CORE | Center for Outcomes Research and Education

OHA Transformation Center Community Health Assessment and Community Health Improve Plan Learning Collaborative: Governance

May 17, 2022

Facilitated by:

Bentley Moses, MPH (they/them), Program Manager

Zoom Logistics

- This session will be recorded

- Private chat or email Tom Cogswell (thomas.cogswell@dhsoha.state.or.us) with any Zoom issues

Learning Collaborative Goals

- Support CCOs and their community partners in creating shared community health assessments & health improvement plans

- Provide a space for learning collaborative participants to discuss operational challenges, successes and best practices

Learning Collaborative Workshop Series: Community Health Assessments & Community Health Improvement Plans

Resourcing 3/29, 11:30-1 *recording available on basecamp*	Governance 5/17, 11:30-1	Timelines/Cycles 9/13, 11-12:30
Community Engagement 11/2, 10-11:30	Tribal Engagement February 2023	Sustainability & Dissemination April 2023

Agenda

- Governance examples and Q&A with:
  - Central Oregon Health Council
  - Columbia Pacific CCO
  - Jefferson Regional Health Alliance
- Breakout session – Governance discussion

Participant Introductions

- In the chat, please share:
  - Name
  - Pronouns
  - Title
  - Organization

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What does governance include?

- Governance includes the system by which a group or organization is managed and operated

- It also includes the methods of accountability in place for the organization and its members.
  - Organizations may be accountable to board members, stakeholders, community members, clients, etc.

- A board is often the head body responsible for governance

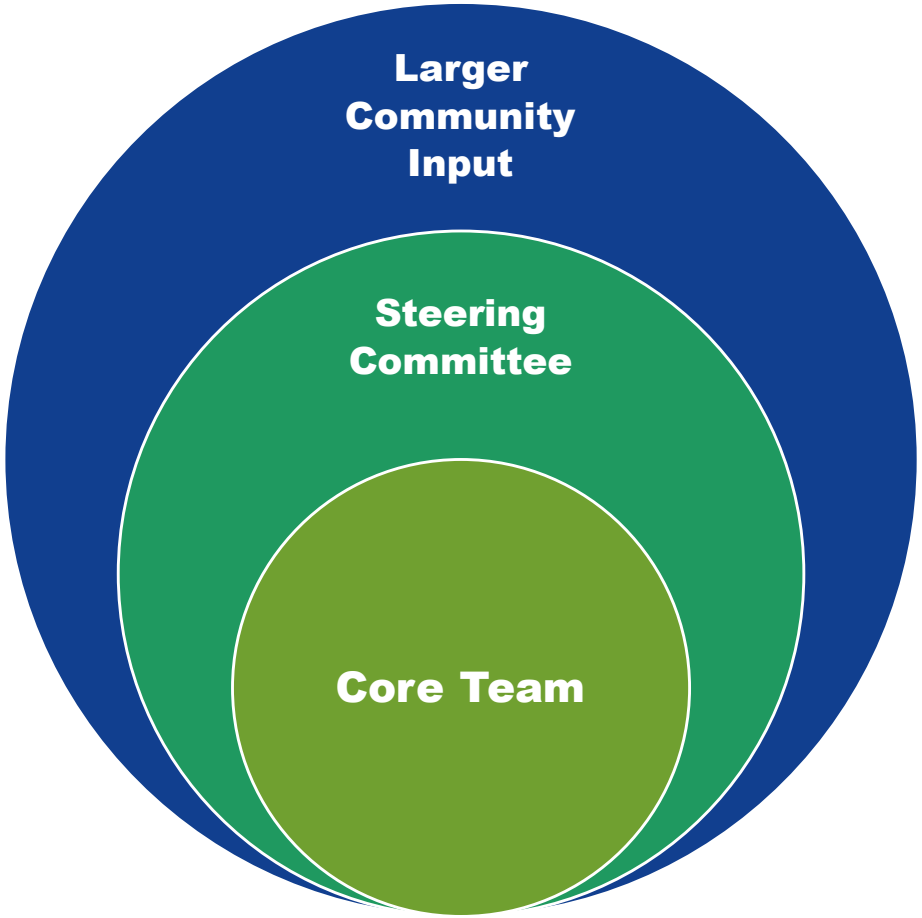
Governance and Community Health Assessment/Improvement Planning

- Identify up front who needs to be involved, who key decision makers are and their authority
- Determine appropriate rules or requirements that may influence how governance is conducted (regulations, requirements of your accrediting body)
- Mapping these components can help set groundwork for planning shared work

Mobilizing for Action through Planning and Partnerships (MAPP)

Phase 1 of MAPP: Building the team

- Who do you include?
- Center on health equity:
  - Are the population groups that are affected by the decisions, policies, investments, rules and laws that have created health inequities included in both your core team and steering committee?
  - Do you have people who know how to measure social, economic and health inequities?
- Build a charter:
  - CDC Sample Charter: www2a.cdc.gov/cdcup/library/templates/CDC_UP_Project_Charter_Template.doc
  - NYU Sample Charter: www.nyu.edu/content/dam/nyu/hr/documents/Project_Charter_Template.doc



Central Oregon Health Council

Rebeckah Berry, MS, MCHES (She/Her)
Grants and Metrics Manager

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CENTRAL OREGON'S RHA & RHIP

Partnering with our communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon

WHO / WHAT IS THE CENTRAL OREGON HEALTH COUNCIL

- The Central Oregon Health Council (COHC) is a non-profit
- The COHC is dedicated to improving the health of the region and providing oversight of the Coordinated Care Organization (CCO).
- Senate Bill 648
  - Board of Directors provides regional CCO governance (Medicaid)
  - Regional Health Assessment (RHA) (Whole population)
  - Regional Health Improvement Plan (RHIP) (Whole population)

WHY IS THIS DIFFERENT?

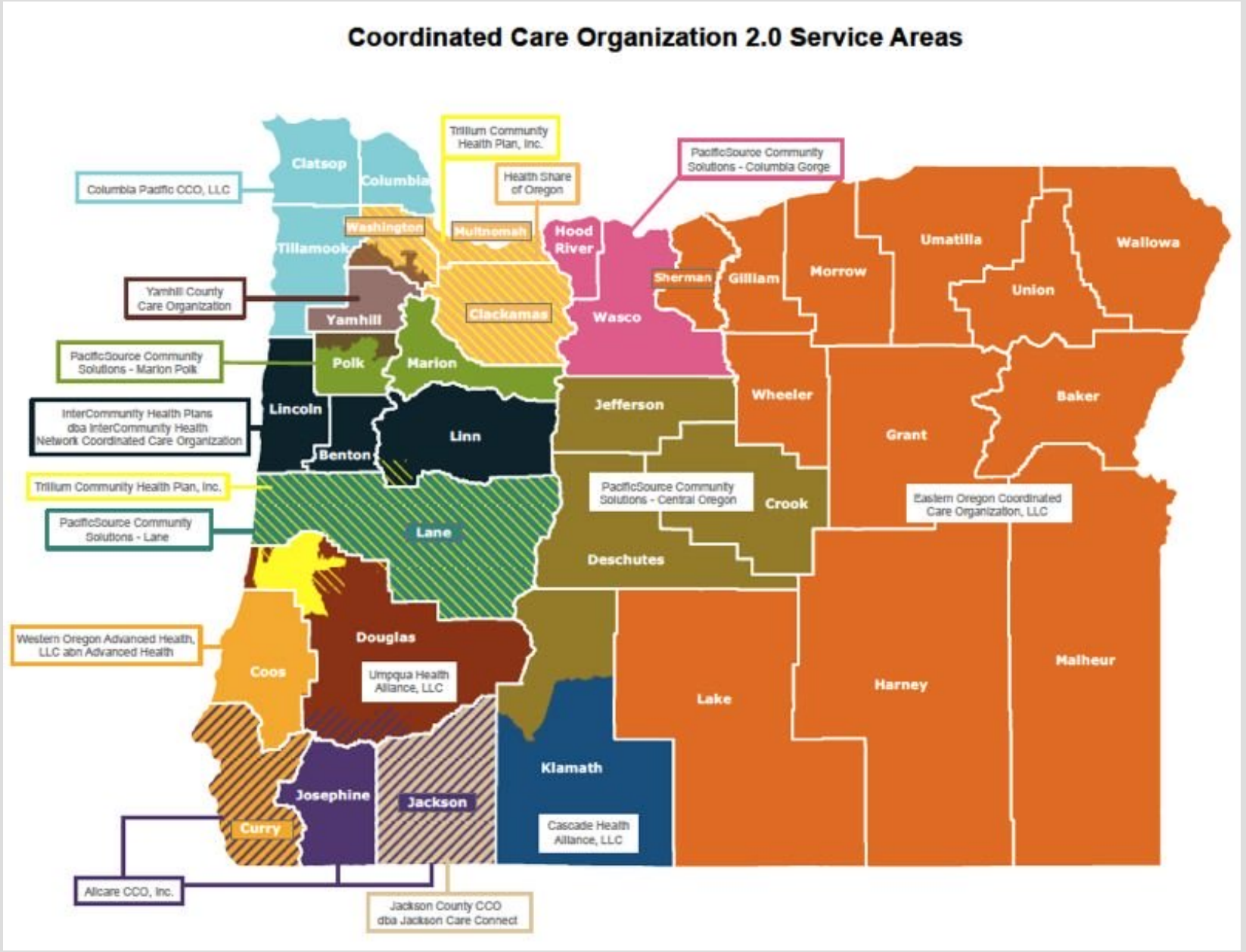
- In 2011, Central Oregon wanted a governance structure to provide the CCO, PacificSource Community Solutions with additional community oversight, involvement, and transparency.

- Senate Bill 648
  - Allows the Central Oregon Health Council (COHC) to be the CCO governing entity in Central Oregon
  - Requires us to submit a Regional Health Assessment and Regional Health Improvement Plan for Central Oregon

- Joint Management Agreement (JMA)
  - Outlines responsibilities, deliverables, funds

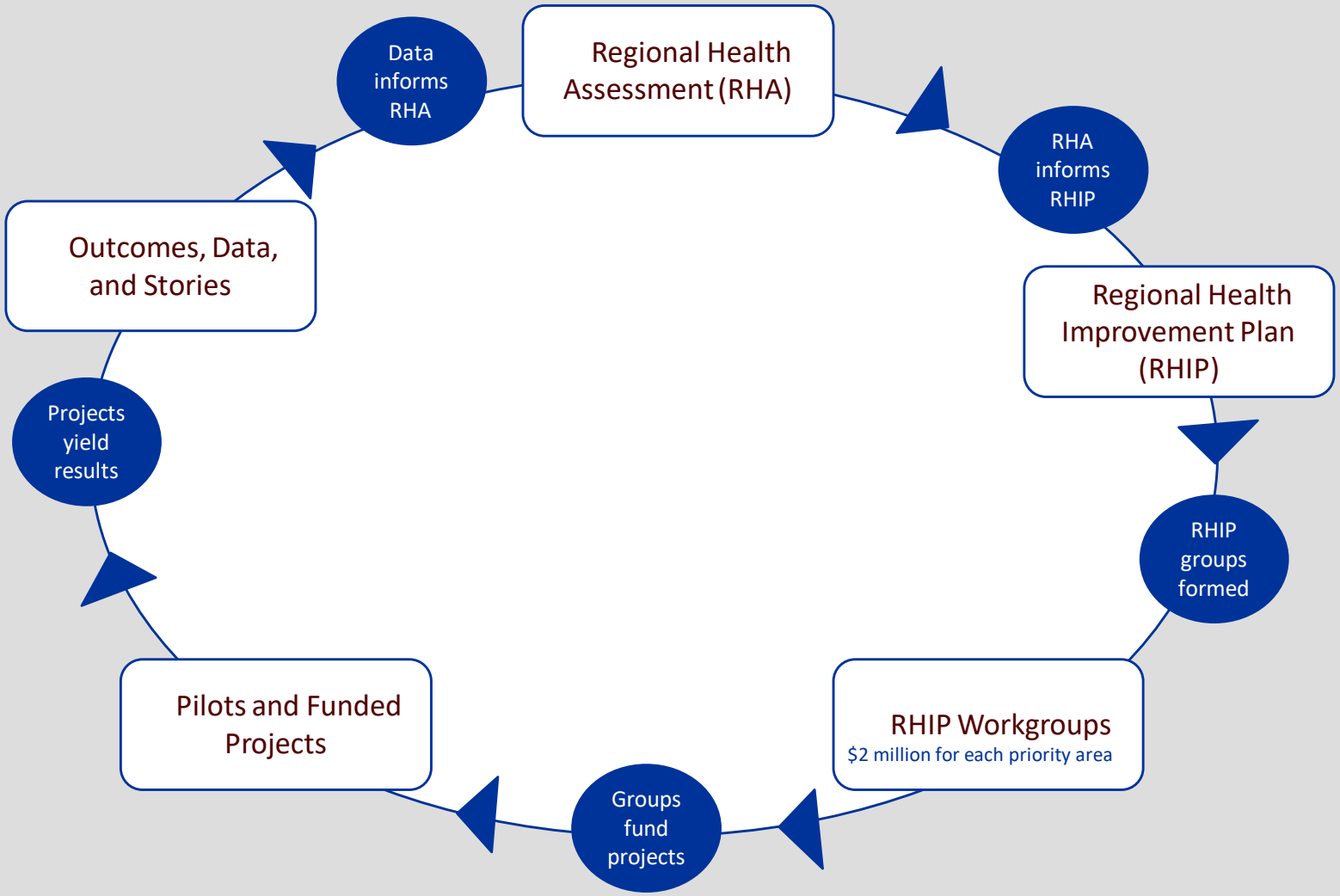
- Now health councils exists in all the regions where PacificSource is the CCO

Central Oregon Health Council



Central Oregon Health Co

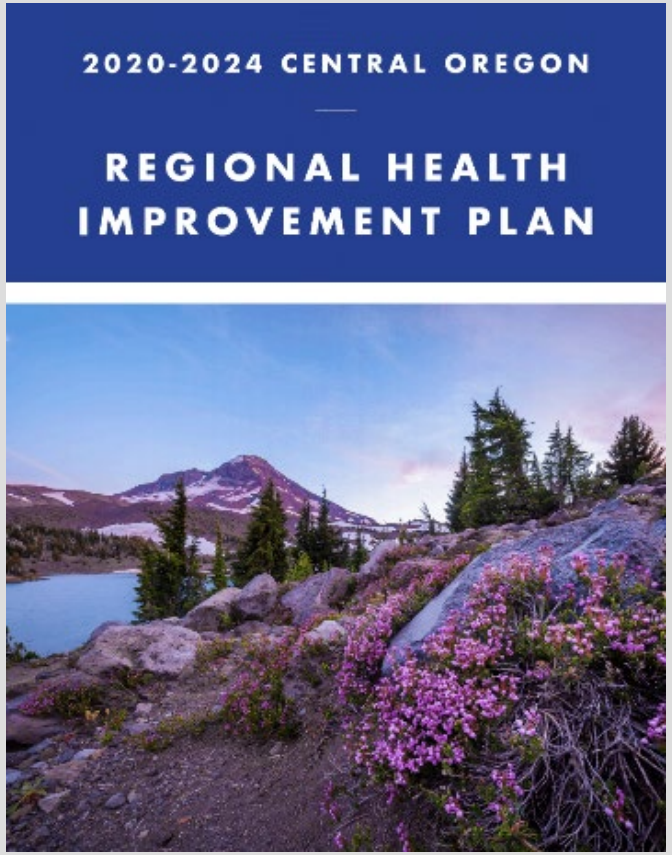
FIVE-YEAR CYCLE



WHO USES THE RHIP?

- Communities
- Coordinated Care Organization (CCO)
- Hospital
- Public Health
- Grant writers
- Organizations who align their own strategic plan
- Organizations who address health in Central Oregon

FOCUS AREAS



Six Focus Areas

1. Address Poverty and Enhance Self-Sufficiency
2. Behavioral Health: Increase Access and Coordination
3. Promote Enhanced Physical Health Across Communities
4. Stable Housing and Supports
5. Substance and Alcohol Misuse: Prevention and Treatment
6. Upstream Prevention: Promotion of Individual Well-Being

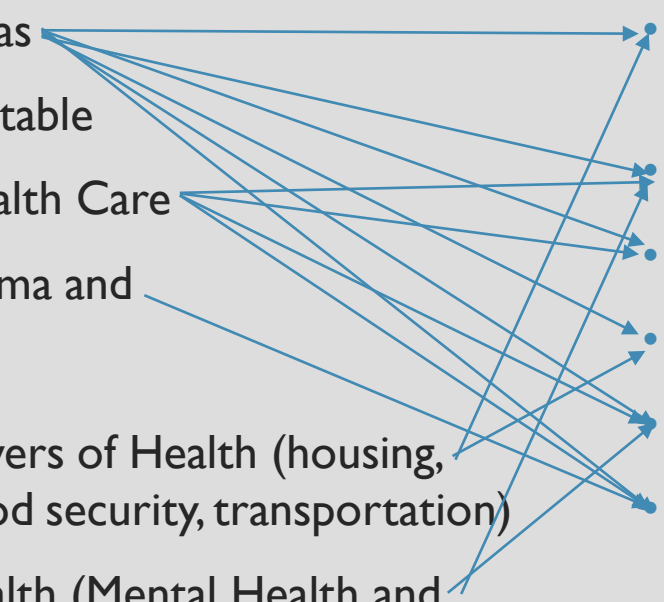
HEALTHIER TOGETHER OREGON AND THE RHIP

Healthier Together Oregon

- Institutional Bias
- Access to Equitable Preventive Health Care
- Adversity, Trauma and Toxic Stress
- Economic Drivers of Health (housing, living wage, food security, transportation)
- Behavioral Health (Mental Health and Substance Abuse)

Regional Health Improvement Plan

- Address Poverty and Enhance Self-Sufficiency
- Behavioral Health
- Enhanced Physical Health
- Stable Housing and Supports
- Substance and Alcohol Misuse
- Upstream Prevention



COLLECTIVE IMPACT

What is collective impact?

- A commitment of a group of individuals and organizations from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

- Brings people together in a structured way, to achieve social change.

WHO PARTICIPATES IN WORKGROUPS?

Examples include:

- Community Advisory Council
- Health Clinics & Hospital
- Public Health
- Behavioral Health
- Oral Health
- Housing
- Education
- Transportation
- Community Based Organizations
- Community Members
- EVERYONE is Invited

HOW ARE PROJECTS FUNDED?

- The workgroup decides how their measures can best be addressed through a process called structured problem-solving and consensus
- The workgroup invites the region to submit projects for specific efforts
- The workgroup reviews, scores, and votes on which projects will be funded using a publicly shared scoring matrix

HOW DO WE TRACK PROGRESS?

Central Oregon Health Data

centraloregonhealthdata.org

Q&A

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Columbia Pacific CCO

Nancy Knopf, MSW (She/Her)
Director, Community Health Partnerships

Heather Oberst, MS (She/Her)
Community Engagement Specialist

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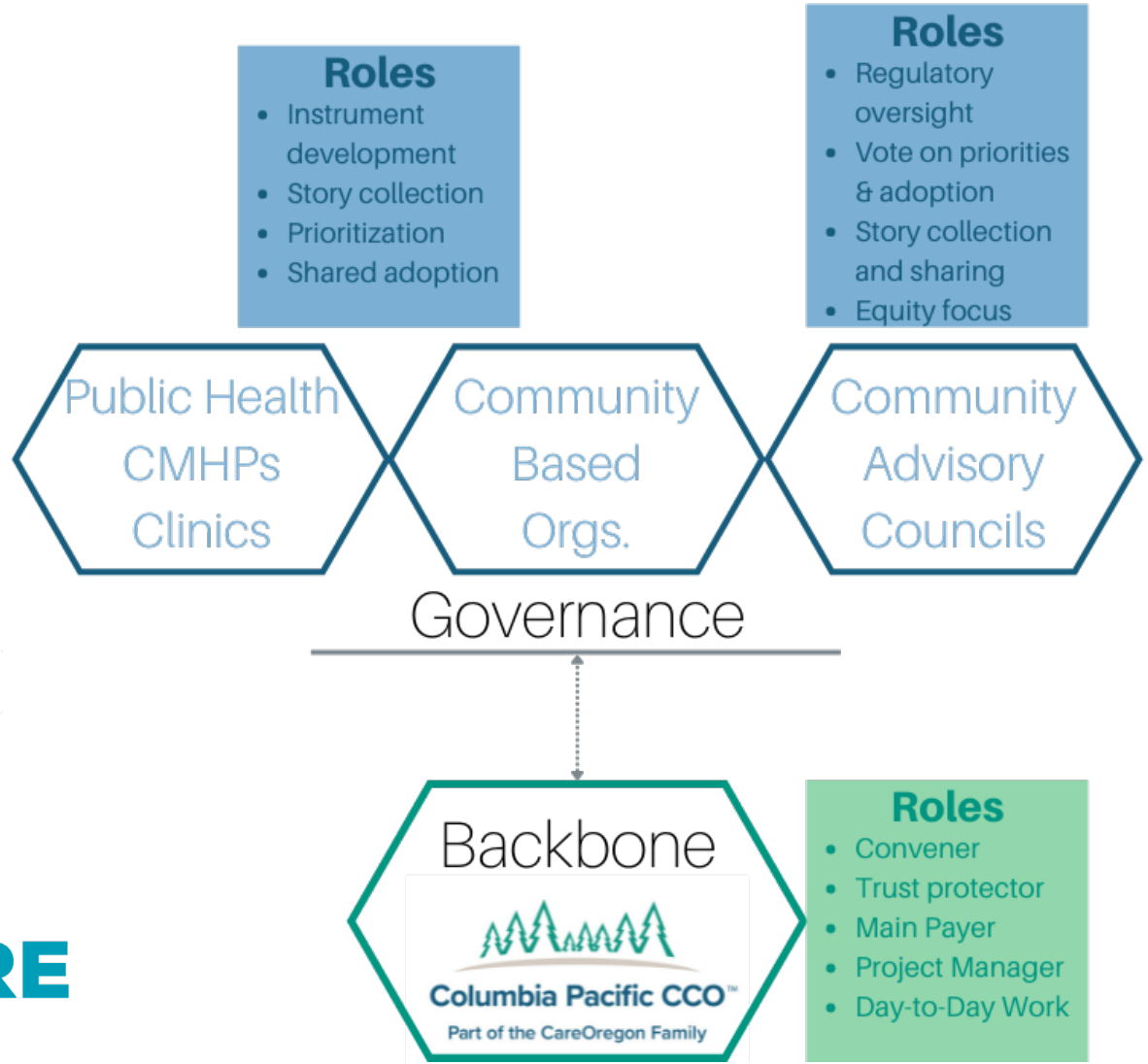
Example: Columbia Pacific CCO

Regional Health Assessment & Improvement Plan



Overall Goals for Governance:

- Meaningfully engage community (*especially OHP members*) **from the beginning** and as **equal partners**.
- Plan and execute a process that is relevant to all stakeholders, and that contributes to a shared vision of a more equitable, healthy region.
- Dig deep to understand community-identified needs and solutions, committing to promote them as the right ones to focus on.
- Build space for collective impact.

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Evidence *for* Change

Columbia Pacific CCO: Benefits and Learnings

Benefits

- This structure and process engages community not only by participating, but by shaping it from the beginning.
- We can honor a wide range of experiences of our communities in decision making and in interpretation of results.
- We can build a broad base of buy-in for proposed priorities.
- Equity is centered from the beginning.

Learnings

- Governing this way through this process requires a lot of time.
- In order to preserve trust, we have learned when to have all perspectives present, and when to have psychologically protected spaces instead.
- When there are differing opinions, are transparent about the ultimate decisions and who makes them.

Q&A

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Jefferson Regional Health Alliance

Kathy Bryon, MPH
Executive Director, Gordon Elwood Foundation
Chair, Jackson County Public Health Advisory Board
Executive Committee founder & member, Jefferson Regional Health Alliance

Andrea Krause, DVM, MS, MPH
Program Manager, Communicable Disease and Epidemiology, Data & Performance
Jackson County Public Health

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JACKSON & JOSEPHINE COUNTIES CHA/CHIP COLLABORATION

2 CCOs (was 3)

2 Hospital Systems

3 FQHCs

2 Local Public Health Authorities

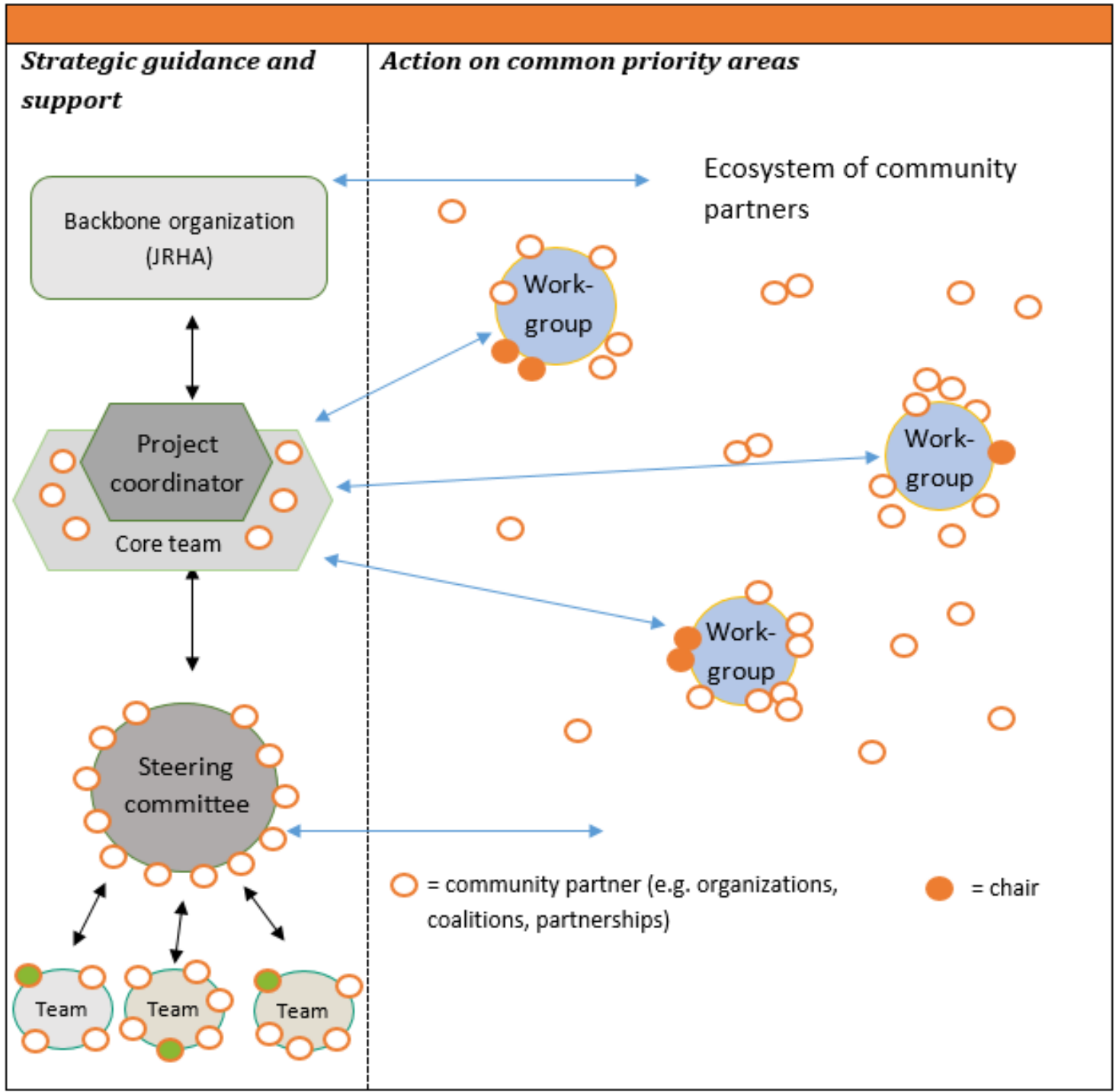
IMPROVING CHA/CHIP COLLABORATION

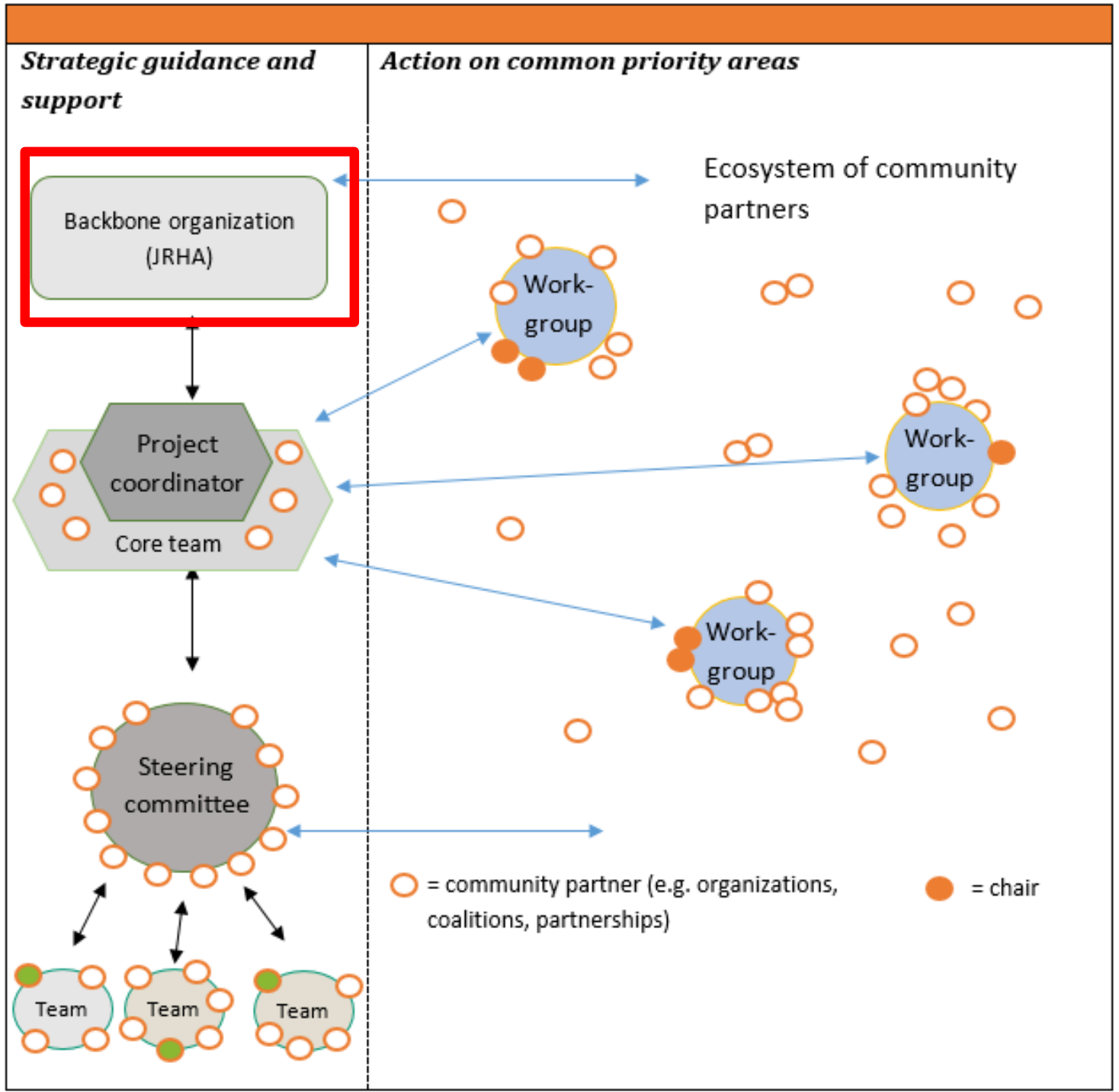
2013-14 CHA/CHIP

- 4 partners
- Collaborative CHA
- Individual CHIPs
- Consultant-driven

2018-19 CHA/CHIP

- 17+ partners
- Collaborative CHA
- Collaborative CHIP
- Community-driven
- Broader, deeper engagement


Strategic guidance and support
Action on common priority areas
Backbone organization (JRHA)
Ecosystem of community partners
Work-group
Project coordinator
Core team
Work-group
Work-group
Steering committee
Team
Team
Team
= community partner (e.g. organizations, coalitions, partnerships)
= chair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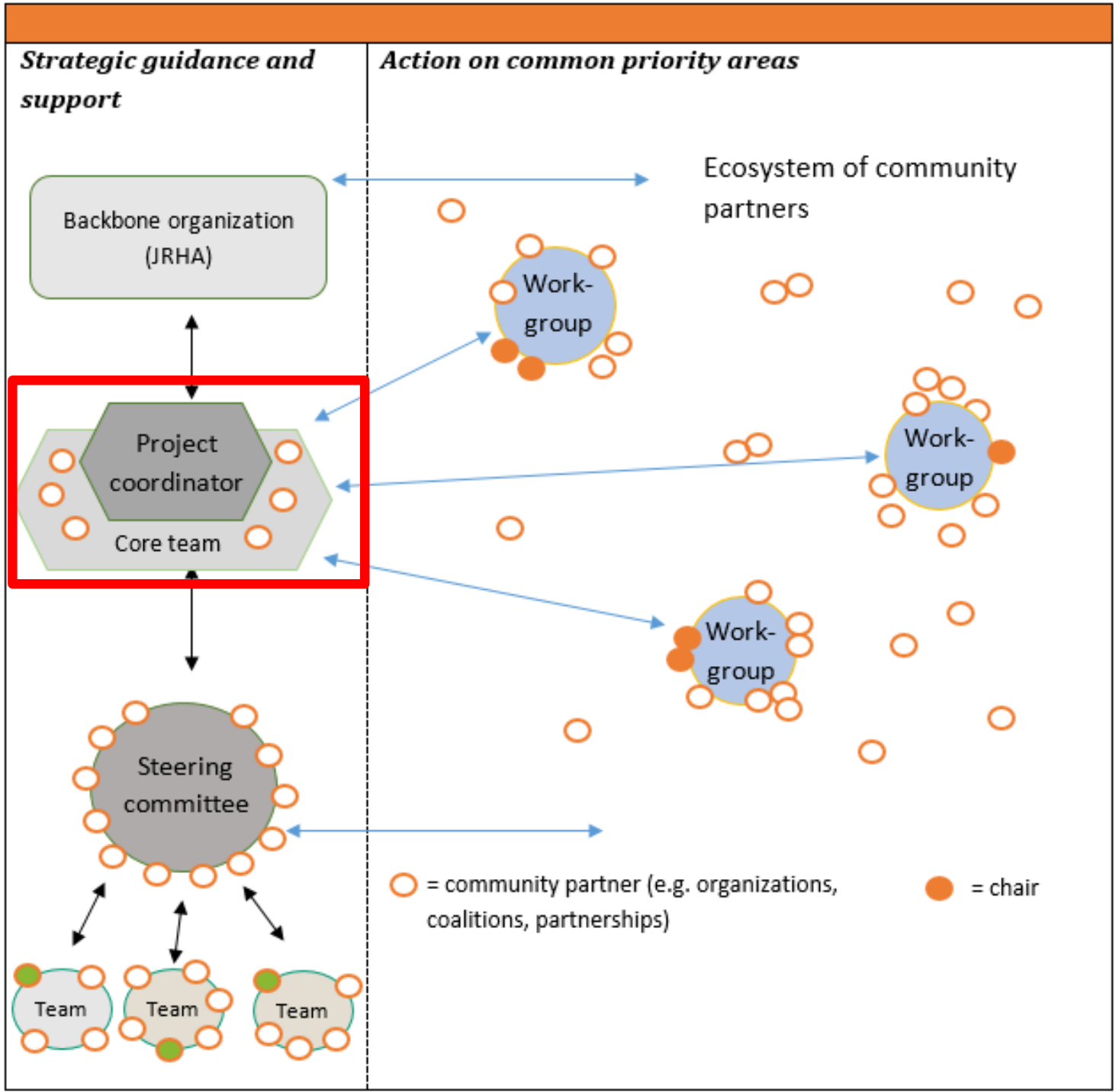
BACKBONE ORGANIZATION: JEFFERSON REGIONAL HEALTH ALLIANCE (JRHA)

- Mission/Purpose: *provide platform as a cross sector collaborative learning community of regional leaders working together to improve the health and health care resources of southern Oregon.*
- Vision: *Organizations responsible for the health of the community are interconnected, promoting health and healthcare transformation collaboratively.*

Jefferson Regional
Health Alliance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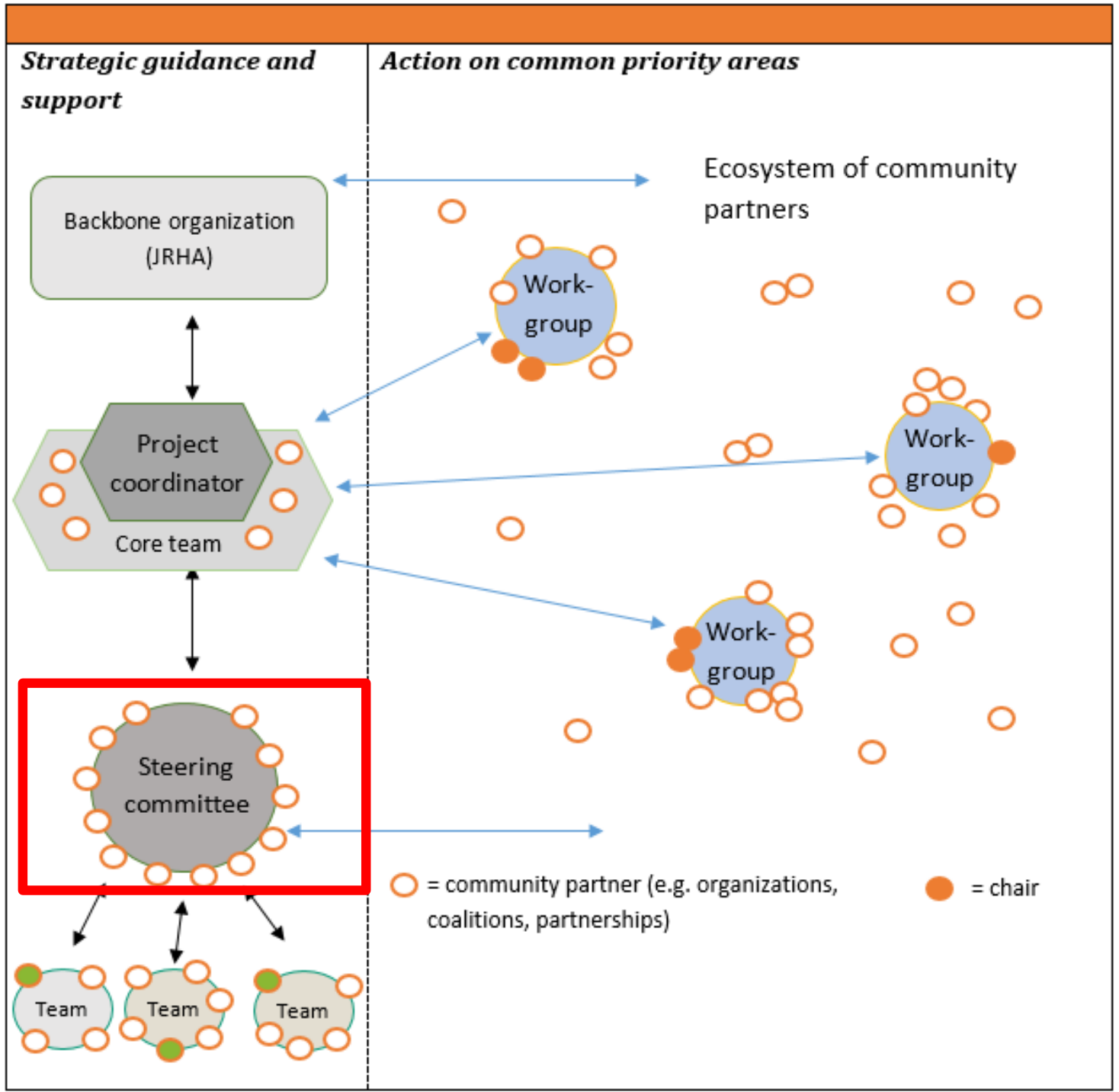
CORE TEAM

CHA, initial drafting of CHIP

- 4 total members, including coordinator
- Formed organically based on capacity and technical expertise
- No distinct roles

CHIP implementation

- 7 total members, including coordinator
- Expanded/re-formed intentionally
- Roles focused on a needed function within the partnership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2017-2020 STEERING COMMITTEE ORGANIZATIONS

Addictions Treatment

- Addictions Recovery Center
- OnTrack Rogue Valley

CCOs

- AllCare Health
- Jackson Care Connect
- PrimaryHealth

FQHCs

- La Clinica
- Rogue Community Health
- Siskiyou Community Health Center

Hospital Systems

- Asante
- Providence

Mental Health Providers

- Jackson County Mental Health
- Options for Southern Oregon

Public Health Departments

- Jackson County Public Health
- Josephine County Public Health

Other Agencies

- Oregon Health Authority
- OSU Extension Service

HITS AND MISSES: LESSONS LEARNED

CHANGES GOING INTO THE NEXT CYCLE

A chance to reexamine roles & responsibilities, apply lessons learned

ALL IN FOR HEALTH

JACKSON & JOSEPHINE COUNTIES

A healthy community is everyone's business

For more information on JRHA contact Kathy Bryon: kathy@gordonelwoodfoundation.org

For more information on All in for Health, contact Andrea Krause: krauseak@jacksoncounty.org

Q&A

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Breakout Groups: Governance Examples

- In breakout groups, discuss:
  - What example from our presenters resonated with you? How might you employ this example in your work?
  - What models for governance has your group used?
  - What has worked well, what have been the barriers or pitfalls?
- You are facilitating your own group:
  - Choose a spokesperson to share out learnings to larger group
  - Pick 1-2 key examples from your group and share back.

Resources - Basecamp

- Basecamp link
  - Examples and additional slides available from presenters will be posted on basecamp
  - CORE summary of governance examples from national and state organizations doing similar work
  - MAPP framework

Resources: 1-1 Technical Assistance

- CORE is available for 1:1 TA

- 2 hours of 1:1 TA meeting time available per CCO
  - CORE will conduct background research and preparation for these 1:1 TA meetings. CORE staff will meet directly with CCOs and their partners for meeting TA.

- Contact Tom Cogswell (thomas.cogswell@dhsoha.state.or.us) by 12/31/22 to request 1:1

Thank you!

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