discussion between OHA and CCOs
- Updates to CCO contract and Oregon Administrative Rules
- Timeline
- Technical documents
- Informational sessions and webinars
- Workplan development
- Technical assistance



Questions?

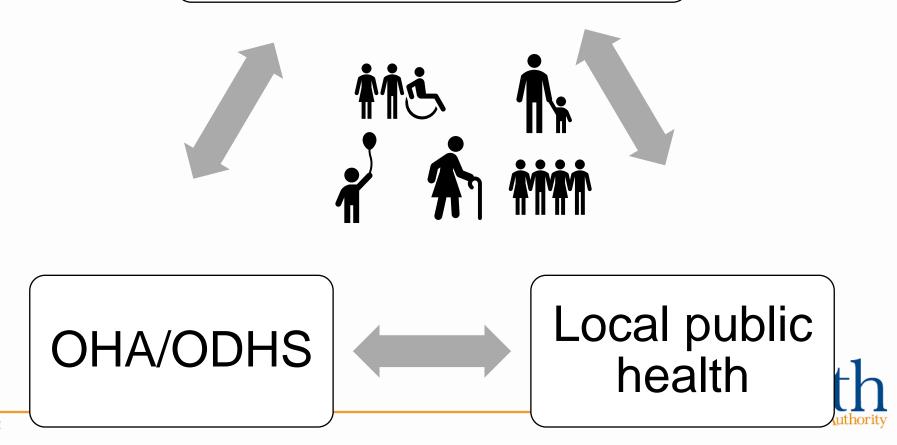
Advancing equity through partnerships with community-based and culturally-specific organizations

> Health-Related Services Convening May 25, 2021



Network building to serve community

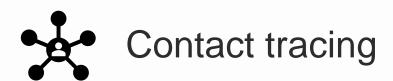
Community-based organizations



Focus areas of COVID-19 funding



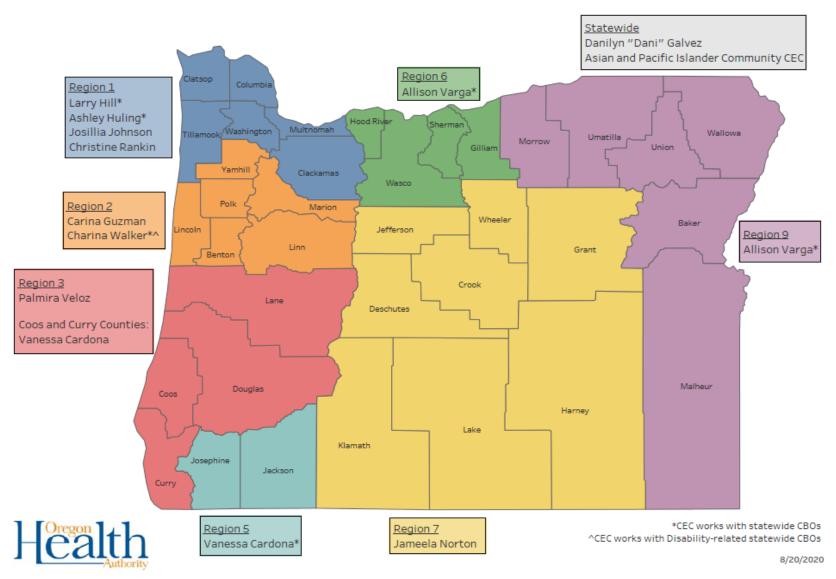
Community engagement, including COVID-19 vaccine



Wraparound support services

*Full list of grantees can be found at <u>www.healthoregon.org/communityengagement</u>





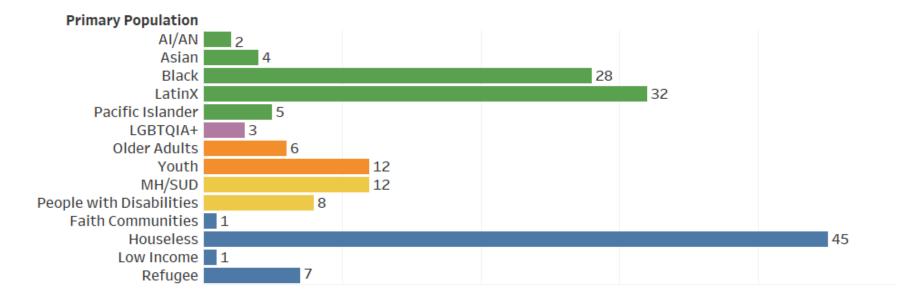
Oregon Community Engagement Coordinators by Region

Distribution of CBOs across Oregon



Colors represent CBOs per zip code: Green = Less than 5 CBOs Yellow = 6-15 CBOs Red = 16-30 CBOs

Populations Served



Number of Organizations Serving Primary Populations

Primary Population (group)

- Race/Ethnicity
- LGBTQIA+
- Age Related Services
- Health Services
- Specialty

Metropolitan Family Services







VACCINE EVENTO DE VACUNACIÓN PARA COVID-19 GRATUITAS SIN SALIR DE SU AUTO, PARA **CLINICA DE VACUNACION** PERSONAS MAYORES DE 80 AÑOS CONTRA EL COVID-19 **EN MADRAS** Toda persona mayor de 18 años es elegíble La vacuna es GRATIS Ningún documento será requerido ¿CUANDO? Viernes 7 de mayo de 12:00-7:00pm Haga su cita llamando a los siguientes teléfonos 541-633-3240, 541-325-9407, 541-350-8910, 541-350-9280 Jefferson County Jueves, 11 de Febrero de 2021 9:00 AM-1: 00 PM Public Health Woodburn High School 1785 N Front St, Woodburn, OR 97071 Sólo para personas mayores de 80 años en este momento. Todos son bienvenidos sin importar su estatus migratorio. Su información es confidencial. No se requiere seguro médico. No es necesario una identificación. ¡Protéjase a sí mismo, a su familia y a su comunidad! Continúe usando su cubrebocas u el distanciamiento social después de la vacuna y conserve su cartilla de vacunación para la segunda dosis. Registrese y programe su cita en https://www.signupgenius.com/go/20F0848AAA72EAAFF2-woodburn Código de accesso: 2021 Si necesita ayuda para programar su cita, llame a: Enedina Lopez, Interface Network al 503-910-4908 Habrá Información disponible sobre inscripción en el mercado de salud de Oregon u el OHP OHS of Harnes Ser Health // WOODBUR Salem Health Healt

CBOs reported <u>43,778 total individuals</u> were connected with reimbursable short-term wrap around services for isolation and quarantine from July – Dec 2020.



Nearly 45% of CBOs connected more than 200 individuals to reimbursable wraparound services from July – Dec. 2020

# of individuals connected with	Number of CBOs
reimbursable services	(%)
0	7 (6%)
1-199	55 (48%)
200-399	16 (14%)
400-599	17 (15%)
600-799	7 (6%)
800-999	4 (4%)
1000 and above	7 (6%)



CBOs reported that <u>64,945 unique</u> <u>individuals were referred to resources</u> in the community or through established safety net programs from July – Dec 2020.



Types of wraparound supports provided

Type of referral and wraparound support (select all that apply)	Number of CBOs (%)
Food access or delivery	108 (95%)
Rental assistance	96 (84%)
Utility assistance	93(82%)
Medical supplies	84 (74%)
Communications	78 (68%)
Alternate housing to quarantine/isolate	53 (46%)
Connection to mental health supports	53 (46%)
Transportation	36 (32%)

Other responses (n= 25) included cleaning and hygiene supplies, baby essentials, PPE, and clothing.

Number of individuals reached through in-person outreach & education activities

Number of individuals reached through in-person outreach	Number of CBOs (%)
<= 999	85 (63%)
1,000 - 4,999	34 (25%)
5,000 - 9,999	12 (9%)
10,000 - 14,999	4 (3%)
15,000+	1 (.7%)

Total individuals reached in person by all CBOs = 254,739

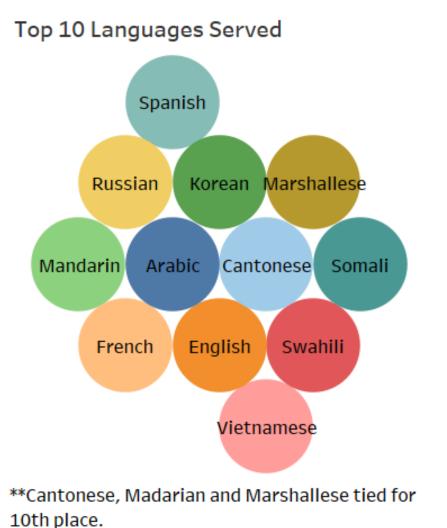


Outreach & education: Languages other than English

- 85% (n=142) of CBOs funded for Community Engagement conducted outreach and/or provide information in at least one language besides English
- 48% (n=68) of CBOs conducted outreach and/or provided information in 2 or more languages (Spanish as most frequent language)
- 59 different languages were used by CBOs in their outreach



Languages represented in CBO service



Language		
ASL	Igobo	
Amharic	Ilokano	
Chuukese	Indonesian	
Tagalog	Japanese	
Hebrew	Kapampangan	
Palausuans	Khmer	
Burmese	Korean	
Chinese (general)	Kosraeans	
Nepalise	Laotian	
Thai	Lingala	
Zomi	Mexteco	
Akposso	Mina	
Bhutanese	Nyanja	
Biseya	Oromo	
Braille	Pangasinon	
Cambodian	Pohnpeians	
Creole	Portugese	
Ewe	Tigrinya	
Farsi	Trique	
Filipino	Turkish	
German	Umbundu	
Hindi	Urdu	
Hmong	Yapese	

* 1-5 Organizations offered services in these languages





ABOUT PRIORITIES POTENTIAL CURRENT

EXPLORE THE PLAN



Our 2020-2024 State Health Improvement Plan is called *Healthier Together Oregon*.

We want to live in a state where we can all have long, healthy lives. The social issues that affect health are the places we live, work, learn and play. They are the main reasons people are healthy, or not. These include things like:

Healthier Together Oregon priorities

- Institutional bias
- Adversity, trauma and toxic stress
- Access to equitable preventive health care
- Behavioral health
- Economic drivers of health (housing, living wage, food security, etc.)



Implementation Areas



Healthier Together Oregon – how to get involved

- Align CHP and Healthier Together Oregon strategies and funding: <u>www.healthiertogetheroregon.org</u>
- Join HTO in Action series for partnership development and strategy sharing: <u>https://www.oregon.gov/oha/PH/ABOUT/Pages/HTO-in-action.aspx</u>
- Subscribe for HTO updates: <u>https://public.govdelivery.com/accounts/ORDHS/subscrib</u> <u>er/new?topic_id=ORDHS_411</u>
- Share your successes with us to amplify



Questions or more information

www.healthoregon.org/communityengagement

www.healthiertogetheroregon.org

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