

# Oregon Health Authority

## OHA Mission Statement

The mission of the Oregon Health Authority is helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care.

The Health Authority will transform the health care system of Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

Each division of the Oregon Health Authority also has a specific area of focus to support the agency mission.

## OHA Central and Shared Services

OHA Central Services supports the OHA mission by providing leadership in several dedicated key policy and business areas. This service area contains the following key areas:

### *OHA Office of the Director and Policy*

The Office of the Director and Policy is responsible for overall leadership, policy development and administrative oversight for the Oregon Health Authority. This office coordinates with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The OHA Director's Office provides leadership in achieving the mission of the agency to help people and communities achieve optimum physical, mental and social well-being through partnership, prevention and access to quality, affordable health care. The clear direction of OHA is to innovate, improve and rework the state health care system to meet three goals:

- Improve the lifelong health of all Oregonians;
- Increase the quality, reliability and availability of care for all Oregonians; and
- Lower or contain the cost of care so it is affordable to everyone.

### *OHA Office of Human Resources*

The dedicated human resources department for the OHA business partners is charged with delivering services to internal customers with quality and timeliness. The dedicated areas will provide services focusing on people

strategy development; work force strategies to meet the agency's unique business needs; consolidation of division work force strategic plans and HR policy development.

### ***OHA Office of Budget, Planning and Analysis***

The Office of Budget, Planning and Analysis (BPA) supports the mission of the Oregon Health Authority by providing leadership and collaboration for the strategic decisions of the programs by providing an in-depth knowledge of OHA financial processes, federal program and fiscal policy, business line funding streams, and state budget processes.

### ***OHA Office of Communications***

The OHA Office of Communications (OC) supports the mission of the Oregon Health Authority by providing information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences, and the general public. The office also provides support to the department's priority projects as defined by the agency's director and cabinet. The staff ensures that OHA complies with all statutory and legal requirements pertaining to public records requests, and other communication issues.

### ***OHA Office of Equity and Inclusion***

The Office of Equity and Inclusion (formerly the Office of Multicultural Health and Services - OMHS) strives to realize its vision of all people, communities and cultures co-creating and enjoying a healthy Oregon. The mission of the Office of Equity and Inclusion (OEI) is to engage and align diverse community voices and the Oregon Health Authority to assure the elimination of avoidable health gaps and promote optimal health in Oregon.

### ***OHA Office for Oregon Health Policy and Research and the Office of Health Analytics (OHPR/Health Analytics)***

The Office for Oregon Health Policy and Research (OHPR) was created in the early days of the Oregon Health Plan to be a resource to both the Executive and Legislative branches of state government on health policy and data analysis. Since moving into the newly formed Oregon Health Authority (OHA), the Office and the developing Office of Health Analytics continue to provide key functions for health system transformation and implementation of health reform. The Office for Oregon Health Policy and Research (OHPR) provides health policy analysis and development; coordinates strategic and implementation planning; conducts policy and health services research and evaluation to provide information needed for statewide and Oregon Health Authority (OHA) policy development, implementation and evaluation. It also provides technical assistance to OHA programs and other agencies on policy implementation, as well as monitoring national and state or local health innovations in order to provide information to OHA staff, the Governor's Office and the Legislature on emerging health care policy and delivery trends.

### ***OHA Office of Health Information Technology (OHIT)***

The Office of Health Information Technology (OHIT) is a central service office ensuring that, as part of all Oregon health reform efforts, any and all projects that should or could incorporate health information technology components are coordinated and funding sources maximized.

### ***OHA SHARED SERVICES***

OHA Shared Services supports both DHS and OHA by providing leadership in the delivery of efficient, consistent and coordinated administrative services to all divisions and programs within both departments. OHA Shared Services contains the following key programs:

### ***OHA Office of Information Services (OIS)***

The Office of Information Services (OIS) is a shared service provider for both the Department of Human Services and the Oregon Health Authority providing information technology (IT) systems and services that support 16,000 agency staff and partners located at 350 locations throughout Oregon.

### ***Information Security Office (ISO)***

The Information Security Office (ISO) is a shared service office providing information security services for DHS and OHA. ISO encompasses several programs focusing on protecting confidential information assets and educating staff, volunteers and partners of DHS and OHA on how to protect this information and report incidents when they occur. When compliance is compromised, ISPO takes appropriate enforcement action.

## Medical Assistance Program

### **Vision**

Improved access to effective, high-quality services for low-income and vulnerable citizens through innovation, collaboration, integration and shared responsibility.

### **Mission Statement**

Provide a system of comprehensive health services to qualifying low-income Oregonians and their families to improve their health status and promote independence.

### **Goals**

- Support effective and efficient systems that directly promote access to health care for low-income Oregonians;
- Support the entire health care provider system in Oregon by paying for needed services using federal matching funds to the extent appropriate;
- Maintain managed care / coordinated care enrollment at no less than 80 percent to promote access and to control health care costs;
- Improve the quality of health care for all Oregonians, especially for low-income Oregonians;
- Collaborate with legislators, advocacy groups, business partners, health care providers and the general public to improve health outcomes;
- Promote the use of prevention and chronic disease management services by all Oregonians, especially those with low incomes and special medical needs; and,
- Work with other insurers to improve health outcomes for all Oregonians.

## **Statutory Authority**

### **Medical Assistance Program (MAP)**

The Oregon Health Plan is not a federally mandated program, but supported by Medicaid and the Children's Health Insurance Program (CHIP). Title XIX and Title XXI of Social Security Act, respectively, provide the federal authorization. Oregon administers the program under the authority of the federally approved Medicaid State Plan, CHIP State Plan, and Oregon Health Plan Medicaid demonstration waiver.

The Oregon Health Plan is established and authorized in Oregon Revised Statute (ORS) 414.018 through 414.760.

### **Medical Assistance Program (Non-OHP)**

**CAWEM:** The federal government authorizes the CAWEM program under section 1903(v) of the Social Security Act. The Oregon Legislature provides the authority for covering the program under Oregon Revised Statute (ORS) 414.025.

**Breast and Cervical Cancer Medical:** The federal government authorizes the Breast and Cervical Cancer Program under section 1902(z)(1)(aa) of the Social Security Act. The Legislature established the program at ORS 414.532 through 414.540.

**Qualified Medicare Beneficiaries:** The federal government authorizes the Qualified Medicare Beneficiaries program under section 1902(a)(10)(E) of the Social Security Act. Under state law, the Legislature authorizes the program at ORS 414.033 and 414.075.

**Limited drug coverage program for transplant clients:** There are no federal matching funds in this program. The Legislature created this program with a budget note to Senate Bill 5548 in during the 2003 legislative session.

**Payments to the federal government for Medicare Part D:** The federal government requires states to pay the federal government for Medicare Part D drug coverage provided to dual-eligible Medicaid clients under section 1935(c) of the Social Security Act.

### **Medical Assistance Program –Other Programs and Support**

**MAP program & support and Processing Center:** The Oregon Health Plan is not a mandatory program, but it is supported federally by Medicaid. Title XIX of the Social Security Act, respectively, provide the federal authorization. Oregon administers the program under the authority of the federally approved Medicaid State Plan, CHIP State Plan, and Oregon Health Plan Medicaid demonstration waiver. The Oregon Health Plan is established and authorized in Oregon Revised Statute (ORS) 414.018 through 414.760.

**Pharmacy Programs:** OPDP was authorized in the 2003 legislation through Senate Bill (SB) 875. Ballot Measure 44 of 2006 opened the uninsured discount program to all residents. SB 362 of 2007 extended the discount program to underinsured and group business to the private sector. Also in 2007, SB 735 authorized Group Purchasing Organizations for all groups in OPDP.

CAREAssist is authorized by the federal Ryan White Act. This act provides funds to states to purchase drugs or health care insurance that provides a drug benefit for HIV positive individuals.

**LEMLA:** The Oregon Legislature authorizes the program under Oregon Revised Statute (ORS) 414.805 through 414.815.

## **Public Employees' Benefit Board (PEBB)**

### **Vision**

PEBB seeks optimal health for its members through a system of care that is patient-centered, focused on wellness, coordinated, efficient, effective, accessible, and affordable. The system emphasizes the relationship between patients, providers, and their community; is focused on primary care; and takes an integrated approach to health by treating the whole person.

Key Component of the PEBB program are:

- Benefits that are affordable to the state and employees;
- Accessible and understandable information about costs, outcomes, and other health data that is available for informed decision-making;
- An innovative delivery system in communities statewide that uses evidence-based medicine to maximize health and utilize dollars wisely;
- A focus on improving quality and outcomes, not just providing healthcare;
- Promotion of health and wellness through consumer education, healthy behaviors, and informed choices; and,
- Appropriate provider, health plan, and consumer incentives that encourage the right care at the right time and place.

### **Statutory Authority**

The Public Employees' Benefit Board authority lies in ORS 243.061 through ORS 243.302.

## Oregon Educators Benefit Board (OEBB)

### **Vision**

OEBB will work collaboratively with districts, members, carriers and providers to offer value-added benefit plans that support improvement in members' health status, hold carriers and providers accountable for outcomes, and provide affordable benefits and services.

Key components of the OEBB program are:

- Value-added plans that provide high-quality care and services at an affordable cost to members.
- Collaboration with districts, members, carriers and providers that ensures a synergistic approach to the design and delivery of benefit plans and services.
- Support improvement in members' health status through a variety of measurable programs and services.
- Measurable goals and programs that hold carriers and providers accountable for health outcomes.
- Encourage members to take responsibility for their own health outcomes.

### **Statutory Authority**

OEBB was established under Senate Bill 426 in 2007. The OEBB Board, functions and responsibilities are authorized under ORS 243.860 to .886.

## Office of Private Health Partnerships (OPHP)

### **Vision**

To encourage and assist Oregon small businesses and consumers in making informed health insurance choices by providing outreach, education, and referral services; and by providing access to health insurance through programs for low-income, uninsured Oregonians.

OPHP administers the following programs:

- Family Health Insurance Assistance Program (FHIAP)
- Oregon Medical Insurance Pool (OMIP)
- Healthy KidsConnect (HKC)
- Information, Education, and Outreach (IEO)

### **Statutory Authority**

OPHP programs are governed by a series of Oregon Revised Statutes: FHIAP – ORS 414.841 through 414.872; HKC – ORS 414.231, 414,826, and 414,828; OMIP and FMIP – ORS.735.600 through 735.650; and OPHP as a whole – ORS 735.700 through 735.714.

The FHIAP program is matched with federal Medicaid funds, and is therefore subject to the maintenance of effort established in the state's Section 1115 waiver. Both the FHIAP and HKC programs are matched by federal CHIP funds, and are therefore governed in part by the CHIP State Plan.

## Addictions and Mental Health

### **Vision**

The Addictions and Mental Health Division (AMH) as part of the Oregon Health Authority, envisions a healthy Oregon where mental health disorders and addiction to substances and or gambling are prevented through education, early intervention and access to appropriate health care.

### **Mission Statement**

The mission of AMH is to assist Oregonians to achieve optimum physical, mental and social well-being by providing access to health, mental health and addiction services and supports to meet the needs of adults and children to live, be educated, work and participate in their communities. The mission is accomplished by working in partnership with individuals and their families, counties, other state agencies, providers, advocates and communities to accomplish the following goals.

### **Goals**

- Improve the lifelong health of all Oregonians;
- Improve the quality of life for the people served;
- Increase the availability, utilization, and quality of community-based, integrated health care services;
- Reduce overall health care and societal costs through appropriate investments;
- Increase the effectiveness of the integrated health care delivery system;
- Increase the involvement of individuals and family members in all aspects of health care delivery and planning;
- Increase accountability of the health care system; and
- Increase the efficiency and effectiveness of the state administrative infrastructure for health care.

### **Statutory Authority**

Oregon Revised Statute (ORS) 426 provides OHA the statutory framework for the legal and other processes for delivering mandated treatment to persons who because of a mental illness are a danger to themselves or others; these responsibilities are delegated to AMH. This includes the responsibilities of Oregon State Hospital and Blue Mountain Recovery Center as the state hospital to meet the longer term treatment needs of the population. ORS 430 provides OHA the statutory framework for the development, implementation and continuous operation of the community treatment programs to serve people with addiction disorders and mental health disorders subject to the availability of funds. Under ORS 161.370, AMH is delegated to provide the evaluation services to determine if an allegedly mentally ill individual who is accused of a crime is fit to proceed through the judicial processes.

Under ORS 161.390, AMH provides treatment services for individuals who have been found guilty of a crime except for insanity. Treatment is provided in OSH and in the community.

Oregon Revised Statute (ORS) 430.610 through 430.644 set out the requirements for a local mental health authority and the community mental health system. ORS 426 sets out the requirements for involuntary commitment proceedings for allegedly mentally ill persons. ORS 161.295 through 161.400 sets out the requirements for the system to manage and treat people who are found guilty except for insanity. This is a partnership between the Oregon Health Authority and the Psychiatric Security Review Board (PSRB). Federal legislation 1992 PL 102-321 authorized community mental health services funded in small part by the Substance Abuse and Mental Health Services Block Grant.

Statutory or legislative provision for the Oregon State Hospital and the state-delivered Secure Residential Treatment includes, but is not limited to, that which is cited in:

ORS 179.321 - Responsibility to supervise state institutions

ORS 179.040 - General powers and duties

ORS 426.010 - State hospitals for persons with mental illness

ORS 426.060 - Commitment to Oregon Health Authority

ORS 426.500 - Powers and duties of Oregon Health Authority

ORS 161.370 – Determination of fitness to proceed

ORS 161.390 - Rules for assignment of persons to state mental hospitals or secure intensive community inpatient facilities

ORS 443.465 - Secure residential treatment homes and facilities

Alcohol and Drug Programs operate under the authority of Oregon Revised Statute (ORS) 430.254 through 430.426 and ORS 430.450- 430.590 and Federal PL 102-321 (1992) Sections 202 and 1926.

Problem gambling treatment and prevention services are mandated by Oregon Revised Statute (ORS) 413.520, which directs the Oregon Health Authority to develop and administer statewide gambling addiction programs and ensure delivery of program services.

The Oregon State Hospital Replacement Project (OSHRP) was initially authorized by the Legislative Emergency Board in September 2006. The project was fully authorized during the 2007 session by House Bill 5005 and House Bill 5006. It was reauthorized in 2009 by Senate Bill 5505 and Senate Bill 5506. The 2011 session reauthorized the project in House Bill 5005 and House Bill 5006. Additionally, all Capital Improvements beyond the OSHRP follow federal requirements under the Americans with Disabilities Act which requires people to be served in a safe, accessible environment.

## Public Health Division (PHD)

### **Vision**

Lifelong health for all people in Oregon

### **Mission**

Promoting health and preventing the leading causes of death, disease and injury in Oregon

### **Values**

#### **1. Service Excellence**

- Understanding and responding to Oregon's public health needs and the people we serve
- Pursuing our commitment to innovation and science-based best practices
- Fostering a culture of continuous quality improvement

#### **2. Leadership**

- Building agency-wide and community-wide opportunities for collaboration
- Fulfilling an innovative vision of public health service
- Championing public health expertise and best practices
- Creating opportunities for individual development and leadership
- Adhering to public health principles and standards

### **3. Integrity**

- Working honestly and ethically in our obligation to fulfill our public health mission
- Ensuring responsible stewardship of public health resources

### **4. Health Equity**

- Eliminating health disparities and working to attain the highest level of health for all people
- Ensuring the quality, affordability and accessibility of health services for all Oregonians
- Engaging underrepresented populations in the public health system through culturally specific and culturally competent approaches
- Integrating social justice, social determinants of health, vulnerable populations, diversity and community
- Protecting all individuals and communities in Oregon against the spread of disease, injuries and environmental hazards

### **5. Partnership**

- Working with stakeholders and communities to protect and promote the health of all Oregonians
- Seeking, listening to and respecting internal and external ideas and opinions
- Optimizing resources and leadership
- Achieving public health goals in collaboration with our partners
- Exploring and defining the roles and responsibilities of public health staff and partners

### **Statutory Authority**

The Oregon Health Authority plays a central role in ensuring the health of all people in Oregon. The power and duty to promote and protect the public's health is reserved to the states under amendment X of the U.S.

Constitution. Title 42, among other titles, of the US Code authorizes federal funding for numerous public health programs carried out at the state level. Chapters 431 and 433 of the Oregon Revised Statutes set forth hundreds of code sections enabling and mandating a wide range of public health activities carried out by Public Health Division and its county partners.