2019-2021

OHA Diversity & Inclusion/Affirmative Action Plan

Oregon Health Authority

EQUITY AND INCLUSION DIVISION

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Intoduction from OHA Director

Dear colleagues:

The Oregon Health Authority is committed to improving health and health care for all people in Oregon. For us to achieve this, we must continue to develop culturally and linguistically appropriate programs, and we must build an inclusive workforce that represents the diversity, cultures, and values of all the people we serve.

Together we have made some progress over the past biennium. We have expanded the OHA Employee Resource Group Program, adopted a policy to increase and standardize Race, Ethnicity Language and Disability (REALD) data collection across the agency, and created the first OSH Diversity Liaison position to integrate OHA's diversity and equity initiatives into the culture of Oregon State Hospital. When we sought feedback on our plans for the next phase of our coordinated care organizations (CCO) model, or CCO 2.0, we held 14 input sessions in communities across Oregon and convened tribal consultations to gather input from a culturally and geographically diverse group of Oregon Health Plan members, health care providers, public health agencies, community leaders and legislators. What we heard in those communities helped shape our CCO 2.0 work to focus on the clinical and social conditions, as well as the historical and contemporary injustices, that undermine health. Despite the good work we have done, we still have work to do.

This report highlights trends in OHA's workforce since 2016 and identifies some of the areas where we have more work to do:

- Compared to Oregon's population, there was no change in OHA's workforce representation of people of color and only a slight increase in our representation of people with disabilities.
- People of color and people with disabilities continue to be underrepresented in OHA's overall workforce, management, and new hires.
- People of color and people with disabilities continue to be underrepresented in promotions within our agency and are overrepresented in voluntary separations.

We must work harder to change these trends. The OHA Affirmative Action Plan, the OHA Performance System, and the OHA Strategic Plan serve as our roadmap for improving workforce equity and inclusion processes and outcomes.

The OHA Performance System recognizes "developing and supporting the OHA workforce" as one of our core processes. We also have identified sub-processes

that will be reported on at the agency's Quarterly Performance Reviews (QPRs). Through the QPRs, we will look at our progress, as well as the barriers and challenges we face to building a more diverse and inclusive workforce, including the availability of meaningful data to inform our affirmative action efforts.

In addition, we have begun to disaggregate the population health measures we track in the OHA Performance System by race and ethnicity, so we can make sure we're serving everyone in Oregon equitably and breaking down the barriers that produce health disparities. Reporting on these measures at the QPRs will help us focus our work on health equity.

For the 2019-2021 biennium we must continue to address long-standing issues, as well as build on our successes by strengthening relationships with diverse community groups and Tribes, implementing a Diversity Recruitment Policy, expanding the Employee Resource Group Program, and launching an agency-wide Diversity Leadership Team.

As a leader for this agency, I am committed to this work. I also commit to modeling behaviors and practices that foster an organizational culture that is safe, inclusive, and empowering for every employee and every person we serve.

I invite each of you to join me in making a commitment to help advance the goals and strategies outlined in this OHA Affirmative Action Plan. Please reach out to me or the Office of Equity and Inclusion with your ideas and solutions.

Lastly, I want to thank the Employee Resource Groups (ERGs) for helping make OHA a more diverse and inclusive organization, and I encourage everyone to consider joining or forming an ERG to support workplace diversity, equity, and inclusion at OHA.

Thank you,

Patrick M. Allen

Executive summary

Introduction

The Oregon Health Authority (OHA) is a state government leader in implementing both internally and externally facing programs that apply equity, diversity and inclusion best practices. The Office of Equity and Inclusion (OEI) — one of eight OHA divisions — leads, advises and oversees strategic initiatives that equip the OHA workforce to meet the needs of Oregon's increasingly diverse populations.

The Affirmative Action Plan (AAP) is a required compliance document fulfilling part of OHA's responsibility as a federal government contractor. Executive Order 17-11* also requires OHA to complete an AAP and engage in a variety of proactive efforts to advance workforce diversity and inclusion. OEI develops an AAP every biennium and continuously communicates the agency's related goals, monitors progress and, when necessary, recommends corrective actions. The AAP is a key component of the agency's ongoing diversity and inclusion efforts. The AAP and other relevant non-discrimination policies and resources are located on the OHA website.†

OHA continuously works to create a diverse and inclusive organization. OHA will build upon its successes to:

- Achieve a more culturally competent workforce
- Create culturally appropriate and effective programs and service delivery systems
- Develop quality improvement strategies with a focus on diversity, and
- Create inclusive environments for our diverse client base and staff.

Purpose and contents

The purpose of the AAP is to serve as:

- A report card for measuring the comparable representation of people of color, people with disabilities and women in the OHA workforce in proportion to the Oregon population, and
- A roadmap to guide the agency in achieving

* State of Oregon Executive Order 17-11 Relating to Affirmative Action, Equity Employment Opportunity, Diversity, Equity and Inclusion: https://www.oregon.gov/gov/Documents/executive_orders/eo_17-11.pdf

† OHA website: https://www.oregon.gov/Oha/pages/index.aspx

affirmative action goals related to recruiting, retaining and promoting an inclusive workforce that reflects Oregon's increasingly diverse populations.

The AAP consists of qualitative and quantitative information mandated by the Governor's Office. The AAP includes the following contents:

- Agency description
- OHA policies and procedures
- Training, Education and Development Plan
- Leadership development/training programs
- Internship, volunteer, mentorship and diversity awareness programs
- Community engagement efforts
- Executive Order 17-11 – agency progress update on trainings, statewide exit interview survey and management personnel performance evaluations
- Status of OHA contracts to minority businesses
- Designation of responsibility for AAP implementation
- Analysis of accomplishments and gaps in OHA's workforce representation compared to the Oregon population
- Narrative of progress made or lost since the previous biennium
- Goals and strategies for the 2019–2021 biennium to address remaining challenges

AAP data summary

The definition of parity, the major affirmative action goal, is "achieving comparable representation for federally categorized ethnic and racial minorities, people with disabilities and women in every job category in the same proportion as they are available in the U.S. workforce". OHA estimates parity by comparing its workforce to Oregon's civilian population ages 18 to 64.*

As June 30, 2018:

- There were 4,093 state government employees in OHA.
- People of color represented **22 percent** of all OHA employees.
- People with disabilities represented **three percent** of all OHA employees.†
- Women represented **62 percent** of all OHA employees.

* Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates ACS_14_5YR_B03002 HISPANIC OR LATINO ORIGIN BY RACE, American Community Survey 5-Year Estimates, B01001 SEX BY AGE, series (A-I), ACS 5YR B18101 series (A-I), AGE BY DISABILITY STATUS AND RACE, ACS 5YR B21001 and C21001 series (A-I), SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER.

† The numbers represent only those employees who voluntarily disclosed disability status.

Since 2016, the agency experienced:

- **No change** in the workforce representation of people of color, and
- A **one percent increase** in the proportion of people with disabilities in the workforce

Percentages presented below represent the relative percentage of OHA employees of color, with a disability and of female binary gender compared to the Oregon population of working-age adults from the same demographic groups. For example, OHA employs 46 percent of the number of Hispanic/Latinx employees expected given the number of working-age adults in the Hispanic or Latinx population in Oregon. In the following tables, Green shows where the agency is currently meeting or exceeding parity. In all measures except voluntary separations, red indicates underrepresentation in the agency's workforce. For voluntary separations, areas in red show where there is overrepresentation compared to the overall OHA workforce.*†

OHA employee representation compared to Oregon population

Current OHA employees	African American / Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	People with disabilities	Female
TOTAL OHA workforce	204%	107%	159%	46%	27%	18%	123%
Workers at salary range 24 and higher	140%	98%	161%	26%	21%	18%	119%
New hires†	203%	121%	130%	54%	28%	16%	132%

* Underrepresentation (less than 115 percent) in this measure is desirable.

† For this report, ethnicity is broken out in two categories: Hispanic or Latinx and Non-Hispanic or Non-Latinx. The following groups are categorized as Non-Hispanic/Non-Latinx: African American/ Black, American Indian and Alaska Native, Asian and Native Hawaiian and Pacific Islander.

OHA employee representation compared to current OHA workforce composition

Current OHA employees	African American / Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander†	People with disabilities	Female
Promotions*	74%	67%	70%	100%	0%	65%	114%
Voluntary separations‡	77%	118%	64%	164%	1%	149%	112%

* For purposes of this report, promotion is a change to a higher job classification, with no break in state service. Promotion **does not** include work out of class or any other pay differential.

† Note: Employees were invited to use this code beginning July 16, 2016.

‡ For purposes of this report, voluntary separations **do not** include retirement.

A summary of OHA workforce parity trends between July 1, 2016, and June 30, 2018, are as follows:

OHA workforce

Compared to the Oregon population:

- The OHA workforce is **representative** of the African American/Black, American Indian and Alaska Native and Asian populations and women.
- The Hispanic/Latinx and Native Hawaiian and Pacific Islander populations, and people with disabilities are **underrepresented** in the OHA workforce.

Workers at salary range 24 and higher

Compared to the Oregon population:

- The African American/Black and Asian populations and women are **represented**.
- The American Indian and Alaska Native, Hispanic/Latinx and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

New hires*

Compared to the Oregon population:

- The African American/Black, American Indian and Alaska Native and Asian populations and women are **represented**.

* For purposes of this report, employees new to OHA who have continuous employment with the state **are not** considered new hires.

- The Hispanic/Latinx and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

Promotions*

Compared to OHA's current workforce composition:

- The Hispanic/Latinx population and women are **represented**.
- The African American/Black, American Indian and Alaska Native, Asian and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

Voluntary separations†

Compared to OHA's current workforce composition, the American Indian and Alaska Native and Hispanic/Latinx populations and people with disabilities are **overrepresented**.‡

2019–2021 OHA Affirmative Action Plan goals

The 2019–2021 OHA AAP continues to focus on remedying the underrepresentation of people of color and people with disabilities. The following goals address these remaining challenges. This report describes the underlying strategies to support these goals.

1. Meet and exceed parity in all EEO job categories and subcategories.
2. Increase recruitment, retention and promotion of a workforce that represents Oregon's changing demographics. This includes all underrepresented categories.
3. Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.
4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on affirmative action goals.
5. Maintain and improve communication and collaboration to achieve affirmative action goals.

* In this report, promotion is a change to a higher job classification, with no break in state service. Promotion **does not** include work out of class or any other pay differential.

† For purposes of this report, voluntary separations **do not** include retirement.

‡ Underrepresentation (less than 115 percent) in this measure is desirable.

Agency description

Overview of the Oregon Health Authority

The Oregon Health Authority is at the forefront of lowering and containing costs, improving quality and increasing access to health care to improve the lifelong health of people in Oregon. The agency includes most of the state's health care programs and encompasses the following divisions: Office of Equity and Inclusion, External Relations, Health Policy and Analytics, Health Systems, Agency Operations, Fiscal, Oregon State Hospital, and Public Health. These divisions include programs such as behavioral health, medical assistance and the Oregon Health Plan, and employee benefits.

With the passage of Health System Transformation legislation in 2011 and 2012, Oregon committed to meet key quality measurements for Oregon Health Plan (Medicaid) clients' improved health while reducing the growth in health spending by two percentage points per member over the next two years. This would achieve approximately $10.5 billion in total state and federal savings over the next 10 years. To meet this goal, the Oregon Health Authority in 2012 implemented coordinated care organizations – locally governed health plans that include a variety of health care providers who have agreed to work together in their communities to provide better care at lower costs for children and adults served by the Oregon Health Plan.

OHA mission and objectives

The agency's mission statement sets out the purpose and guides the activities of the large, complex organization of Oregon's health and health care programs.

The agency's vision, mission, goals and values are:

Vision

A healthy Oregon.

Mission

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Goals

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

Values

- Health equity
- Innovation
- Integrity
- Leadership
- Partnership
- Service excellence

Affirmative Action Plan – key contact information

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Agency FTEs with "diversity," "inclusion," "access," "equal opportunity," "multicultural" or "equity" in their working title

As of the date of this report, OHA has 23 positions with working titles that include one or more of the above listed words. Those positions total 22 FTE.

To provide meaningful information related to this report's goals, OHA included a spreadsheet (Appendix C-1) with additional information about those positions' scope and purpose.

For example, the matrix lists 32 positions. Of those 32 positions, seven positions have a working title of either "Access Management Security" or "MS Access Visual Basic Analyst." Those seven positions, representing 7.0 FTE, relate to technology and information services and do not generally focus on diversity, inclusion, equity, equal opportunity or multicultural disciplines.

The remaining 25 positions include nine with working titles that do not include one or more of the identified terms, but where the position's purpose is to advance diversity, inclusion, equity, equal opportunity or multicultural efforts within OHA and across the state. That diversity and equity focus is comparable to the 16 positions with working titles that include one or more of the specified terms.

As it happens, all 10 of the key-word-missing positions are part of the Office of Equity and Inclusion (OEI). OEI is one of OHA's eight divisions and represents a unique organizational framework within Oregon state government wherein a state agency includes a stand-alone division of diversity and equity professionals who provide expertise and technical support throughout the agency, to stakeholders and service recipients.* See Appendix C-2 for OEI's organization chart.

Finally, while not listed in Appendix C, this report notes skilled and passionate individuals hold numerous other positions requiring an emphasis on diversity and inclusion imperatives. This includes, but is by no means limited to, the OHA Director, division directors and other staff throughout OHA.

* The Oregon Department of Human Services (DHS) similarly includes among its units the Office of Equity and Multicultural Services (OEMS).

OHA organizational chart

OHA is going through an organizational realignment to improve the agency's business rigor and strengthen transparency and accountability. These changes seek to better balance resources, better align important functions, such as Medicaid and behavioral health, and make OHA's organizational structure easier to navigate so partners, stakeholders and staff can better collaborate.

At the same time, OHA is undertaking a performance system process that will also bring more business rigor to OHA operations and drive agency focus toward OHA's goals of transforming health and health care for Oregonians.

Integral to the performance system is the identification of the agency's core processes. The six identified core operational processes include:

- Engaging community, stakeholders, members and partners
- Collecting, analyzing and sharing data
- Developing and managing policy
- Purchasing for health care value
- Improving clinical and population health and
- Regulating and ensuring compliance.

The four identified supporting processes include:

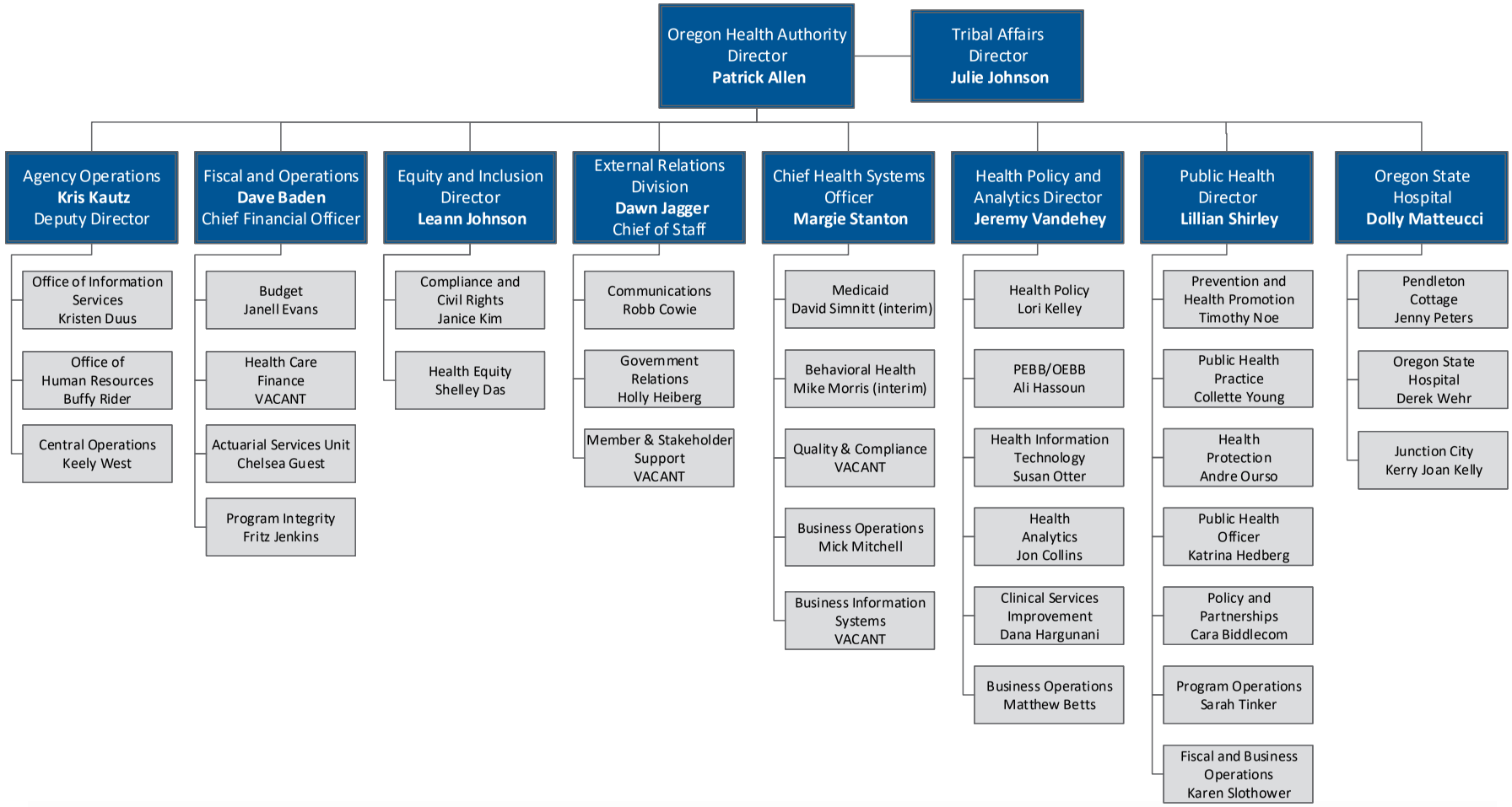
- Managing risk
- Managing operations
- Developing and supporting the OHA workforce
- Leading and managing organizational performance.

In undertaking these processes, OHA recognizes and seeks to further develop the enterprise's strengths and seeks to further develop those strengths. Perhaps more importantly, the agency is identifying existing and foreseeable challenges to provide a framework to fill these gaps and establish processes to continually assess and improve.

These efforts are especially relevant to this Affirmative Action Plan (AAP) because of the agency's commitment to quarterly performance reviews (QPRs) to begin in fall 2018. Through these QPRs, the agency will undertake a rigorous and transparent self-assessment of its progress, barriers and challenges including the availability of meaningful data to inform our affirmative action efforts.

Two key outcomes critical to monitor in 2019–2021 include:

- Increasing OHA workforce engagement
- Improving workforce equity and inclusion.



Updated 11/16/2018

Affirmative Action Plan

Affirmative action policy statement

The OHA Office of Equity and Inclusion Division, OHA management and the OHA Office of Human Resources are responsible for ensuring the following affirmative action policy is appropriately posted in each OHA office's employee area. The policy statement (see Director's Memo in Appendix C-3) is also posted on the OHA Office of Equity and Inclusion (OEI) webpage. The Office of Equity and Inclusion Division monitors, reports and investigates charges of discrimination and reports trends to OHA directors on a semiannual basis or as necessary.

Diversity and inclusion statement

OHA is committed to developing and promoting culturally and linguistically appropriate programs and a diverse and inclusive workforce representing the diversity, cultures, strengths and values of the people of Oregon. OHA defines cultural proficiency as one's ability to successfully navigate cultural differences. The Culturally Linguistically Appropriate Services (CLAS) standards have informed policy development in OHA (Appendix C-4). The health equity and inclusion screening tools (Appendix C-5 and C-6) are applied to assess the integration of equity, diversity and inclusion into OHA policy and programs.

Health equity statement

We promote health equity so everyone can reach their full health potential. We honor diverse cultures, histories and health practices. We reflect our communities' diversity as we make decisions about how health resources are developed and distributed. We promote a workplace environment that ensures inclusion and equity.

Policy

OHA's Affirmative Action Policy, diversity and inclusion statement, and state and federal employment law documents are readily available on OHA's internal website (intranet) and external website (internet). Additionally, OHA provides and makes available posters and other printed matter featuring this information throughout its workspaces, including locations where the public can easily access them. OHA creates the electronic and printed matter with access in mind to ensure people with disabilities and people with limited English proficiency can request the information in a format or language of their choice at no cost to them.

Complaint options

OHA is unique among Oregon state agencies in how it responds to complaints or reports of potential discrimination, harassment, sexual harassment and retaliation based on or because of protected class status. That responsibility rests with the Office of Equity and Inclusion (OEI), one of OHA's eight divisions. OEI's professional staff include experienced civil rights investigators who investigate and respond to concerns as they arise. OEI civil rights investigators regularly collaborate with managers, staff and human resources to ensure the agency responds in a prompt and appropriate manner and OHA executive leadership is apprised of systemic issues, trends and opportunities for proactive measures to ensure OHA employees are valued, respected and treated equitably.

The Office of Human Resources oversees issues unrelated to protected class status. It is not unusual for HR and OEI staff to collaboratively address workplace issues, identify training gaps, and meet with or present to managers and staff to enhance their understanding of workplace expectations, cultural competence, unconscious bias and other relevant topics.

OEI's Compliance, Civil Rights, Diversity, Inclusion and Training Unit coordinates the Discrimination and Harassment Complaint Procedure. For additional information about this unit, please contact Janice Kim, diversity, inclusion and civil rights manager, at janice.h.kim@dhsoha.state.or.us or 971-673-1284 (desk), 711 (TTY) or 971-673-1128 (fax). Information is also available on the OHA intranet.*

Please see Appendix C-7 for additional information on the OHA Discrimination and Harassment Complaint Procedure.

Complaint process

The complaint process includes:

- Anyone who suspects they have experienced or witnessed discrimination, harassment, sexual harassment or retaliation based on or because of protected class status may contact OEI. OEI accepts all reports whether made verbally, in writing, on the OHA Discrimination and Harassment Complaint Form (Appendix C-8) or the State of Oregon Complaint form.
- Upon receipt of a complaint or concern, the diversity, inclusion and civil rights manager will review the information and assign a civil rights investigator to the matter. The investigator will assess the information and develop a response plan in consultation with the diversity, inclusion and civil rights manager. The response plan may include a screening meeting to gather additional

* OHA Discrimination and Harassment Free Workplace intranet page: https://inside.dhsoha.state.or.us/oha/office-of-equity-and-inclusion/discrimination-a-harassment-free-workplace.html.

- information to determine jurisdiction, the development and implementation of a formal or informal investigative plan, or an informal consult with the reporter or other involved parties to identify alternate resolution paths, including collaborative responses between staff, managers, human resources and OEI.
- The agency's CASPER database system captures all reports, complaints and respective responses. Additionally, OHA retains all paper and electronic information in compliance with state government retention requirements. The CASPER system allows for data reporting to assist OHA in identifying trends, hotspots and other emerging issues. OHA and OEI continue to work with OIS systems professionals to identify and implement system enhancements to assist with more nimble data systems use.
- The agency strives to respond to and resolve matters within 60 days of report. OHA continues to work toward achieving that timeline goal. Resource limitations including staffing shortages and workload issues present ongoing challenges to meeting this goal.

Employment

How does OHA work to implement equity in hiring, retention, promotion and succession planning?

Hiring

OHA uses a multipronged approach to implement equity in hiring efforts. The agency leverages existing internal and external resources. Those resources include:

- OHA's employee resource groups (ERGs) wherein existing OHA employees who have self-identified with specific interests or experiences enhance recruitment efforts by providing insight and access to diverse populations and communities including communities of color, and individuals with disabilities
- Job fairs and other recruiting and community events that HR recruiters and OEI staff attend
- Internships and other community pipelines for volunteers to showcase OHA's work and opportunities to students, recent graduates and community members including those belonging to communities that have historically had limited access or interaction with OHA
- Training and increased use of best practices in diversity recruitment including:
  - Deliberate short- and long-term recruitment planning
  - Leveraging community expertise in the recruiting process
  - Encouraging and systemizing collaboration between OHA and external

stakeholders such as community colleges and universities, community-based organizations, service recipients, and state, federal and local organizations

- Implementing revised recruitment protocols including updating position descriptions and recruitments to replace traditional boilerplate with culturally appropriate and accurate requirements (minimum qualifications) and requests (requested or preferred skills) to remove artificial barriers to opportunities for individuals from historically marginalized groups or communities
- Identifying and using various information systems, e.g., Workday, to capture and report meaningful data on OHA's recruitment processes.

Retention

Exit interview

Currently OHA does not have a formal exit review process. This gap is attributable, in large part, to the state's reliance on outdated processes and legacy systems that hinder enterprise-wide cohesion and the ability to harness reporting capabilities for critical decision-making. In response, the state, through its Department of Administrative Services (DAS), is implementing Workday, a long-term human resources information system (HRIS) solution to address current system deficiencies and provide an overdue user-friendly integration of human resource processes.

The timeframe for Workday deployment is February 2019. OHA anticipates that, through Workday's post-deployment support and evaluation phase, its enhanced functionality will provide the necessary platform for OHA HR to develop and sustain an enterprise-wide exit review process, among other things*.

Mentorship

OHA does not currently have a formal mentorship program. The absence of a formal program is attributable, in large part, to the leadership transitions at the agency director and division director levels over the past three years. Despite those transitions, OHA recognizes the value of mentorship and supports establishing a formal program as noted in the following projects:

- Staff of Color (SOC) Story Project presented by OEI DELTA alumni Julie Sifuentes and Alex Garcia, January 2018. Recognizing the need for systemic change including formal mentorship opportunities. The SOC Story Project represents an "effort to amplify the diverse lived experiences of people of color within [one of OHA's largest divisions] the Public Health Division … to inform the current workforce diversity planning and implementation efforts in the Division and the Agency" (Appendix C-9).
- Business Case for OHA Employee Mentoring Program by Marsha Trump, Roxane Jones, Jackson Stinnett and Everett Runyan (Appendix C-10). DHS/

* For more information on Workday, see https://www.oregon.gov/das/hr/pages/workday.aspx.

OHA Leadership Academy 2017-2018 cohort. Detailing the benefit of mentoring programs to Oregon and state agencies by creating a productive, involved and motivated workforce in response to the approximately 2,239 OHA employees who will be eligible to retire by 2022, representing an estimated $312 million plus talent acquisition cost that an agency-wide mentoring program can, in part, offset.

- Additionally, mentorship occurs on an informal basis throughout OHA between executive leadership, managers, staff, volunteers and interns, and prospective employees. These relationships occur because of informal connections and established OHA programs including:
  - The Employee Resource Group Program, in which staff at all levels actively engage in communicating and gathering around a unifying purpose and background focusing on OHA-related issues such as work-life balance, disability or racial, linguistic and cultural diversity
  - DHS/OHA Leadership Academy, during which participants develop and complete a project under the sponsorship of DHS/OHA executive leaders
  - The DELTA program, during which participants develop and complete a project with OHA's or other health system transformation leaders' support.

Professional development and training

OHA offers a variety of professional development and training opportunities in addition to the standard curriculum available to all state employees through iLearn. These training opportunities include:

- **DHS/OHA Leadership Academy**. The DHS|OHA Leadership Academy has been preparing the leaders of the future as well as enhancing the skills of current leaders. Investing in workforce development through programs such as the Leadership Academy is a priority for DHS and OHA. The academy is a critical component of DHS and OHA strategy to provide both agencies with current and future leaders. This program is designed for those that have demonstrated true leadership potential within the agencies and are deeply committed to their own professional development in service to others.
- **Aspiring Leaders Program** (**ALP**). ALP is founded on the belief that leadership can and should exist at all levels in an organization. ALP is a multi-month program. Sessions occur one day each month, with individual and group assignments outside of class.
- **Developing Equity Leadership Through Training and Action** (**DELTA**). DELTA is a health equity and inclusion leadership program that includes training, capacity building and networking to health, community and policy leaders in Oregon. This nine-month program trains 25 members committed to advancing health equity and diversity throughout Oregon. DELTA provides 40

hours of classroom training and 10 hours of individualized technical/coaching assistance. DELTA also facilitates cross-sector partnership opportunities. Each participant submits a project proposal that drives and institutionalizes best practices of health equity and inclusion in their organization.

OHA is in the midst of an enterprise-wide performance system process that recognizes developing and supporting the OHA workforce as one of its core support processes. While the details are currently in development, OHA's leadership team — including OHA Director Allen, all eight division directors as well as key internal stakeholders — has identified approximately nine sub-processes that each have its own set of performance measures to be reported out in the agency's quarterly performance reviews (QPRs) set to start in February 2019.

For example, sub-process #3 is Providing transparent expectations and clear and timely performance feedback. The process measures for sub-process #3 may look something like:

SP3: Developing and supporting the OHA workforce (Process owner: Human Resources director)

#	Measure name The shorthand name for the measure	Measure calculation Start with #, % or rate
SP3.a	Diversity recruitment	% of diverse new hires
SP3.b	New hire turnover	% of new employee turnover within trial service period
SP3.c	OHA workforce performance appraisals	% of employees with current performance appraisals
SP3.d	OHA workforce development plans	% of employees with current individual development plans
SP3.e	Safety and security	TBD

Promotion

As part of the agency's performance system work, OHA identified as one of its core operational processes "Collecting, analyzing and sharing data" (OP3). Between the implementation of OP3 and the rollout of Workday, OHA plans to increase capacity to collect and consider data related to workforce development. Presently, however, OHA relies on its legacy systems' collection of information related to promotions and development opportunities. These systems' limitations are evident in the following data:

- 70 people were approved for a job rotation.

- 413 people were approved for a work out of class (WOC) including 76 people approved for WOC-pending reclass.
- 245 people were authorized to do leadwork.
- 11 people were authorized to be team lead.

Succession planning

By 2022, approximately 2,239 OHA employees will be eligible to retire. This presents OHA with an estimated $312 million plus talent acquisition cost. OHA recognizes this impending reality and has initiated its enterprise-wide performance system process to lay the framework for informed and deliberate succession planning. Detailed information about this aspect of the performance system is not currently available.

Are your methods effective?

OHA experienced many significant, foundational shifts during 2017 to 2019 that made it challenging to strategically, systematically work toward the agency's affirmative action goals. These shifts included leadership change with the OHA Director and chief operating officer, as well as External Relations and Human Resources directors. However, OEI responded to issues on a case-by-case basis and made incremental progress toward larger goals. As things have progressed for OEI and OHA with the agency's new leadership team, OEI has received a higher volume of requests for technical assistance. OEI is working with OHA executive leadership and community stakeholders to leverage existing resources for optimum impact while building internal and external capacity to respond to the increased demand for services.

Training, Education and Development Plan

Training overview

An ongoing OHA core process is to integrate cultural competency, equity, diversity and inclusion principles and practice into our programs and employee development opportunities.

OEI develops, integrates and reviews equity and inclusion-related training. During the biennium, OEI's three areas of focus regarding cultural competency-related training at OHA included:

- Providing workshops for executive leadership focused on strategically integrating diversity, equity and inclusion in the workplace
- Providing more access to web-based video content in the iLearn system and
- Providing departmental-specific training based on request.

Because of the agency's large size, there is not a single system for tracking, monitoring and evaluating trainings. However, OHA can track employee participation in most courses offered via iLearn. Trainings developed and delivered by OEI are tracked and attendees participate in electronic evaluation surveys to solicit feedback and gauge satisfaction.

Employees

Since 2016, the OHA Executive Leadership Team, managers and staff had numerous opportunities to access the following cultural competency, equity, diversity and inclusion trainings.

Leadership training

Several leadership development trainings are available to OHA staff (see the "Leadership development/training programs" section for more information):

- The OHA Executive Leadership Team participated in an Inclusive Leadership Training, designed and by facilitated by OEI.
- Leadership Academy and the Aspiring Leaders Program, two leadership programs organized by DHS-OHA Shared Services, are available to OHA employees. OEI is currently partnering with Shared Services to create Individual Unconscious Bias and Institutional Unconscious Bias curricula for Leadership Academy.
- Developing Equity Leadership through Training and Action (DELTA) is a training program managed by OEI.

Training for managers and employees

- All employees, including management, must complete a cultural competency training (delivered by DHS-OHA Shared Services) as well as an online course on a discrimination and harassment-free workplace (provided by DAS).
- All managers must complete a course on cultivating a diverse workforce (delivered by DHS-OHA Shared Services).
- Staff from across the agency attended the State Diversity and Inclusion Conference and the Northwest Public Employees Diversity Conference (see Table 1).
- At the division and departmental level, trainings are available on a variety of topics, depending on the resources and needs of the programs. Examples include:
  - » The OHA Maternal and Child Health Section contracted with an outside trainer to conduct the Intercultural Development Inventory* with their team and

* Intercultural Development Inventory: https://idiinventory.com/.

- » Members of the Oregon State Hospital LGBTQ+ Committee provided Safe Space trainings to staff on creating a safe and therapeutic environment for gender and sexual minority clients (see Table 1).
- OEI also developed and facilitated numerous courses and customized others in response to division or department requests, such as Respect & Civility in the Workplace, Bystander Intervention, and LGBTQ Safe Zone (Table 1).

OHA employee participation in training, July 1, 2016–June 30, 2018

Table 1 lists OHA employee participation in equity, diversity, inclusion or cultural competency training opportunities between July 1, 2016, and June 30, 2018. The table lists trainings by title with a brief description of the event, format (classroom-based or digitally available via iLearn, recorded web stream or handout) and by number of attendees from OHA (if available). Note: Attendee numbers reflect only OHA employee participation; some training opportunities were open to a broader audience.

Table 1. OHA employee participation in training, July 1, 2016–June 30, 2018

Title/description	Course format	Number of OHA attendees
4 Reasons to Join an Employee Resource Group: Article in the "OHA Connection" newsletter	Digital	2,838
5 Things Managers Should Know about the ADA: Article in the OHA "Management Update" newsletter.	Digital	290
28th Anniversary ADA Celebration: A day-long event that featured speakers and learning opportunities on the Americans with Disabilities Act, hosted in Portland and Salem.	Classroom, digital	Data unavailable
A Commitment to Advancing Health Equity: Video highlighting a collaboration between city government agencies and community advocacy groups to address social justice and health issues created and exacerbated by residential segregation. Accessible through iLearn.	Digital	27
Accessibility Made Easy: Article in the OHA "Management Update" newsletter.	Digital	290
Affirmative Action Lunch and Learn: Seminar facilitated by OEI to engage participants' sense of appreciating differences in the workplace and provide an overview of agency workforce diversity data and related initiatives. Course available upon request.	Classroom	30

Title/description	Course format	Number of OHA attendees
Aspiring Leaders Program (2016–2018): An annual cohort-based leadership program available to staff from all levels of the agency that features sections on equity and inclusion in the workplace. See the "Leadership development/training" section for more information.	Classroom	96
Bystander Intervention: Interactive course facilitated by OEI that communicates the four major strategies for intervention when recognizing a potential harmful situation and gives learners practice through live role-playing. Course available upon request.	Classroom	45
Community Engagement Strategies Checklist: Resource developed by OEI that outlines best practices around creating community partnerships through relationship and trust building, which are necessary for meaningfully improving systems and eliminating health inequities (Appendix C-11).	Digital	Data unavailable
Creating and Maintaining a Respectful, Harassment and Discrimination Free Workplace (DHS-OHA): eLearning course required for all staff features scenarios and interactive content designed to give a basic understanding of related workplace policies for OHA. Accessible through iLearn.	Digital	1,145
Cultivating a Diverse Workforce: Interactive course required for all OHA managers that articulates a shared meaning of key affirmative action/equal employment opportunity (AA/EEO) terms; supports participants to assess their personal level of cultural competency and to develop a learning plan for continuing development.	Classroom	105
Cultural Competency & Cultural Humility at DHS/OHA: Valuing, Embracing, and Implementing: One-day training required of all employees that provides a space, experience and tools for understanding difference and building bridges across difference to create a welcoming workplace.	Classroom	1,141
Deconstructing White Privilege: This video, accessed through iLearn, is a talk from Robin DiAngelo, PhD, on white privilege. It is part of the series "Vital Conversations on Race, Culture, and Justice."	Digital	10
Developing Equity Leadership through Training and Action DELTA (2016–2018): A nine-month equity and inclusion leadership development program managed by OEI intended for emerging leaders across Oregon in health-related sectors and available to OHA employees. See the "Leadership development/training programs" section for more information.	Classroom	11
Diversity and Inclusion Conference for State Employees (2016–2018): Annual one-day conference for state employees that covers a range of training topics related to diversity, equity, inclusion and cultural competency.	Classroom	274

Title/description	Course format	Number of OHA attendees
Employee Resource Groups — New Policy, Same Program: Overview in OHA "Management Update" newsletter for the agency's new ERG Policy (Appendix C-12).	Digital	290
ERGs Offer Staff (and Managers) an Opportunity for Leadership Development and Community Building: Article in OHA "Management Update" newsletter.	Digital	290
Guidance for managers on personal pronouns and inclusive language: Article in the OHA "Management Update" newsletter.	Digital	290
Health Equity — The House That Racism Built: This video, accessed through iLearn, is a talk by David R Williams, PhD, MPH at the Maranatha Church in Portland. Dr. Williams is a founder of the health equity concept.	Digital	5
Inclusive Leadership: Interactive training that explores how status, rank and power affect our behavior and our impact on those we lead. OEI facilitated and delivered this three-hour workshop to members of the OHA Executive Leadership Team. See the "Leadership development/ training programs" section for more information.	Classroom	11
Intercultural Development Inventory: Completed by staff in the OHA Maternal and Child Health Section and Reproductive Health Unit.	Classroom	57
Leadership Academy (2016–2018): An annual cohort-based advanced leadership program available to agency staff that features sections on equity and inclusion in the workplace. See the "Leadership development/ training programs" section for more information.	Classroom	40
Maintaining a Harassment Free and Professional Workplace (DAS): This eLearning course provides an overview of inappropriate workplace behavior, harassment and discrimination, and gives a review of the key statewide policies. Accessible through iLearn.	Digital	Data unavailable
Managers Support Family-Friendly Options for Employees: Article in OHA "Management Update" newsletter.	Digital	290
Non-Discrimination Policy for the Public: eLearning course required for all OHA staff that explains this policy and tests learner to confirm understanding. Accessible through iLearn.	Digital	3
Northwest Public Employees Diversity Conference (2016–2018): Annual one-day conference about diversity and inclusion in the government workplace, with the purpose of addressing the needs of public employees and the communities they serve. OHA cosponsors this event and sends a select group of staff to attend.	Classroom	55

Title/description	Course format	Number of OHA attendees
OHA New Employee Orientation: Required course for all new OHA employees. It includes an overview of OEI programs and resources and a short segment on health equity; it also provides basic knowledge of OHA's government-to-government relationship with Oregon's Nine Federally Recognized Tribes.	Classroom	384
OPB Broken Treaties, An Oregon Experience: Video that serves as an introduction to Oregon's Tribes and explores the state's tribal history. Accessible through iLearn.	Digital	33
OSH — Certified Alcohol and Drug Counselor (CADC) program: Continuing education training for Oregon State Hospital employees who are CADCs. Select courses include components on cultural competency.	Classroom	Data unavailable
OSH — Compassionate Interactions in the Workplace: Provides the foundation for understanding around compassionate interactions in the workplace that are person-centered, culturally aware/ trauma-informed, sensitive, and respectful of individual and group culture, language and values around work ethics, personal and professional values at Oregon State Hospital.	Classroom	140
OSH — Grand Rounds (2017–2018): Series of presentations at Oregon Health & Science University video-streamed at the Oregon State Hospital. Previous topics have included "Exploring the Psychological Impacts of Racism," "Racial Awareness and Responsibility in Psychiatry" and "Mental Health Care for Elderly Refugees and Immigrants."	Digital	Data unavailable
OSH — Increasing Cultural Competence Through Self-Awareness: Provides Oregon State Hospital staff the opportunity to explore how personal biases may affect our work in a complex and multicultural mental health care system. Short lectures, videos and role-play exercises help participants learn about developing cultural competency by learning how our identities intersect.	Classroom	30
OSH — New Employee Orientation: Required course for all new Oregon State Hospital employees includes one hour of cultural diversity training.	Classroom	140
OSH — Prescription for Increasing Cultural Competence to Enhance Patient Centered Treatment: Interactive training where learners explore how personal biases may affect work at Oregon State Hospital.	Classroom	5
OSH — Psychology Department CE trainings: Monthly continuing education courses offered to all Oregon State Hospital department members. Past courses have included "Unconscious Bias," "Effective Diversity Development in a Clinical Setting," "The Science of Cultural Psychology" and "Clinical Approaches to Working with Indigenous People as Patients."	Classroom	68

Title/description	Course format	Number of OHA attendees
OSH — Safe Space. Interactive training for Oregon State Hospital employees on creating a safe and therapeutic environment for gender and sexual minority clients.	Classroom	150
PHD — Building Partnerships with Tribal Governments: This course is offered through FEMA's Emergency Management Institute. It provides basic knowledge to build effective partnerships with tribal governments and work in concert with tribal governments to protect native people and property against all types of hazards. Accessible through iLearn.	Digital	18
PHD — Diversifying the Public Health Workforce: A Dynamic Panel Discussion: This recorded session from 2018 Public Health Week was a panel presentation of how state and local public health authorities are working to diversify the public health workforce. Accessible through iLearn.	Digital	1
PHD — From Policy to Practice: Increasing Health Care Access for Immigrant Communities in Oregon: This recorded session from 2018 Public Health Week was a panel presentation of the history and impact of the Reproductive Health Equity Act and Cover All Kids, as well as challenges, lessons learned and best practices for engaging immigrant communities in policymaking to advance health equity as well as program design and implementation. Accessible through iLearn.	Digital	1
PHD — New Employee Orientation: Required course for all new Public Health Division employees. It includes an overview of OEI programs and resources, a short segment on health equity, and provides a basic knowledge of OHA's government-to-government relationship with Oregon's Nine Federally Recognized Tribes.	Classroom	101
PHD — Northwest Center for Public Health Practice: Vulnerable Populations in Patient-Centered Outcomes Research and Clinical Care: eLearning training that explores common definitions of vulnerability and provides a conceptual model for considering issues of vulnerability in a public health or health care context. Accessible through iLearn.	Digital	0
PHD — Northwest Center for Public Health Practice: Inclusive Just in Time Training: Online course available to select public health staff that describes the framework, methods and environment of this training model. Accessible through iLearn.	Digital	1
PHD — Oregon Tribes and Public Health: Presentation from Northwest Portland Area Indian Health Board on Oregon Tribes, their histories and public health successes.	Classroom	69

Title/description	Course format	Number of OHA attendees
PHD — Workforce Equity Forum: Upon request from the Public Health Division, OEI and HR presented information on the recruitment process and shared best practices of recruiting high quality candidates from diverse backgrounds.	Classroom	35
Planning Accessible Meetings and Events: iLearn course developed by OEI that provides guidance on considering all aspects of accessibility for events and meetings, as well as how to get accommodations for those who need them.	Digital	26
REALD Policy: Coaching/guidance to research analysts on making OHA datasets compliant with Race, Ethnicity, Language and Disability (REALD) standards (Appendix C-13). Course available upon request.	Classroom	Data unavailable
Respect & Civility in the Workplace: Interactive course facilitated by OEI that covers relevant policies, defines what respectful and civil behavior are for the workplace, and outlines OHA procedure for reporting incidents. Course available upon request.	Classroom	45
Tribal Affairs in Oregon: A presentation by the OHA Tribal Affairs director that provides basic knowledge around OHA's government-to-government relationship with Oregon's Nine Federally Recognized Tribes.	Classroom	54
Tribal Affairs in Oregon (recorded version): Recorded version of the above presentation. Accessible through iLearn.	Digital	52
VISTA Creating Inclusion: Interactive course, facilitated by OEI, provided to public health VISTA volunteers with tools for inclusive relationship building. See “Volunteers/interns” section for more information.	Classroom	35
VISTA Health Equity & OEI Basics: Discussion facilitated by OEI that familiarizes public health VISTA volunteers on health equity and the OEI’s work/programs. See” Volunteers/interns” section for more information.	Classroom	35
What is Unconscious Bias — and What Can We Do About it? Article in the “OHA Connection” and “Management Update” newsletters.	Digital	3,128

Trainings in development for OHA staff in 2019–2021

Table 2 lists trainings in development by OEI planned to roll out as resources for OHA employees in the 2019–2021 biennium.

Table 2. Trainings in development for OHA staff in 2019–2021

Title/description	Course format
ACA 1557: Training for OHA staff and OHA contractors on the requirements of Section 1557 of the Affordable Care Act.	Digital and classroom
Bystander Intervention: Interactive course with video components that communicates four major strategies for intervention when recognizing a potential harmful situation and gives learners practice through role-playing. Content will be available through iLearn.	Digital
Discrimination and Harassment-Free Workplace: A required eLearning module accessed through iLearn that covers the DAS policy (see Appendix A), identification, reporting, and intervention. OHA is developing its own training to be implemented by 2020 to fulfill DAS requirements.	Digital
Employee Resource Groups: A short video that promotes the OHA ERG program. It features testimonials from ERG, OEI and OHA leaders. Accessible through iLearn and integrated in New Employee Orientation.	Digital
Inclusive Leadership: A follow-up to an interactive workshop for the OHA Executive Leadership Team that will continue exploring how our behavior and actions relate to our effectiveness as leaders. The session will offer tools on how to more consciously engage with staff, reflect upon our own impact and adjust behavior to mitigate conflict or engage in support. For more information, see the "Leadership development/training programs" section.	Classroom
Language Access: eLearning module that outlines the OHA Alternate Formats and Language Access Services (AFLAS) Policy (Appendix C-14), highlights scenarios where OHA clients, consumers and members of the public require interpretation and/or translation for their preferred language, and guidance for how OHA staff can respond.	Digital
Leadership Academy — individual unconscious bias and institutional unconscious bias: OEI is partnering with DHS-OHA Shared Services to develop interactive portions to day-long Institutional Unconscious Bias and Individual Unconscious Bias workshops for Leadership Academy. For more information on Leadership Academy, see the "Leadership development/training programs" section.	Classroom
LGBTQ Safe Zone: Interactive two-hour session that supports participants to build awareness and deepen their understanding of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) individuals and identities, with a focus on best practices for building a safe and inclusive work environment.	Classroom

Title/description	Course format
OSH Diversity Awareness Program: A 12-month education and awareness program developed by OEI for the Oregon State Hospital will highlight 12 distinct patient and employee populations, including identifying persons included in the populations, prevalent myths surrounding the population and ways to validate the experiences of and support the employee and patients who are members of the specific population.	Classroom
OSH Transgender Policy: Training for Oregon State Hospital employees on the requirements of the OSH Transgender Policy (Appendix C-15).	Classroom
Preventing Sexual Harassment: A required eLearning module accessed through iLearn that covers the DAS Policy (see Appendix A), identification, reporting and intervention. In fall 2018, OHA and DHS developed its own training to fulfill DAS requirements.	Digital
REALD: Training for OHA staff and the community on the requirements of the OHA Race, Ethnicity, Language, and Disability (REALD) Policy (Appendix C-13).	Digital
Unconscious Bias: An eLearning module for all staff to deepen understanding of unconscious biases, how they influence behavior, and how they affect us in the workplace. Participants will also learn numerous actions to help counter bias in the state government work environment.	Digital

OHA strives to be an organization where the workforce has a consistent level of understanding and awareness on topics related to cultural competency, equity, diversity and inclusion. In addition to above-listed trainings in development, OEI will pursue the following activities during the 2019–2021 biennium:

- Continue to partner with the DHS-OHA Shared Services Organizational and Employee Development Unit to develop diversity, equity and inclusion training resources.
- Partner with the Office of Human Resources to assess the current suite of agency mandatory trainings and address gaps and needs related to cultural competency, diversity, equity and inclusion. Topics of interest include the ADA interactive process and unconscious bias in recruitment.
- Develop new approaches to support OHA divisions, departments and units to meet their training needs. This will include providing department-specific trainings when appropriate and feasible, as well as offering consultation/guidance on how departments can leverage existing resources to contract external diversity, equity and inclusion trainers and resources.
- Lastly, continue to increase agency access to web and video-based trainings in the iLearn system.

Employee performance and evaluation process

As OHA goes through its performance system process and implementation of Workday, the agency anticipates it will have increased capacity and accountability

to ensure consistent and regular employee performance assessments and evaluation processes.

Additional information should be available by January 2019 pending the first reportable quarter of QPR under the performance system and the rollout of Workday.

Staff meetings and agency communications

The size and geographic locations of OHA staff do not allow for all-staff agency meetings. Divisions, programs, sections and units meet on a regular basis. Regular employee meetings are a core principle of agency management. Managers inform each employee of agency communications. The OHA Director communicates with staff via "Director's Message" emails, video-streamed quarterly management meetings and weekly office hours. He hosts quarterly town hall sessions. OHA External Relations regularly publishes two newsletters ("OHA Connection" and "Management Update") to inform employees of new tools and resources to aid in career advancement and education and coaching opportunities.

Volunteers/interns

A variety of internship and volunteer opportunities are coordinated on the division, department and program levels. However, the agency does not systematically track the number, classification, race, ethnicity, disability status or other characteristics of interns and volunteers.

The Office of Human Resources launched an official agency-wide paid internship program in summer 2018 to provide work experience opportunities to currently enrolled college undergraduates, graduate students and recent graduates.

Oregon State Hospital and Public Health have division-specific volunteer programs, and other divisions such as OEI host interns and volunteers on an ad hoc basis. The DHS Volunteer Program provides administrative support for a small number of volunteers in the Health Systems Division. See the "Programs" section for more information.

The agency does not require all volunteers and interns to complete cultural competency, diversity, equity or inclusion training. However, all volunteers and interns must complete Preventing Discrimination and Harassment-Free Workplace and Maintaining a Harassment Free and Professional Workplace trainings, in addition to trainings specific to their division, department or program. These division, department or program-specific trainings include the following:

- Public Health Division volunteers must complete the agency's Cultural Competency, Privacy and Security and Mandatory Reporter trainings. During the biennium, OEI provided two in-person cultural competency trainings to Public Health VISTA volunteers based on request (see Table 1).

- Oregon State Hospital volunteers must complete a four-hour safety training. The OSH Psychology Internship Program provides cultural competency training to interns on topics such as working with LGBTQ communities, people with intellectual and developmental disabilities, and people who are deaf and hard of hearing.
- OEI student interns receive a range of on-the-job training in cultural competency, equity and inclusion. OEI's various board and commission members also complete the DHS-OHA Creating and Maintaining a Respectful, Harassment and Discrimination Free Workplace e-training (see Table 1).

Contractors/vendors

The DHS-OHA Office of Contracts and Procurement (OC&P) is a shared administrative service. OHA had a total of 3,927 contracts, agreements and grants between July 1, 2016, and June 30, 2018. Current practice is to require each contract to include provisions related to compliance with civil rights laws. The Department of Administrative Services and the Oregon Department of Justice mandate including the following language in agency templates:

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

Exhibit A, Part 3, Special Provisions, section 5: Equal Access to Services. Contractor shall provide equal access to covered services for both males and females under 18 years of age, including access to appropriate facilities, services and treatment, to achieve the policy in ORS 417.270.

Exhibit A, Part 3, Special Provisions, section 7: Nondiscrimination.

A. The Contractor must provide services to OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients.

B. Contractor certifies that Contractor has a written policy and practice that meets the requirements described in House Bill 3060 (2017 Oregon Laws, chapter 212) for preventing sexual harassment, sexual assault, and discrimination against employees who are members of a protected class. Contractor agrees, as a material term of this Contract, to maintain such policy and practice in force during the entire Contract term.

Exhibit B, Standard Terms and Conditions, section 2: Compliance with Law. Contractor shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to Contractor and the Contract. Agency's performance under the Contract is conditioned upon Contractor's compliance with the obligations of contractors under ORS 279B.220, 279B.230 and 279B.235, incorporated by reference herein. This Section shall survive expiration or termination of this Contract.

Exhibit D, Federal Terms and Conditions,

Section 1: Miscellaneous Federal Provisions. Contractor shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Contract or to the delivery of Work. Without limiting the generality of the foregoing, Contractor expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 U.S.C. 14402.

Section 2: Equal Employment Opportunity. If this Contract, including amendments, is for more than $10,000, then Contractor shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).

Contractors and vendors receive education and awareness on opportunities for doing business with OHA. Examples of these opportunities include but are not limited to:

- OHA is mandated to use to notify all businesses of solicitation opportunities through the Oregon Procurement Information Network (ORPIN).
- Business outreach events such as Governor's Marketplace serve as a one-stop-shop for businesses to learn about and engage with resources to increase their ability and capacity to compete for OHA opportunities.

- The Business Outreach & Procurement* consultant provides one-on-one consultation with businesses to explore various business development resources, business networking venues and opportunities that might best fit their interest, business needs and commodity.
- A social media platform notifies businesses of current and upcoming procurement projects, certification and outreach events, and business networking opportunities. Currently this platform includes LinkedIn; in the future, Facebook and Twitter will be added.
- OC&P maintains a website that includes a dedicated page for vendors and distributes an informational brochure, which provides businesses with information on how to do business with OHA, access small business development resources to assist them in competing for OHA opportunities, and learn more about the business supports offered by the agency. All business outreach materials are available in multiple languages and formats.
- OC&P and the Business Outreach & Procurement consultant collaborate with many agency partners to leverage their support in educating small businesses on how to do business with our agency and how to respond to and compete for contracting opportunities. This collaboration includes Small Business Development Centers, Business Oregon's Certification Office for Business Inclusion and Diversity (COBID) program, the Small Business Administration, the Secretary of State's Office, the Department of Treasury's Oregon Saves program representatives, Government Contract Assistance Program, the Department of Consumer and Business Services, the Department of Administrative Services, the Employment Department and the Department of Revenue, along with several others such as local emergency managers that contract with businesses in their communities.
- The Business Outreach & Procurement consultant coordinates with chambers of commerce and other business associations to facilitate presentations educating businesses on procurement opportunities, how to do business with OHA and DHS, as well as business resource connections to increase awareness and partnerships.

In addition, the Business Outreach & Procurement consultant provides education to OHA staff on equitable contracting practices, including awareness, access and use of COBID-certified firms and on Executive Order 18-03, related to promoting diversity and inclusion opportunities for Oregon minority-owned, women-owned, service-disabled veteran owned, and emerging small businesses. OHA staff:

- Have access to OC&P's intranet page for information

* During the 2017–2019 biennium, this position moved from the DHS-OHA Office of Contracts and Procurement to the DHS Office of Continuous Improvement.

- Are invited to attend and present at outreach events
- Connect with vendors through association meetings and networking events and
- Can receive one-on-one and unit-specific training.

For more information on OHA's business outreach and COBID use, see the "Community engagement" and "Status of contracts to minority businesses" sections.

Oregon State Hospital contractors and vendors

During the biennium, the Oregon State Hospital — OHA's largest division — had approximately 910 contracts with vendors or providers. The hospital's Spiritual Care and Interpreter Services departments are notable for working with contractors to meet patients' cultural and linguistic needs.

The Spiritual Care Department is largely comprised of contractors who provide religious and spiritual services that meet the diverse needs of patients. Additionally, the department also provides spiritual needs assessments, assists patients with obtaining religious and spiritual artifacts and provides consultation to treatment teams. Spiritual Care also includes Native Services, a group of employees and contractors who provide Native American and Alaska Native ceremonies, education to employees and patients and consultation to treatment teams for interested patients. Spiritual Care contractors must compete the hospital's New Employee Orientation, which includes one hour of cultural diversity content.

The Interpreter Services Department manages contracts for interpreter services for patients with limited English proficiency. This includes providing live interpreter services and telephonic interpreter services. Additionally, interpreter services may help with translation of legal and medical documents related to treatment planning and discharge. Contracted interpreters must complete the hospital's safety training. A training is in development to provide a specific orientation for contracted interpreters and translators.

Coordinated care organizations

A large portion of OHA's contracting budget is for coordinated care organizations. OHA programs provide training to support these entities in meeting the cultural and linguistic needs of their members and to reduce disparities. Training opportunities are available through a variety of sources, such as the OHA Transformation Center*, as well as OEI's DELTA, Health Care Interpreter, Traditional Health Worker programs and Cultural Competence Containing Education Committee (see "Community engagement" section for more information). In addition, OEI is developing a training for OHA contractors and providers on the requirements of Section 1557 of the Federal Patient Protection and Affordable

* OHA Transformation Center: https://www.oregon.gov/oha/HPA/CSI-TC/Pages/index.aspx

Care Act, which requires federally funded health care entities to engage in practices that prevent discrimination based on age, race, color, nationality, gender and gender identity. OEI has trained the 2018 DELTA cohort members and will be training health care providers in Medford and Grants Pass in September 2018.

Leadership development/training programs

During the biennium, there were four notable leadership development/training opportunities available to OHA staff. Leadership Academy and the Aspiring Leaders Program are two ongoing leadership development programs organized by DHS-OHA Shared Services. OEI manages the Developing Equity Leadership through Training and Action (DELTA) program and, in 2018, developed a strategic Inclusive Leadership Workshop for the OHA Executive Leadership Team.

OEI monitors the race, ethnicity, disability status, binary gender and job category of OHA participants in these four programs. See Appendix C-16 for job category definitions issued by the Equal Employment Opportunity Commission. Employees of color and people with disabilities are underrepresented among program trainees, which corresponds with the agency's overall workforce parity trends (see the "Accomplishments in affirmative action" section for more information).

Leadership Academy and the Aspiring Leaders Program

The DHS-OHA Leadership Academy and the Aspiring Leaders Program provide staff development opportunities and expose employees to career opportunities within the agency. OHA recruits qualified employees and encourages employees from protected classes for these programs. In 2018, a work group formed to identify and eliminate barriers to inclusion in the program among employees from marginalized communities.

During the biennium, 40 OHA employees participated in Leadership Academy and 96 participated in the Aspiring Leaders Program. The following are examples of Leadership Academy projects that advance equity, diversity and inclusion in the agency: business case for an employee mentoring program, development of agency climate survey, evaluation of interpretive services processes in the Oregon State Hospital, and strengthening tribal to state government relationships to improve health.

Below are the affirmative action statistics for Leadership Academy and the Aspiring Leaders Program from 2016 to 2018:

Table 3. OHA staff Leadership Academy participation

2017–2018

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Official/ administrator		1							1	
Professional	4	15						1	18	1

2016–2017

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Official/ administrator		1							1	
Professional	13	6	1		2	1			15	
Total for 2016–2018 (N=40)	**17**	**23**	**1**		**2**	**1**		**1**	**35**	**1**

Table 4. OHA staff Aspiring Leaders Program participation

2018

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Administrative support	9	1	1		1	1			7	
Professional	7	10			1	2			14	
Service maintenance worker	4	1			1			1	3	
Skilled craft worker		1							1	

2017

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Administrative support	11				1			1	9	
Professional	3	1	1	1					2	
Service maintenance worker	11	4				2			13	
Skilled craft worker		2				2				

2016

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Administrative support	9	1				1			9	
Paraprofessional	2	1				1			2	
Professional	9	4				1			12	
Service maintenance worker		4							4	
Skilled craft worker		1							1	
Total for 2016–2018 (N=96)	**65**	**31**	**2**	**1**	**4**	**10**		**2**	**77**	**1**

Developing Equity Leadership through Training and Action (DELTA)

Developing Equity Leadership through Training and Action (DELTA)* is OEI's nine-month equity and inclusion leadership development program for emerging leaders across Oregon in health-related sectors. DELTA is also open to OHA employees. Each year, OEI provides more than 40 hours of classroom training through national and local facilitators, individualized technical assistance and facilitated cross-sector partnership opportunities.

DELTA is designed to:

- Advance multi-sectoral leadership toward health equity with community leaders, policymakers, administrators and clinicians recruited from communities of color, health departments, hospitals and clinics, coordinated care organizations and a variety of other types of organizations and
- Address health inequities and increase quality of care in Oregon by strengthening organizational capacity, increasing awareness, building alliances, improving policies, and stimulating leaders to act individually and collectively to address significant barriers in accessing optimal health.

Between July 1 ,2016, and June 30, 2018, 11 OHA employees participated in the DELTA Program. Examples of OHA staff's recent DELTA projects include:

- Improving diversity recruitment practices through analyzing and making changes to position descriptions
- Interview questions and the recruitment/outreach process
- Completing a Staff of Color Story Project that informed the development of the OHA People of Color Employee Resource Group and
- Reviewing public health data systems for REALD compliance as well as of OHA staff assessments related to cultural competency.

The DELTA program has a consistently high satisfaction rate from participants. In a recent survey of DELTA graduates, 80 percent of participants reported the DELTA program had a major or moderate effect on their ability to improve health equity in their organization and the service system; and 73.3% reported finding networking with other cohort members to be very or moderately valuable.

Affirmative action statistics for OHA employees who participated in DELTA from 2016 to 2018 include the following:

* DELTA program: https://www.oregon.gov/oha/OEI/Pages/DELTA.aspx

Table 5. OHA staff participation in DELTA

2018

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Paraprofessional		1	1							
Professional	2	1							3	

2017

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Official/administrator		1				1				
Professional	2		1						1	

2016

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Official/administrator		1							1	
Professional	3					2			1	
Total for 2016–2018 (N=11)	**7**	**4**	**2**			**3**			**6**	

OHA Inclusive Leadership Training

In April 2018, OEI facilitated a strategic workshop with 11 members of the OHA Executive Leadership Team centered on the dynamic behavioral components of how people produce and perceive power in relationships. Using interactive and experiential methods, the training helped Executive Leadership Team members understand the impact they may have and develop tools to approach managing staff in mindful and effective ways. Participants left the session with a new understanding of interpreting behaviors that communicate power or the lack of power in themselves and others and tools for changing their interactions to manage conflict in the workplace.

The training's goals were to garner the Executive Leadership Team's support to catalyze a change in culture toward equity and inclusion at the top of the agency, and to explore expanding this approach with OHA middle management. A follow-up workshop with the OHA Executive Leadership Team is currently in development.

Below are the affirmative action statistics for the 2018 OHA Inclusive Leadership Training:

Table 6. OHA staff participation in Inclusive Leadership Training

Job category	Female	Male	African American/ Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander	Two or more races	White	Self-identified disability
Official/administrator	8	2	2	1					7	1
Professional	1							1		
Total for 2016–2018 (N=11)	**9**	**2**	**2**	**1**				**1**	**7**	**1**

Leadership trainings in development

Since July 2018, DHS-OHA Shared Services Organizational and Employee Development Unit has partnered with the Oregon Department of Human Services and OHA to develop curricula on individual unconscious bias and institutional unconscious bias for Leadership Academy. OEI and OHA employee resource groups are consulting on how to remove barriers to the program's application process for employees from marginalized communities. As a result of the partnership, some immediate changes have been made, including:

- Lowering the application eligibility to pay grade 19 and above
- Not requiring manager signature to apply
- Not requiring an employee development plan to apply.

OEI will continue to convene the DELTA program and, in 2019, will pilot a DELTA cohort for behavioral health sector leaders.

The follow-up Inclusive Leadership Training will help OHA Executive Leadership Team members continue exploring how behavior and actions relate to their effectiveness as leaders.

Programs

Internship and volunteer programs

A variety of internship and volunteer opportunities are coordinated on the division, department and program levels. However, the agency does not systematically track the number, classification, race, ethnicity, disability status or other characteristics of interns and volunteers. Developing an agency-specific internship program is outlined as a strategy in the next biennium to increase the pipeline of qualified individuals who seek and obtain employment with OHA. (See the "July 1, 2019–June 30, 2021" section for more information.)

The Office of Human Resources launched an official agency-wide paid internship program in summer 2018 to provide work experience opportunities to individuals currently enrolled in or recent graduates of undergraduate or graduate academic programs. OHA divisions, departments and programs participating in the program help individuals establish and enhance their professional experience. The program also helps build a pipeline of potential OHA employees. To date, the Public Health Division, Health Systems Division, Office of Human Resources and Office of Information Systems are involved in the program. OHA promotes internship opportunities in a range of organizations such as student veteran groups, the National Association of Black Accountants and the Society of Healthcare Professionals with Disabilities.

Oregon State Hospital and Public Health have division-specific volunteer programs, and other divisions such as OEI host interns and volunteers on an ad hoc basis. The DHS Volunteer Program provides administrative support for a small number of volunteers in the Health Systems Division.

Between July 1, 2016, and June 30, 2018, OHA had approximately 1,270 volunteers and student interns. The Oregon State Hospital hosted the majority (92%) of them.

The following summary provides an overview of some of the division-level internship and volunteer opportunities in the agency:

Oregon State Hospital

- The Oregon State Hospital Volunteer Services Department coordinates hospital-wide volunteer opportunities serving most departments and programs. Volunteers and student interns come from a variety of sources, including local communities, education institutions, job source referrals, vocational rehabilitation services and private organizations.
- Specific volunteer opportunities include guest speakers, group speakers, treatment mall assistants, peer recovery assistants, activity assistants, office/clerical support, facilities assistants, special projects assistants and committee members. Additionally, special events or activities such as the hospital's Caring Tree Project bring in larger groups of volunteers.
- Student internships vary across the hospital's departments to meet unique program needs. The Psychology Internship Program offers comprehensive and individualized clinical training that prepares professional psychologists to work as general practitioners as well as with forensically involved patients and other stakeholders. The Nursing Department alone has hosted 480 student nurses since January 2017. In addition, the hospital also hosts medical assistant interns and fellows from Oregon Health & Science University.

Public Health Division

- The Public Health Division offers public health-focused internships. These internships include opportunities in public health education, public health policy and communications, and other specific areas of practice. Potential volunteers find opportunities through various channels, such as by contacting the division's volunteer coordinator working directly with program managers, or through specific volunteer, internship and/or work experience programs.
- The OHA AmeriCorps VISTA Partnership Project provides a select group of new public health professionals a year of full-time service in major public health organizations to create or expand public health systems capacity. VISTAs serve in areas of community partnership development, volunteer recruitment and training, fundraising, communication and marketing, and more.

- The Health Promotion and Chronic Disease Prevention and Maternal and Child Health sections contract with De La Salle North Catholic High School as part of the school's Corporate Work Study Program. The program provides economically disadvantaged students with college-prep education and entry-level work experience and helps build a pipeline for the next generation of public health practitioners.
- Various sections collaborate with Portland State University, Oregon Health & Science University and Oregon State University on student intern projects.
- In 2017, the Immunization Program piloted a paid internship program designed to create an opportunity for interns from marginalized communities to gain work experience in public health. This internship pilot continued in 2018.

Office of Equity and Inclusion

OEI hosted graduate student interns from Portland State University, an AmeriCorps VISTA volunteer, fellows from Oregon Health & Science University, and interns from the Disability Arts and Culture Project – Rejecting Economic Ablist Limits (REAL) Committee. In addition, OEI's various statewide commissions provide volunteer opportunities. OEI's internship and volunteer opportunities ground individuals in the discipline of equity, diversity and inclusion. In some cases, after their experience volunteering, interns and volunteers have been able to return to OHA in permanent positions or have gained relevant experience necessary to obtain work in other areas of the agency or in health systems, local health departments and community-based organizations.

During the biennium, OEI also engaged in outreach with external programs and organizations that offer paid work experiences to job seekers from marginalized communities. For more information on these outreach efforts, see the "Community engagement" section.

Mentorship programs

By 2022, approximately half of the agency's workforce will be eligible to retire. This presents OHA with an estimated $312 million plus talent acquisition cost that an agency-wide mentoring program can, in part, offset. An employee mentoring program would benefit OHA by encouraging outgoing leaders to pass on knowledge. An employee mentoring program would also help bridge valuable relationships with community partners and support current employees in all aspects of their careers, including mentoring support for employees from historically underrepresented and marginalized groups.

Over the past few years, OEI, the OHA Office of Human Resources and the Public Health Division collaborated on a pilot project to build a framework for an agency mentoring program. As part of the pilot, they developed a formalized mentoring agreement that can be used as a template for future mentoring programs.

In 2017, a group of OHA employees in Leadership Academy developed a business case for an agency mentoring program. The OEI director supported it as the project sponsor. The group recommended OHA do the following:

- Adopt the Statewide Mentoring Program. The Department of Administrative Services (DAS) Chief Human Resource Office (CHRO) launched this statewide platform in June 2018. It is a six-month program that matches mentors and mentees, provides an orientation for mentors and mentees, and facilities check-ins and a final evaluation (see https://www.oregon.gov/das/HR/Pages/mentor.aspx for more information).
- Generate agency-specific modifications to meet OHA business needs. This includes mentoring for new employees, for personal and career development at all levels, and for specific support of employees from historically marginalized groups traditionally underrepresented in the OHA employee population.

Developing an agency-specific mentoring program continues to be a strategy in the next biennium to retain and promote diverse employees (see the "July 1, 2019–June 30, 2021" section for more information).

Leadership Academy

The DHS-OHA Leadership Academy helps program participants connect with an agency mentor. Participants are either matched with an OHA staff member who has expressed willingness to be a mentor, or they identify someone else they would like to have as a mentor. Program facilitators give mentors monthly updates on potential talking points to help mentees process lessons learned from Leadership Academy. For more information on this training program, see the "Leadership development/training programs" section.

Employee Resource Group Program

Since 2013, OHA has had an Employee Resource Group (ERG) Program that empowers staff to form voluntary groups organized around members and their allies with shared interests and backgrounds. The goal is supporting diversity and inclusion in the workplace, fostering leadership and promoting career success at OHA. ERGs typically represent traditionally underrepresented groups and their allies, including but not limited to people of color, people with disabilities, LGBTQ employees, veterans and women. See the "Diversity awareness programs" section for more information.

There are approximately 144 OHA employees who are members of four active ERGs throughout the agency. Employees who participate in ERGs receive specialized support and mentoring opportunities through connecting with other employees who face, or have faced, challenges and roadblocks unique to members in that ERG (i.e. discrimination based on race, disability status or gender). ERGs

at OHA have helped build community among employees who share the group's mission, which has supported ERG members in building relationships, gaining new professional skills and mentoring and coaching one another. ERGs are a key resource for achieving the agency's goals around improved recruitment, retention and promotion of diverse employees. See the "July 1, 2019–June 30, 2021" section for more information.

Diversity awareness programs

OHA is a state leader in implementing both internally and externally facing programs that apply equity, diversity and inclusion principles. OEI leads, advises and oversees strategic initiatives that equip the OHA workforce to meet the needs of Oregon's increasingly culturally and linguistically diverse population.

One significant OHA equity and inclusion initiative is REALD, an effort to increase and standardize Race, Ethnicity, Language and Disability data collection across the Department of Human Services (DHS) and OHA. REALD includes a set of standardized data categories and questions that OHA and DHS datasets must collect. It also includes data that OHA and DHS contractors must collect. The passage of House Bill 2134 during the 2013 legislative session and Oregon Administrative Rules 943-070-0000 thru 943-070-0070 advanced REALD.

The collection of race, ethnicity, language and disability demographic data is beneficial for many reasons including the following:

- Meet federal and state reporting requirements
- Better understand the population we work with or serve
- Identify and address social and health disparities
- Guide the development of culturally specific and accessible services
- Guide equitable allocation of resources to address disparities and
- Plan for programs and services according to accessibility, cultural and linguistic needs.

Since 2016, a range of activities have occurred to support the implementation of REALD standards. Examples include but are not limited to fully operationalizing REALD compliance of Oregon's online Medicaid eligibility ("ONE") system; administering surveys to identify existing OHA datasets and assess them for REALD compliance; providing technical assistance and training to OHA staff on REALD implementation matters; convening an Implementation Policy Committee with representation across the agency and external stakeholders; and convening five community meetings as well as informal focus groups to learn what types of data community members and agencies are using or want to use to address their own health issues. Lastly, in July 2018, the OHA REALD Policy was adopted (Appendix C-13).

For the 2019–2021 biennium, OEI and HR will explore the option of surveying the agency workforce using REALD standards to ensure compliance with federal rules.

Agency-wide Diversity Council

During the biennium, it was not possible to operationalize an agency-wide Diversity Leadership Team (DLT), a group envisioned to facilitate coordination of diversity strategic plans, and to provide review of the impact of policy, program and practice changes on both client service delivery and workforce development. The growth of OHA's Employee Resource Group Program and the creation of a diversity liaison position at the Oregon State Hospital have helped lay the necessary groundwork to roll out an effective DLT in the next biennium. See the "July 1, 2019–June 30, 2021" section for more information.

Despite not having an agency-wide diversity council, there are currently two division-level committees operating within OHA: the Oregon State Hospital Diversity Committee and the Public Health Division Health Equity Work Group. In addition to work happening in these committees, various activities related to advancing diversity, equity and inclusion occur across the agency's divisions to meet specific program needs.

Oregon State Hospital

In March 2018, OHA hired its first diversity liaison in working partnership and collaboration with OSH and OEI. The diversity liaison's primary role is to integrate OHA's diversity and equity initiatives into the culture of the hospital to meet patients' and employees' unique and diverse needs. Initiatives include:

- Increasing understanding of the relevance of cultural competence
- Providing culturally appropriate policies, procedures and treatment services and
- Building diversity into an organization that is culturally responsive to the needs of its diverse patient population and employees.

The OSH diversity liaison coordinates the OSH Diversity Committee, a group that has been in operation for several years without adequate staffing resources. The OSH Diversity Committee oversees four subcommittees that provide services and support to diverse patient populations within the hospital. The subcommittees include LGBTQ, Peer Advisory Council, Native Advisory Council, and Veterans for Progress. During the 2019–2021 biennium, through work groups, diversity champions and subject-matter experts, the Diversity Committee will focus on:

- Addressing gaps in services (policies, procedures and practices) through a 360-organizational assessment
- Administering patient satisfaction surveys to gather information about current offering and use of treatment services specific to diversity needs and

- Engaging employees via surveys to assess understanding of cultural competency and identify cultural needs of employees.

In addition to coordinating the Diversity Committee, the OSH diversity liaison, working with OSH administration and OEI, will focus on the following projects during the 2019–2021 biennium:

- Develop a diversity champions program to engage patient and employee representatives in sharing information about culturally diverse populations across the hospital.
- Develop and field an intake screening form that assesses patients' cultural needs when they are admitted to connect them with appropriate services and consultants within OSH.
- Launch an organizational assessment of the current state of diversity and inclusion practices at OSH, including surveying all employees and patients to assess the level of cultural competency knowledge/practices and identify gaps in providing services for cultural needs of patients and staff.

Public Health Division

One of the key strategic initiatives in the Public Health Division is the Health Equity Workgroup. This staff-led group advises division leadership on how to increase cultural responsiveness and build capacity to advance health equity in Oregon. This work advances Public Health's foundational capability of health equity and cultural responsiveness. Since its inception in 2016, the Health Equity Work Group has increased the division's focus on health equity, workforce diversity and community engagement by:

- Creating a workplan to modernize the division's work in health equity and cultural responsiveness
- Developing a library of social determinants of health measures and health equity organizational assessments and
- Incorporating health equity considerations including the State Health Improvement Plan and the division's strategic plan.

For 2018 and 2019, the work group will focus on increasing the diversity of the division's workforce and establishing stronger relationships with priority populations. Future areas of focus include improving data systems to better identify health disparities and co-creating strategies that best respond to priority populations' health disparities.

Employee Resource Group Program

Recognizing OHA's responsibility to proactively support workforce diversity in addition to complying with legal standards that ensure a discrimination- and harassment-free workplace, the agency established an Employee Resource Group (ERG) Program in 2013.*

ERGs provide support and professional opportunities as they relate to OHA's mission and vision. ERGs are voluntary, employee-driven and organized around members and their allies with shared interests and backgrounds. ERGs can also serve as a communication channel between employees and executive leadership.

ERGs have demonstrated success in fostering and strengthening workplace effectiveness and leadership abilities, enhancing professional development, and promoting career growth and success within OHA.

During the biennium, OHA was successful in expanding the ERG Program. In July 2016, one ERG was operating in the agency. Since then, OEI approved applications for three additional groups, making a total of four active ERGs:

- **Autism Workforce, Acceptance, Resources & Education (AWARE):** Raises awareness regarding autism challenges in the workplace and provides information, resources and education about autism. Targeted membership: employees with autism, employees who have family members or friends with autism, and those who are interested in autism awareness and support the group's mission.
- **Differently Abled Workplace Network (DAWN):** Supports employees with different abilities by advocating to increase hiring, retention, training and promotion of persons with different abilities through process and policy changes. DAWN educates and provides resources to create an inclusive work environment where employees with disabilities are valued and respected, resulting in positive performance for both the individual and the agency. Targeted membership: employees with disabilities, employees with family members with disabilities, advocates and others who support the group's mission.
- **Healthy Families:** Supports employees in balancing family caregiving with productive and meaningful careers in public service through resource sharing, collective problem-solving, policy and systems changes. Targeted membership: mothers, fathers, guardians and anyone responsible for caring for aging parents and family with special needs including allies interested in supporting a flexible workplace culture.

* ERG Program: https://inside.dhsoha.state.or.us/oha/office-of-equity-and-inclusion/employee-resource-groups-ergs.html

- **People of Color (POC):** Provides space and community for staff of color, indigenous staff and all who support the ERG's mission through providing facilitated conversations, outside speakers and social events. Core values are community responsiveness, justice, leadership and equity. Additionally, this group will identify and recommend policy and operational changes to improve job satisfaction and professional development for people of color. Targeted membership: staff of color and others who support the group's mission.

One supportive factor that contributed to the growth of the program was in late 2017, OHA leadership approved a formalized ERG Policy (Appendix C-12) that reinforces support for the program and authorizes full-time employees to use up to eight hours of work time per month to participate in ERG activities, an increase from previously allowing up to three hours per month. In addition, OEI facilitated the distribution of information on ERGs via agency newsletters (Table 1) and ERGs organized events that raised awareness about the program.

During the 2019–2021 biennium, OEI intends to continue strengthening the ERG Program by:

- Launching a Diversity Leadership Team that engages ERGs, the OSH Diversity Committee and other agency stakeholders to advance agency-wide workforce diversity goals
- Fostering the development of new ERGs based on existing successes and activities occurring through the Oregon State Hospital Diversity Committee
- Promoting agency-wide communications and information sharing about ERGs
- Developing SharePoint sites for each ERG.

ERGs are a key resource in the next biennium for improving recruitment, retention and promotion of diverse employees – see the "July 1, 2019–June 30, 2021" section for more information.

Diversity presentations, training and/or activities

OEI provides a range of technical assistance, consultation, presentations and training to strategically advance the agency's affirmative action goals. Table 1 in the "Training, Education, and Development Plan" section outlines key trainings, presentations and events that OEI supported. Examples include presenting an overview of OEI programs/resources at New Employee Orientation, presenting workforce parity data and current affirmative action initiatives to managers, participating in panel presentations and providing individualized consultation to hiring managers on implementing diversity recruitment best practices.

Community engagement

Established through House Bill 2009, the Oregon Health Policy Board (OHPB)* serves as the policymaking and oversight body for the Oregon Health Authority and is responsible for implementing the health care reform provisions of HB 2009. The nine-member board is comprised of community members who have an interest in health and health care and have strong relationships with the communities they represent. OHPB has seven distinct committees, four of which broadly engage stakeholders and community members across the state:

- **Health Care Workforce Committee** coordinates efforts to recruit and educate health care professionals and retain a quality workforce. This work is necessary for Oregon to meet the demand created by health care coverage expansion, system transformation and an increasingly diverse population, and to realize the promise of the Triple Aim.
- **Health Equity Committee** coordinates and develops policy that proactively promotes the elimination of health disparities and health equity achievement for all people in Oregon. The committee includes 15 members. They are health equity professionals, individuals who have life experience in health equity policy advocacy and policymaking processes, and community members.
- **Public Health Advisory Board** advises OHA on policy matters related to public health programs, provides a review of statewide public health issues and participates in public health policy development.
- **Medicaid Advisory Committee** uses a consumer and community lens to advise OHA's state Medicaid director and the Department of Human Services on the Oregon Medicaid program's policies, procedures and operation. The committee develops policy recommendations at the request of the governor, the legislature and OHA.

OHA is committed to equitable, inclusive and culturally responsive community engagement. The OHA External Relations Division and OEI work with OHA divisions to ensure diverse communities across the state have a voice in developing health policies, rules and other decisions that affect the health of Oregonians. From new rules to protect communities from industrial air toxics to passing the Tribal Consultation and Urban Indian Health Program Confer Policy (Appendix C-17), OHA works closely with Tribes, local governments, community-based organizations and other partners to encourage public input and reduce barriers that prevent people from participating in agency decision-making. The policy especially relates to communities with the greatest health disparities.

* Oregon Health Policy Board: https://www.oregon.gov/oha/OHPB/Pages/index.aspx

For example, OHA recently engaged communities and stakeholders across the state to inform the future of Oregon's innovative coordinated care system; this process is called CCO 2.0. These connections have created opportunities for OHA to more broadly discuss improving workforce diversity, language access, and other system-level policy considerations. As of July 2018, OHA held 14 public forums in communities throughout the state (Astoria, Bend, Coos Bay, Corvallis, The Dalles, Hermiston, Hood River, Klamath Falls, Medford, Ontario, Portland, Springfield and Woodburn) that engaged approximately 800 people. OHA also convened meetings with Oregon's Federally Recognized Tribes, including three individual Tribal consultations and one collective Tribal consultation. In addition, the agency organized webinars and arranged meetings with representatives of community-based organizations serving culturally specific communities. To best serve communities and stakeholders, OHA produced all event materials, surveys and marketing tools (including social media posts and videos, news releases and media interviews) in both English and Spanish. ASL and Spanish language interpreters were available at all the public forums. Interpretation of other languages was available upon request.

To ensure OHA is listening to those most directly affected by changes to the Oregon Health Plan, the agency will conduct a telephone survey of Oregon Health Plan members in multiple languages. OHA will also continue to gather input from culturally specific organizations.

OHA Office of Equity and Inclusion

OEI maintains extensive connections with community-based groups and other partners representing people of color, immigrants and refugees, people with disabilities, and LGBTQ communities. Since these relationships are critical for the greater agency to achieve its mission and vision, one main focus area for OEI during the biennium was strengthening and expanding relationships with community-based organizations throughout Oregon. To facilitate that process, OEI conducted relationship-building tours in Eastern Oregon and in the Eugene/Springfield area to connect with new and existing partners. This increased reach has generated more than 850 new community and organizational contacts since Jan. 1, 2017. In addition, OEI supported the CCO 2.0 public meetings*. These connections have created opportunities for OHA to more broadly discuss improving workforce diversity, language access and other system-level policy considerations.

To advance an ongoing commitment to community engagement, OEI re-launched a Community Advisory Council†, which recently concluded an extensive recruitment process and is ready to move forward with a combination of existing and new

* Oregon Health Policy Board: https://www.oregon.gov/oha/OHPB/Pages/index.aspx

† CAC members voluntarily report demographic information. OHA did not collect demographic information from members who joined the CAC prior to 2018. For more information on the CAC, see https://www.oregon.gov/oha/OEI/Pages/cac.aspx.

members. In addition, OEI is working to improve the visibility of health equity across sectors by distributing a quarterly newsletter and by using social media to promote equity topics and events.

A part of elevating diverse perspectives throughout OHA, OEI has been collaborating with other OHA divisions to identify and implement equitable and culturally appropriate community engagement practices for a variety of OHA projects and programs including but not limited to:

- OHA-wide website management, including enhanced Americans with Disabilities Act accessibility and improved language access for people with limited English proficiency via the agency-wide Web Governance Council
- The CCO 2.0 public engagement process, including using recommended community engagement practices (Appendix C-11).

Community engagement is a core activity and value across OEI, including the Regional Health Equity Coalition (RHEC) Program, the Developing Equity Leadership Through Training and Action (DELTA) program, the Health Care Interpreter Program, the Traditional Health Worker Program and the Cultural Competence Continuing Education Committee.

Regional health equity coalitions

Regional health equity coalitions (RHECs)* are community-driven, cross-sectoral groups that aim to promote health equity by addressing the root causes of inequities through the social determinants of health. RHEC membership comprises a diverse set of stakeholders, including behavioral health, city and county governments, community-based organizations, coordinated care organizations, corrections/law enforcement, oral health, disabilities, education, employment, environmental, faith-based, health care, higher education, local business, neighborhood councils, policymakers, public housing, tribal government, urban planning and more. The work of the RHECs covers a wide range of underserved communities in urban, rural and frontier regions in Oregon with communities of color as a leading priority.

There are currently four RHECs that serve populations in nine counties. In June 2018, OEI awarded two new groups RHEC capacity building grants. Since 2016, RHECs have delivered 178 trainings and educational events, reaching 1,041 organizations and more than 8,000 individuals across Oregon. All this work builds a foundation to empower communities to sustain and improve health equity in the state. RHECs are part of Oregon's successful multipronged approach in health care transformation to address health inequities and may be a model for other states.

* For more information on RHECs: https://www.oregon.gov/oha/OEI/Pages/RHEC.aspx

Developing Equity Leadership through Training and Action

Developing Equity Leadership through Training and Action (DELTA), a statewide equity and inclusion leadership program, advances multi-sectoral leadership toward health equity with community leaders, policymakers, administrators and clinicians recruited from communities of color, health departments, hospitals, clinics, coordinated care organizations, and a variety of other types of organizations. The nine-month cohort program trains 25 selected individuals committed to advancing health equity and diversity throughout Oregon. Since the program's inception, individuals from all seven Oregon regions have participated in the cohorts. From July 2016 through 2018, 52 individuals from 44 organizations participated in the program. The ongoing impact and outcomes for DELTA participants and their organizations include:

- Maintaining a common language and expectations around health equity
- Establishing strong linkages, increased sense of urgency and authenticity for community-led decision making
- Disaggregating demographic data and
- Writing accessible materials.

For more information on DELTA, see the "Leadership development/training programs" section.

Health Care Interpreter Program

The Health Care Interpreter Program* trains the health care interpreter (HCI) workforce to support the delivery of accurate and adequate health care services for persons with limited English proficiency and persons who communicate in sign language. As of July 2018, 530 certified/qualified HCIs were proficient in approximately 42 languages and work in all regions of the state. During the biennium, the HCI Program demonstrated success in reaching linguistically diverse populations across Oregon by completing a strategic plan that prioritized engaging people with limited English proficiency, and by targeting HCI training to populations that speak lesser diffused languages. Specifically, OEI organized trainings for Federated States of Micronesia to train Chuukese, Marshallese and Palauan language interpreters and in Central Oregon for 40 interpreters who interpret in Spanish, Russian and Arabic. The program will continue working with the Health Care Interpreters Council, the legislatively mandated community advisory group on improving HCI training and removing language barriers to accessing health care for people with limited English proficiency.

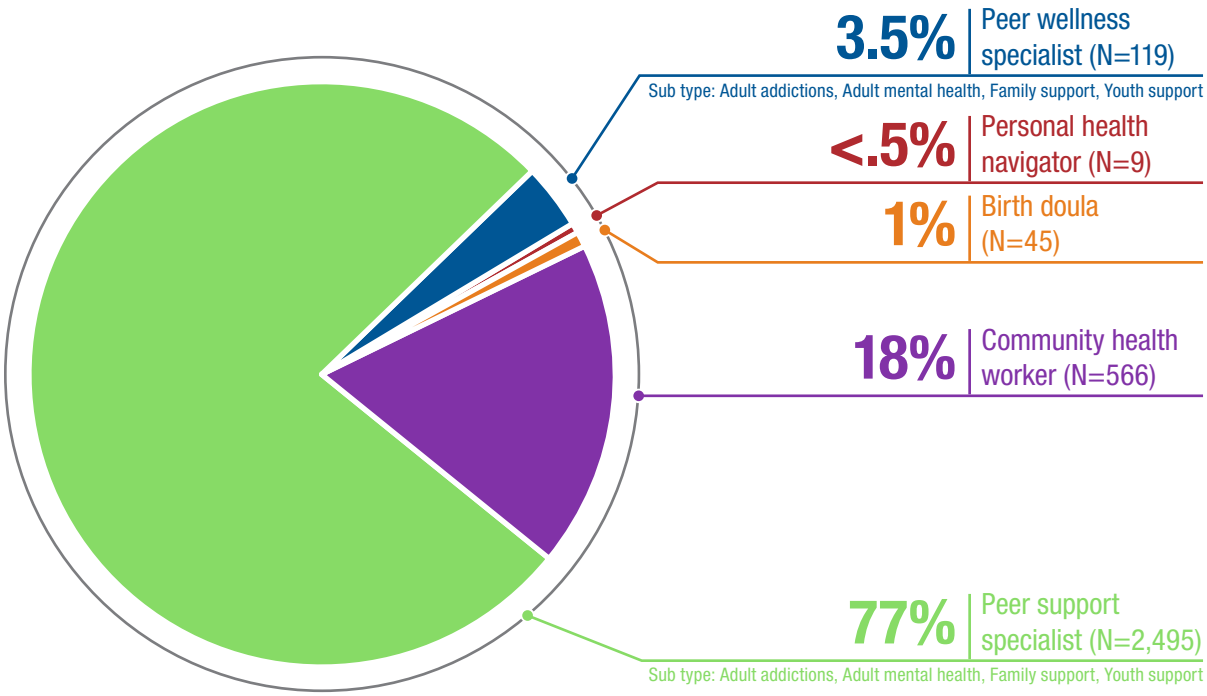
* HCI Program: https://www.oregon.gov/OHA/OEI/Pages/HCI-Program.aspx

Traditional Health Worker Program

The Traditional Health Worker Program* promotes the roles, engagement and use of the traditional health worker (THW) workforce, which includes community health workers, peer wellness specialists, personal health navigators, peer support specialists and birth doulas. The program — in partnership with health systems, stakeholders and community-based organizations — strives to ensure THWs work with communities to identify and address the underlying causes of health problems. As of December 2018, OHA has certified a total of 3,234 THWs and approved 36 trainings and continuing education.† Figures 1 and 2 show THWs listed in OHA's registry by certification type and self-identified race and ethnicity.

The Traditional Health Worker Commission is comprised of 19 members, many of whom are front-line THWs from around the state. In October 2017, the commission completed a strategic planning process; members identified five strategic priorities including expanding and improving education, community engagement, system engagement and workforce engagement. In February 2018, OEI developed a partnership with community-based organizations and Tribes, including the Oregon Community Health Workers Association and the Oregon Doula Association, with the purpose of conducting a statewide needs assessment on the integration and use of community health workers and doulas.

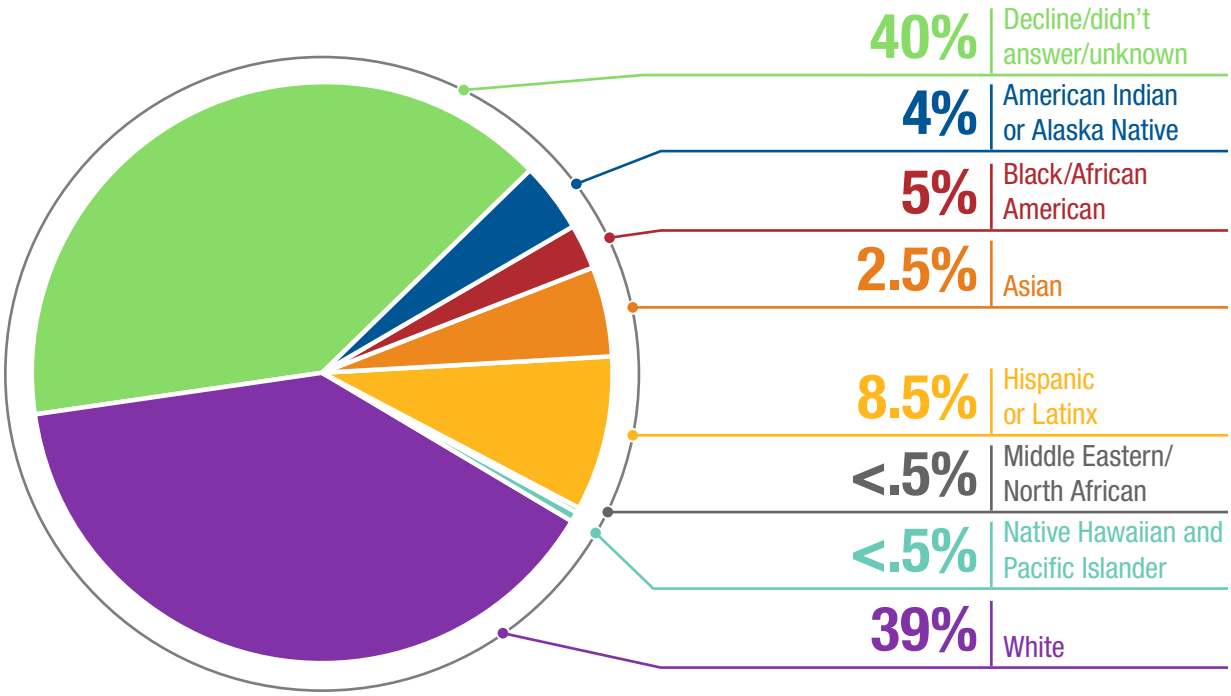
Figure 1. Traditional health workers, by certification type



* THW Program: https://www.oregon.gov/oha/OEI/Pages/THW-Resources.aspx

† Accessed from the THW Program registry on Dec. 10, 2018: https://traditionalhealthworkerregistry.oregon.gov/.

Figure 2. Traditional health workers, by self-identified race/ethnicity*



Cultural Competence Continuing Education Committee

In 2012, OEI, on behalf of OHA, chartered the Cultural Competence Continuing Education (CCCE) Committee† to explore opportunities to promote CCCE for the state's health care professional workforce. This committee's formation reflects the high priority need for culturally competent health care providers and culturally competent health care organizations/systems that have been have been consistently identified by Oregonians experiencing health disparities. As such, during the 2013 legislative session, House Bill 2611 became law, creating requirements of more than 22 health care professional boards to report biennially to OHA on their CCCE participation. OHA must then submit compiled board reports to the Legislature biennially (beginning Aug 1, 2018). In 2014, OEI worked with community stakeholders through a Rules Advisory Committee to develop permanent rules for HB 2611. The rules defined cultural competence and further clarified requirements including, but not limited to, establishing an advisory committee that develops and updates criteria for OHA approval of CCCE opportunities and a regularly maintained list of OHA-approved continuing education opportunities.

The CCCE Review Committee continues to make recommendations to OHA on approval of CCCE opportunities for more than 22 types of health care professionals.

* Demographic information is voluntarily reported.

† Cultural Competence Continuing Education Committee: https://www.oregon.gov/oha/OEI/Pages/CCCE-HB2611-2013.aspx

Topics of approved trainings include but are not limited to:

- Introduction to cultural competence in health care
- Cultural competency and ethics
- Practicing cultural humility in health care settings
- Cultural identity as a framework for culturally competent care and
- Transgender and gender-nonconforming health care.

Community events/festivals

OEI oversees a sponsorship program that supports activities to strengthen relationships between community-based organizations, state programs and policy leaders. It establishes an Oregon Health Authority presence at educational forums, fundraisers, conferences and other outreach events. OEI prioritizes organizations that serve immigrants, refugees, communities of color, people with disabilities, LGBTQ communities and communities outside of the Portland metropolitan area with concentrations of racial/ethnic populations.

OEI sponsored events with varied goals, topics and focus populations. The events provided opportunities for:

- Engaging communities, building community connections and enhancing community presence
- Information sharing and networking
- Recruiting and diversifying Oregon's health promoting systems' workforce and contractor base
- Engaging community experts to inform OHA policy and program development and
- Increasing opportunities for OHA employees' professional and leadership development.

Between July 1, 2016, and June 30, 2018, OEI on behalf of OHA awarded **$74,150** in sponsorship funding to community-based organizations throughout the state.

Examples of events sponsored during the biennium include but are not limited to Asian Health and Service Center Community Health Fair, Columbia River Inter Tribal Fish Commission Fishers Memorial Salmon Bake and Art Sale, Latino Community Association Festival of Cultures, Native American Youth and Family Center Gala, Oregon Latino Health Equity Coalition Annual Dinner, Pan African Festival of Oregon, Portland State University Queer Students of Color Conference, and Urban League of Portland Equal Opportunity Dinner.

Figures 3 and 4 show the demographic and geographic diversity of communities engaged by the OEI sponsorship program.

Figure 3. OEI sponsorships, by demographics

2016–2018

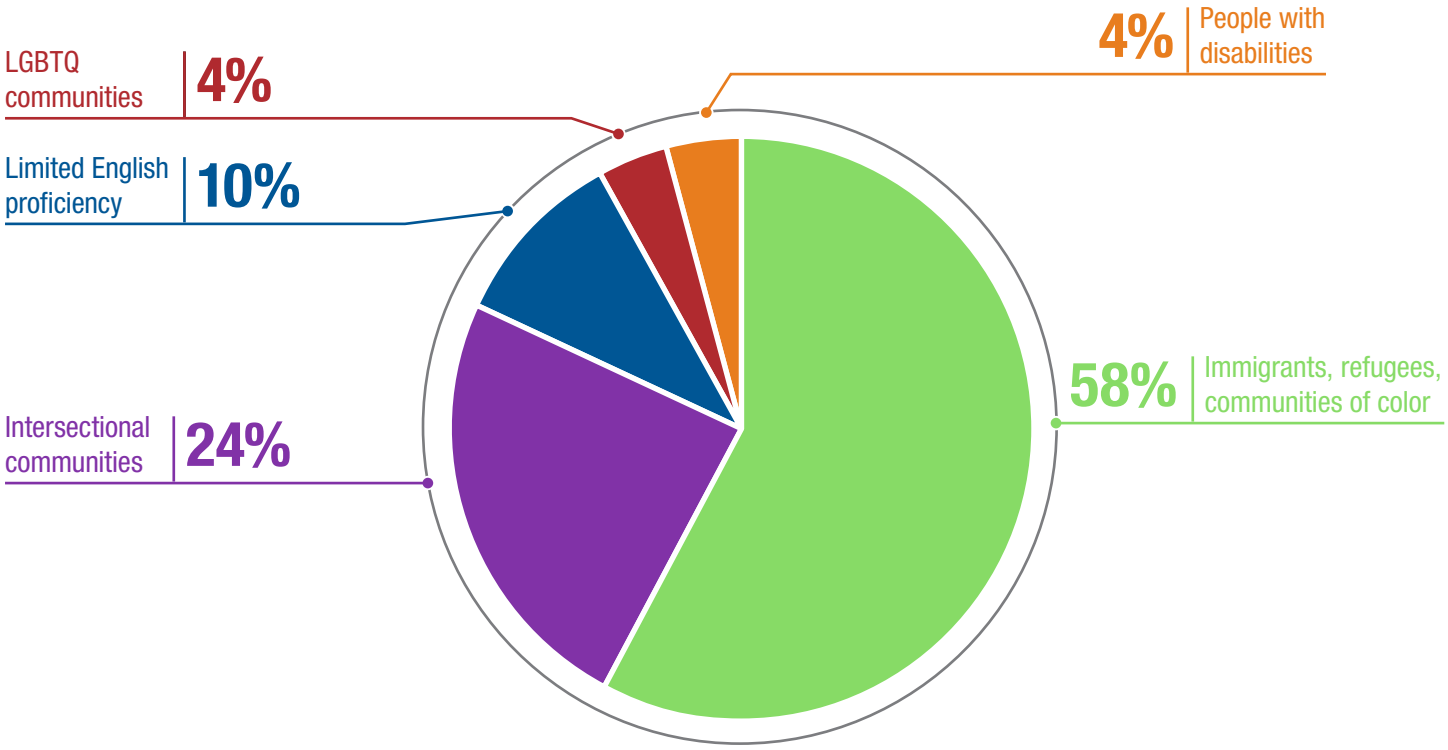
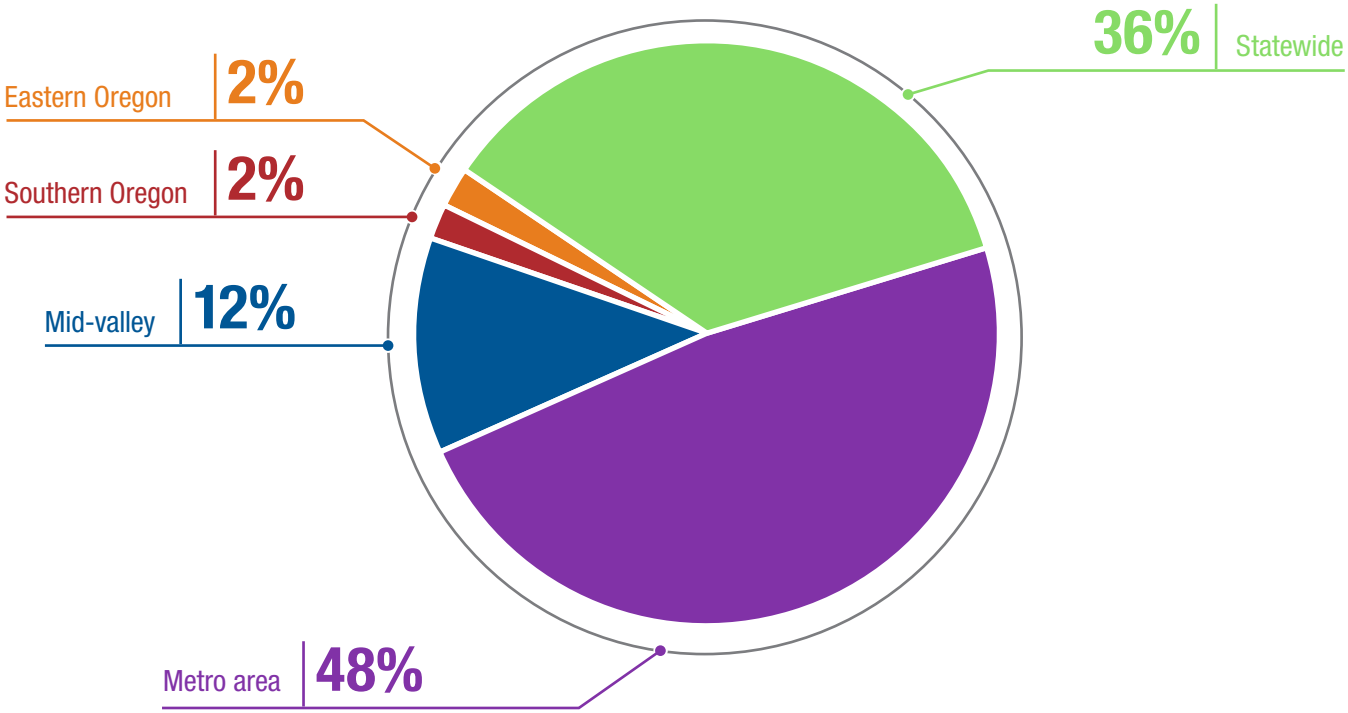


Figure 4. OEI sponsorships, by geography

2016–2018



Career fairs

To advance the agency's workforce diversity goals, a strategic approach is needed that includes policy, systems and procedural changes as well as conferring with marginalized communities with historical barriers to employment. During the biennium, OEI partnered with the OHA Office of Human Resources to staff career fairs; developed relationships with community-based organizations that serve underrepresented job seekers; and provided technical assistance, presentations, trainings and resources for agency staff on diversity recruitment best practices.

Career fairs and professional networking events are one of many critical components of this strategic approach. OEI and HR partnered to attend job fairs that specifically recruit traditionally underrepresented populations including communities of color, people with disabilities and veterans. Examples include City Career Fair, Goodwill job fairs, Hiring Our Heroes – Veterans, Hispanic Metropolitan Chamber Career Fair, Incight Career Expos and Live Resume events, NAYA Native Professionals & Friends Night, OHSU Night for Networking, Oregon Psychologist Association Annual Conference, Oregon Public Health Association Annual Conference, Oregon Women's Veterans Conference, OSU Diversity Career Symposium, Say Hey!, Silverton Area Community Aid Career Fair, Urban League of Portland's Career Connections Job Fair, Veteran's Stand Down, and Worksource Salem Veterans Career Fair. In addition, HR attended more than 20 college career fairs. OEI also shared information on these events with employee resources groups, as appropriate.

OEI engaged with organizations that support underrepresented job seekers to:

- Build a pipeline to OHA as an employer of choice and
- Aid the agency in learning about the unique perspectives and employment-related barriers experienced by communities of color and people with disabilities. Examples include Amplify!; DHS Employment First!; Disability Arts and Culture Project – Rejecting Economic Ablest Limits (REAL) Committee; Immigrant and Refugee Community Organization's Immigrant Nurse Credentialing Program; Incight; Interstate Disability Employment Alliance Forum; Oregon Commission for the Blind; Partners in Diversity; Renaissance Vocational Services; Urban League of Portland Urban Tech Jobs Program; and Worksource Salem Veterans Program. As appropriate, OEI facilitated connections between representatives from these organizations and their constituents with OHA workforce recruiters and hiring managers.

Upon request, the OHA diversity and inclusion coordinator conducted informational interviews with job seekers and connected them to workforce recruiters, hiring managers and employee resource groups. OEI also distributes agency job announcements via employee resource groups and to a large network, and manages a sponsorship program that, in part, facilitates interaction between diverse populations and OHA as an employer.

For the 2019–2021 biennium, OEI and HR will explore surveying the workforce using Race, Ethnicity, Language and Disability (REALD) data collection standards to follow up with self-identified employees with disabilities to learn more how they experience OHA, what could be done to make recruitment, hiring and retention of people with disabilities easier, as well as what makes it challenging for OHA to recruit, hire and retain people with disabilities in the workforce. For more information on REALD, see the "Diversity awareness programs" section.

Trade-specific events

OHA's economic footprint is significant and disbursed throughout communities across the state because of current regulatory measures in place that direct OHA to provide funding to tribes, counties, cities, public health entities, coordinated care organizations, educational and medical facilities, as well as community-based organizations and for-profit businesses. Within this large range of entities, only for-profit businesses meet Business Oregon's Certification Office for Business Inclusion and Diversity (COBID) eligibility criteria*, and not all firms choose to apply. In addition, because most COBID-certified firms are construction, architecture and engineering or other professional services in those commodity sectors, OHA can do business with roughly 2 percent of all currently COBID-certified businesses. Lastly, OHA is only able to track use of COBID-certified firms that are prime contractors; there is no way to capture subcontractors who may be COBID-certified. This means OHA does not currently capture the significant contributions toward supplier diversity that Tribes, counties, coordinated care organizations and others achieve.

Given this context, OHA's business engagement efforts include all vendors, beyond those who are eligible for COBID certification and those who choose to become certified. OHA is making a variety of efforts to expand the number of vendors and potential business partners that do business with the agency, including vendors who originate from historically marginalized communities.

For more information on other activities related to engaging businesses throughout Oregon and data on the agency's use of COBID-certified firms, see the "Training, Education and Development Plan" and the "Status of contracts to minority businesses" sections.

* COBID: http://www.oregon4biz.com/How-We-Can-Help/COBID/

The following are examples of OHA's business engagement activities during the 2017–2019 biennium:

- OHA provides notice to certified firms for all competitive solicitations through the Oregon Procurement Information Network (ORPIN). OHA also provides notice of solicitation and business development resources to compete for those opportunities through business outreach efforts.
- The DHS-OHA Business Outreach & Procurement consultant and OEI coordinated efforts to increase business opportunity by offering "one-stop-shop" trainings for vendors interested in becoming certified COBID firms. These trainings were in partnership with the Governor's Office, Secretary of State's Office, Business Oregon Certification for Business Inclusion and Diversity, the Department of Administrative Services, Government Contract Assistance Program, Small Business Development Centers, as well as other agencies and many small business development partners.
- The Business Outreach and Procurement consultant and OEI partnered to conduct outreach and networking with a variety of groups that engage diverse vendors, including but not limited to Oregon Association of Minority Entrepreneurs, Asian Pacific American Chamber of Commerce, Metropolitan Hispanic Chamber, Latino Business Alliance, National Association of Minority Contractors, Native Procurement Technical Assistance Center, Oregon Native American Chamber, Philippine American Chamber of Oregon and Portland Area Business Association.
- The agency is now using social media platforms to increase awareness and the diversity of the types of firms doing business with OHA.
- An OHA representative serves on the Governor's Marketplace Steering Committee, which engages the agency's vendors through outreach efforts to generate awareness of government contracting opportunities and resources. Governor's Marketplace events take place statewide and offer COBID certification information, as well as other resources to generate awareness of government contracting opportunities as well as business support resources to increase vendor capability to compete in open and competitive solicitations*.
- Through the above events and outreach materials, vendors receive support with technical skill training and assistance in connecting with agency staff able to navigate systems for troubleshooting as well as contract administration support.

* Governor's Marketplace: https://www.oregon.gov/gov/policy/Pages/gmp_home.aspx

Executive Order 17-11 updates

Respectful leadership training (diversity, equity and inclusion)

Three leadership programs are accessible to OHA employees: Developing Equity Leadership through Training and Action (DELTA), Leadership Academy and the Aspiring Leaders Program. In addition, OEI developed an Inclusive Leadership Workshop for OHA executive leaders.

The DELTA program, managed by OEI and built to meet national Culturally and Linguistically Appropriate Services standards, is a comprehensive leadership training program that serves as both a cornerstone and catalyst for building health equity and inclusionary policies and practices throughout Oregon. This nine-month program, open to state agency employees and Oregon health organization leaders, trains selected individuals committed to advancing health equity and diversity throughout Oregon. Between July 1, 2016, and June 30, 2018, 11 OHA employees participated in the DELTA program. The DELTA program serves as a model for other state leadership development programs in its approach and content related to equity, diversity and inclusion.

During the biennium, 40 OHA employees participated in Leadership Academy and 96 participated in the Aspiring Leaders Program. Since July 2018, the DHS-OHA Shared Services Organizational and Employee Development Unit has partnered with DHS and OHA to develop curricula on individual unconscious bias and institutional unconscious bias for Leadership Academy. OEI and OHA employee resource groups are consulting on how to remove barriers for Leadership Academy applicants from marginalized communities. As a result of the partnership, some immediate changes have been made, including:

- Lowering the application eligibility to pay grade 19 and above
- Not requiring manager signature to apply
- Not requiring an employee development plan to apply.

Lastly, in April 2018, OEI facilitated a strategic workshop with 11 members of the OHA Executive Leadership Team. Participants gained a new understanding on how to interpret behaviors that communicate power or lack of power in themselves and others as well as tools for changing their interactions to manage conflict in

the workplace. The training's intended outcome was to garner agency leadership support for a culture change toward equity and inclusion at the top of the agency.

Sexual harassment training

In fall 2018, OHA and DHS developed an agency- specific sexual harassment training to fulfill DAS requirements. The course is accessible through iLearn (see Table 2); it covers the DAS Policy (see Appendix A) as well as identification, reporting and intervention.

Statewide exit interview survey

There is no formal exit review process in place. While it is possible to adopt the Department of Administrative Service's Exit Interview Survey, there are plans to develop agency-specific surveys, fielded throughout the employment lifecycle to gauge climate for employees (new, existing and outgoing staff) REALD-compliant and bring OHA into compliance for inviting disability self-identification. See the "July 1, 2019–June 30, 2021" section for more information.

Performance evaluations of all management personnel

OHA's new performance system (Appendix C-18) will include a performance evaluation component where all employees, including management service, will have employee development plans.

Status of contracts to minority businesses (ORS 659A.015)

OHA provides funding to tribes, counties, cities, public health entities, coordinated care organizations, educational and medical facilities, as well as community-based organizations and for-profit businesses. Within this large range of entities, only for-profit businesses meet Business Oregon's Certification Office for Business Inclusion and Diversity (COBID) eligibility criteria*, and not all firms choose to apply. Given this context, OHA is working on multiple levels to expand the number of vendors and potential business partners, regardless of COBID eligibility, that do business with the agency; this includes vendors who originate from historically marginalized communities. For more information on the agency's vendor outreach activities, see the "Community engagement" section and the "Training, Education and Development Plan" section.

The DHS-OHA Office of Contracts and Procurement tracks total contract awards and contracts awarded to COBID-certified firms. COBID, formerly known as Oregon Women, Minority and Emerging Small Business (OMWESB), now includes service disabled veteran business owners. OHA provides notice to certified firms for all competitive solicitations through the Oregon Procurement Information Network (ORPIN).

For more information on the agency's engagement efforts with businesses throughout the state, see the "Training, education and development plan" and "Community engagement" sections.

Between July 1, 2016, and June 30, 2018, OHA had a total budget of **$3,616,710,607** on **3,927** contracts, agreements and grants.

Of this total, the agency spent **$31,848,325** on **27** contracts with COBID-certified firms, which resulted in a total of 58 contracts with COBID-certified firms.

This represents a significant increase from the **$5,514,431** spent on contracts with COBID-certified firms during the 2014–2016 biennium.†

* COBID: http://www.oregon4biz.com/How-We-Can-Help/COBID/

† The agency's total budget on all contracts, agreements and grants as well as the amount spent on contracts with COBID-certified firms is the not-to-exceed amount. It was not feasible to gather information on the actual amount spent on contracts with COBID-certified firms. In addition, the data represent prime contractors; it is not currently possible to capture COBID use with subcontractors.

Table 7 lists the agency's contracts with COBID-certified firms by division, including the COBID firm's contractor name, total not-to-exceed contract amount and certification type.

Of the 27 COBID-certified firms contracted by OHA, 15 were emerging small businesses (ESBs) and six were women-business enterprises (WBEs). Three firms were COBID certified at the time the contracts were executed, but no longer have certification in place (noted in the table as not having a certification type). The agency had agreements with three additional firms; however, they are not listed in Table 7 because no funds were dispersed. Several firms had multiple contracts with the agency.*

Table 7. OHA agreements with COBID-certified firms: July 1, 2016–June 30, 2018

Contractor	Total contract amount	COBID certification type
OHA Administration		
Barlow Strategies, LLC	$150,000	ESB
Chaves Consulting, Inc.	$859,500	WBE
Equity and Inclusion		
Figure 8 Consulting, LLC	$150,000	ESB
Figure 8 Consulting, LLC	$2,500	ESB
Figure 8 Consulting, LLC	$1,600	ESB
Figure 8 Consulting, LLC	$1,600	ESB
Fiscal and Operations		
Galaxux Incorporated	$20,000	ESB
Hittner & Associates, Inc.	$450,300	--
Hittner & Associates, Inc.	$160,200	--
Hittner & Associates, Inc.	$101,400	--
Hittner & Associates, Inc.	$63,600	--

* Table 7 lists contracts with COBID-certified firms by division under the agency's organization structure during 2017–2019. The agency has since reorganized to include separate Fiscal and Operations divisions.

Table 7, cont.

Contractor	Total contract amount	COBID certification type
Health Policy and Analytics		
Alisa Blum & Associates	$150,000	ESB
Artemis Consulting	$4,000	ESB
Bianco, Diana M.	$300,000	ESB
Bianco, Diana M.	$150,000	ESB
Cairn Guidance Inc	$150,000	WBE
Figure 8 Consulting, LLC	$150,000	ESB
Synergy Professional Services, LLC	$150,000	ESB
Waterfall, Carolyn	$150,000	ESB
Health Systems		
Chaves Consulting, Inc.	$2,460,000	WBE
Day Heating Co.	$7,500	ESB
Interface Network, Inc.	$292,252.50	ESB
Interface Network, Inc.	$148,372	ESB
Interface Network, Inc.	$100,000	ESB
Interface Network, Inc.	$100,000	ESB
Reimbursement Management Consultants, Inc.	$467,700	WBE
Oregon State Hospital		
Integrated Electronic Systems, Inc.	$10,000	ESB
Oregon Certified Interpreter's Network, Inc.	$2,300,000	ESB
Oregon Certified Interpreter's Network, Inc.	$500,000	ESB
Power Systems Plus, Inc.	$7,150	ESB
Reimbursement Management Consultants, Inc.	$3,832,269	WBE

Table 7, cont.

Contractor	Total contract amount	COBID certification type
Public Health		
Artemis Consulting	$20,000	ESB
Bianco, Diana M.	$6,000	ESB
Bianco, Diana M.	$4,000	ESB
Cairn Guidance Inc	$50,000	WBE
Cairn Guidance Inc	$20,000	WBE
Cairn Guidance Inc	$2,325	WBE
Coates Kokes, Inc.	$17,900,000	WBE
Donna Silverberg Consulting	$50,000	WBE
Donna Silverberg Consulting	$20,000	WBE
Donna Silverberg Consulting	$10,000	WBE
Donna Silverberg Consulting	$10,000	WBE
Donna Silverberg Consulting	$10,000	WBE
Figure 8 Consulting, LLC	$4,837.45	ESB
MindMap LLC	$25,000	ESB
Moulds Mechanical Engineering	$10,000	--
Moulds, Christine B	$250,000	--
North Star Facilitators	$14,500	WBE
Thomas Bruner Strategies, LLC	$44,219	ESB
Thomas Bruner Strategies, LLC	$7,500	ESB

Roles for implementation of Affirmative Action Plan

Responsibilities of the OHA Director

- Ensure and articulate a positive climate throughout the agency concerning the goals of the Affirmative Action Plan, equal employment opportunity and diversity programs.
- Ensure division directors understand their work performance is evaluated based on of their Affirmative Action Plan efforts and results, in conjunction with other managerial responsibilities.
- Meet at least annually or as needed with the OHA Office of Equity and Inclusion (OEI) Division, Office of Human Resources administrators, and division and program assistant directors to review equal employment opportunity, affirmative action, and diversity and inclusion progress and problems.
- Ensure the appropriate review and follow-up on findings including:
  - » The chief operating officer or agency director reviews all investigation reports completed under the OHA Discrimination and Harassment Complaint procedure
  - » Appropriate staff coordinate with investigators about the findings
  - » Agency director or designee responds to appeals.
- Ensure division and program administrators:
  - » Receive training in affirmative action concepts
  - » Review management implementation of affirmative action strategies in performance appraisals
  - » Provide reports to the Legislature and public regarding progress on Affirmative Action Plan strategies' progress
  - » Evaluate members of the management team for their effectiveness in creating the workplace conditions and results expected by the agency's affirmative action policy.

Responsibilities of OHA managers and supervisors

- Promote and foster a positive nondiscriminatory climate and a work environment in which all employees are valued and respected in accordance with state policy and agency values.

- Ensure all new and current employees are aware of the agency's equity and inclusion strategies and value of a diverse workforce.
- Periodically review training programs, hiring patterns and promotion patterns to remove barriers to achieving the agency's goals.
- Conduct periodic reviews by staff authorized to act to ensure:
  - » EEO, ADA and Discrimination and Harassment Policy information is properly displayed.
  - » All facilities for the use and benefit of employees and clients are accessible both in policy and use.
  - » Women, people of color, persons with disabilities and older employees have full opportunity and encouragement to participate in education, training, recreational and social activities sponsored by the agency.
  - » Employees learn about the need for ADA compliance, alternate format and language access (Appendix C-14) and that requests are appropriately processed and accommodated.
  - » Problem areas in diversity and inclusion practices and procedures are identified and solutions sought.

Responsibilities of the affirmative action representative

- Develop and communicate agency policies and procedures related to AA/EEO and prepare and disseminate affirmative action information.
- Coordinate activities in concert with the Affirmative Action Plan and monitor progress toward affirmative action goals.
- Identify solutions to barriers preventing achievement of OHA affirmative action goals.
- Ensure recruitments support AA/EEO goals.
- Ensure agency is complying with AA/EEO and other relevant laws or policy.
- Receive and investigate discrimination, harassment and retaliation complaints.
- Attend equal opportunity, affirmative action and diversity training regarding current affirmative action guidelines and issues update. Develop knowledge and skills for working with a diverse workforce.

July 1, 2017–June 30, 2019

Accomplishments in affirmative action

OHA continues to work to create a diverse and inclusive organization. OHA will continue to build upon its successes to achieve a more culturally competent workforce, create culturally appropriate and effective programs and service delivery systems, develop quality improvement strategies with a focus on diversity, and create inclusive environments for our diverse client base and staff. The OHA Affirmative Action Plan is a key component of the agency's ongoing diversity and inclusion efforts.

Statistical data for people with disabilities are dependent on voluntary self-identification. Because measures of people with disabilities' workforce representation rely on voluntary self-identification, the actual number of OHA employees with disabilities remains unknown.

A summary of OHA workforce parity trends*† between July 1, 2016, and June 30, 2018, are as follows:

OHA workforce

Compared to the Oregon population:

- The OHA workforce is **representative** of the African American/Black, American Indian and Alaska Native and Asian populations, and women.
- The Hispanic/Latinx and Native Hawaiian and Pacific Islander populations‡, and people with disabilities are **underrepresented** in the OHA workforce.

In OHA as of June 30, 2018:

- There were **4,093** state government employees in OHA.
- People of color represented **22 percent** of all OHA employees.
- People with disabilities represented **3 percent** of all OHA employees. The numbers represent only those employees who voluntarily disclose disability status.
- Women represented **62 percent** of all OHA employees.

Since 2016, the agency has experienced:

- **No change** in the workforce representation of people of color
- A **2 percent** increase in the proportion of women in the workforce
- A **1 percent** increase in the proportion of people with disabilities in the workforce.

* Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates ACS_14_5YR_B03002 HISPANIC OR LATINO ORIGIN BY RACE, American Community Survey 5-Year Estimates, B01001 SEX BY AGE, series (A-I), ACS 5YR B18101 series (A-I), AGE BY DISABILITY STATUS AND RACE, ACS 5YR B21001 and C21001 series (A-I), SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER.

† For this report, ethnicity is broken out in two categories: Hispanic or Latinx and Non-Hispanic or Non-Latinx. The following groups are categorized as Non-Hispanic/Non-Latinx: African American/Black, American Indian and Alaska Native, Asian and Native Hawaiian and Pacific Islander.

‡ Note: Employees were invited to use this code beginning July 16, 2016.

Workers at salary range 24 and higher

Compared to the Oregon population:

- The African American/Black and Asian populations and women are **represented**.
- The American Indian and Alaska Native, Hispanic/Latinx and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

New hires*

Compared to the Oregon population:

- The African American/Black, American Indian and Alaska Native and Asian populations and women are **represented**.
- The Hispanic/Latinx and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

Promotions†

Compared to OHA's current workforce composition:

- The Hispanic/Latinx population and women are **represented**.
- The African American/Black, American Indian and Alaska Native, Asian and Native Hawaiian and Pacific Islander populations and people with disabilities are **underrepresented**.

Voluntary separations‡

Compared to OHA's current workforce composition, the American Indian and Alaska Native and Hispanic/Latinx populations and people with disabilities are **overrepresented**.§

Data interpretation considerations

To calculate parity estimates for this report, OHA has chosen to compare its workforce composition to the current Oregon population.¶

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* For purposes of this report, employees new to OHA who have continuous employment with the state **are not** considered new hires. For example, an Oregon Department of Transportation employee hired by OHA **is not** a new hire. However, a City of Salem employee hired by OHA is a new hire.

† For purposes of this report, "promotion" is a change to a higher job classification, with no break in state service. Promotion **does not** include work out of class or any other pay differential.

‡ For purposes of this report, voluntary separations **do not** include retirement.

§ Underrepresentation (less than 115 percent) in this measure is desirable.

¶ Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates ACS_14_5YR_B03002 HISPANIC OR LATINO ORIGIN BY RACE, American Community Survey 5-Year Estimates, B01001 SEX BY AGE, series (A-I), ACS 5YR B18101 series (A-I), AGE BY DISABILITY STATUS AND RACE, ACS 5YR B21001 and C21001 series (A-I), SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER

Some limitations of the data include:

- When comparing Oregon population data to OHA's workforce, there is a lack of accounting for industry, occupation and/or educational attainment.
- Because demographic information is collected from OHA employees during onboarding, there is no centralized process for standardizing data throughout the agency. See Appendix C-19 for the DAS Voluntary Self-Identification Form. The implementation of Workday will likely have a self-service feature for employees to voluntary update their EEO status.
- Data available for the overall OHA workforce was limited to the following populations: African American/Black, American Indian and Alaska Native, Asian, Hispanic/Latinx, Native Hawaiian/Pacific Islander, people with disabilities and women. The population data available for OHA divisions also includes White and two or more races.
- It was not possible to cumulatively analyze OHA divisional data. As a result, it is displayed in quarterly snapshots between September 2017 and September 2018.
- At the time of this report's publication, it was not possible to share intersectional demographics of OHA's workforce (binary gender identity, race/ethnicity and self-identified disability status).

In the 2019–2021 biennium, OEI will collaborate with the Human Resources Shared Services Workforce Information Unit on quality improvement of OHA affirmative action data.

Percentages presented below represent the relative percentage of OHA employees of color, of female binary gender, and with a disability compared to the Oregon population of working-age adults from the same demographic groups. For example, OHA employs 46 percent of the number of Hispanic/Latinx employees expected given the number of Hispanic/Latinx working-age adults in Oregon.*

OHA workforce parity estimates

Tables 8 and 9 show OHA employee representation compared to the Oregon population (Table 8) and compared to the current OHA workforce composition (Table 9). Green shows where the agency is currently meeting or exceeding parity. In all measures except voluntary separations, red indicates underrepresentation in the agency's workforce. For voluntary separations, areas in red show where there is

* Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates ACS_14_5YR_B03002 HISPANIC OR LATINO ORIGIN BY RACE, American Community Survey 5-Year Estimates, B01001 SEX BY AGE, series (A-I), ACS 5YR B18101 series (A-I), AGE BY DISABILITY STATUS AND RACE, ACS 5YR B21001 and C21001 series (A-I), SEX BY AGE BY VETERAN STATUS FOR THE CIVILIAN POPULATION 18 YEARS AND OVER.

overrepresentation compared to the overall OHA workforce.* See Appendix C-20 for more OHA workforce parity estimates.

Table 8. OHA employee representation compared to Oregon population

Current OHA employees	African American / Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander†	People with disabilities	Female
TOTAL OHA workforce	204%	107%	159%	46%	27%	18%	123%
Workers at salary range 24 and higher	140%	98%	161%	26%	21%	18%	119%
New hires‡	203%	121%	130%	54%	28%	16%	132%

Table 9. OHA employee representation compared to current OHA workforce composition

Current OHA employees	African American / Black	American Indian and Alaska Native	Asian	Hispanic or Latinx	Native Hawaiian and Pacific Islander†	People with disabilities	Female
Promotions§	74%	67%	70%	100%	0%	65%	114%
Voluntary separations‖	77%	118%	64%	164%	1%	149%	112%

Although OHA has successfully met some overall goals, analysis of the disaggregated figures provides further opportunity for improvement. The agency continues efforts to recruit and retain people of color and people with disabilities in

* Underrepresentation (less than 115 percent) in this measure is desirable.

† Employees were invited to use this code beginning July 16, 2016.

‡ For purposes of this report, employees new to OHA who have continuous employment with the state **are not** considered new hires. For example, an Oregon Department of Transportation employee hired by OHA **is not** a new hire. However, a City of Salem employee hired by OHA is a new hire.

§ For purposes of this report, promotion is a change to a higher job classification, with no break in state service. Promotion **does not** include work out of class or any other pay differential.

‖ For purposes of this report, voluntary separations **do not** include retirement.

these areas. OHA will be implementing diversity recruitment procedures that focus efforts on attracting and retaining people of color and people with disabilities in many job categories.

African American/Black

Compared to the Oregon population:

- Represented in overall OHA workforce (204 percent)
- Represented in salary range 24 and higher (140 percent)
- Represented in new hires (203 percent)

Compared to OHA workforce:

- Underrepresented in promotions (74 percent)
- Represented in voluntary separations (77 percent)*

American Indian and Alaska Native

Compared to the Oregon population:

- Represented in overall OHA workforce (107 percent)
- Underrepresented in salary range 24 and higher (98 percent)
- Represented in new hires (121 percent)

Compared to OHA workforce:

- Underrepresented in promotions (67 percent)
- Overrepresented in voluntary separations (118 percent)*

Asian

Compared to the Oregon population:

- Represented in overall OHA workforce (159 percent)
- Represented in salary range 24 and higher (161 percent)
- Represented in new hires (130 percent)

Compared to OHA workforce:

- Underrepresented in promotions (70 percent)
- Represented in voluntary separations (64 percent)*

Hispanic/Latinx

Compared to the Oregon population:

- Underrepresented in overall OHA workforce (46 percent)
- Underrepresented in salary range 24 and higher (26 percent)
- Underrepresented in new hires (54 percent)

* Underrepresentation (less than 115 percent) in this measure is desirable.

Compared to OHA workforce:

- Represented in promotions (100 percent)
- Overrepresented in voluntary separations (164 percent)*

Native Hawaiian and Pacific Islander†

Compared to the Oregon population:

- Underrepresented in overall OHA workforce (27 percent)
- Underrepresented in salary range 24 and higher (21 percent)
- Underrepresented in new hires (28 percent)

Compared to OHA workforce:

- Underrepresented in promotions (0 percent)
- Represented in voluntary separations (1 percent)*

People with disabilities

Compared to the Oregon population:

- Underrepresented in overall OHA workforce (18 percent)
- Underrepresented in salary range 24 and higher (18 percent)
- Underrepresented in new hires (16 percent)

Compared to OHA workforce:

- Underrepresented in promotions (65 percent)
- Overrepresented in voluntary separations (149 percent)*

Women

Compared to the Oregon population:

- Represented in overall OHA workforce (123 percent)
- Represented in salary range 24 and higher (119 percent)
- Represented in new hires (132 percent)

Compared to OHA workforce:

- Represented in promotions (114 percent)
- Represented in voluntary separations (112 percent)*

* Underrepresentation (less than 115 percent) in this measure is desirable.
† Employees were invited to use this code beginning July 16, 2016.

Workforce parity estimates by OHA division

Table 10 shows workforce representation for each OHA division compared to the Oregon population.* This information is displayed in quarterly snapshots from September 2017 through September 2018. Green shows where OHA divisions are currently meeting or exceeding parity.† Red and yellow indicate division-level underrepresentation compared to the Oregon population.‡ OEI receives this information quarterly from the Shared Services Human Resources Workforce Information Unit. It is shared throughout the agency, including with executive leadership. See Appendix C-20 for the complete quarterly reports available during this time frame.

Table 10. OHA division-level workforce representation compared to Oregon population

	September 2017	December 2017	March 2018	June 2018	September 2018
Central Services					
White	91%	101%	89%	100%	102%
African American/Black	564%	483%	653%	491%	460%
American Indian and Alaska Native	238%	184%	339%	374%	350%
Asian	140%	86%	186%	44%	41%
Hispanic/Latinx	62%	55%	51%	56%	52%
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	132%	51%	94%	52%	49%
People with disabilities	38%	36%	36%	36%	34%
Female	139%	141%	146%	147%	147%

* Table 10 lists parity estimates by division, with the exception of two areas: Central Services and Shared Services. Shared Services includes the Office of Information Services. Central Services includes OHA Tribal Affairs, the OHA Fiscal and Operations Division, the OHA Office of Human Resources and Central Operations. See page 11 for the OHA Organizational Chart.

† Green = 95% or above is desirable, indicating that there is workforce representation compared to Oregon's population.

‡ Yellow = Underrepresentation (80%–94.9%) in the workforce compared to Oregon's population
Red = Underrepresentation (80% or below) in the workforce compared to Oregon's population.

	September 2017	December 2017	March 2018	June 2018	September 2018
Equity & Inclusion					
White	49%	49%	49%	49%	56%
African American/Black	1086%	1086%	1357%	1357%	1239%
American Indian and Alaska Native	516%	516%	516%	516%	471%
Asian	364%	364%	364%	364%	333%
Hispanic/Latinx	116%	116%	77%	77%	71%
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	287%	287%	287%	287%	262%
People with disabilities	67%	67%	67%	67%	61%
Female	151%	151%	160%	160%	155%
External Relations					
White	120%	110%	104%	92%	89%
African American/Black	407%	438%	380%	407%	356%
American Indian and Alaska Native	0%	0%	0%	0%	0%
Asian	0%	196%	340%	364%	319%
Hispanic/Latinx	0%	0%	0%	0%	0%
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	0%	0%	0%	215%	377%
People with disabilities	0%	0%	0%	0%	0%
Female	99%	123%	132%	127%	136%
Health Policy & Analytics					
White	110%	108%	109%	109%	111%
African American/Black	90%	87%	88%	89%	64%

	September 2017	December 2017	March 2018	June 2018	September 2018
Health Policy & Analytics (*continued*)					
American Indian and Alaska Native	227%	276%	223%	225%	245%
Asian	133%	130%	131%	132%	130%
Hispanic/Latinx	30%	33%	29%	34%	28%
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	64%	92%	93%	78%	68%
People with disabilities	29%	25%	25%	25%	20%
Female	143%	140%	140%	138%	136%
Health Systems					
White	89%	89%	88%	100%	100%
African American/Black	87%	97%	108%	159%	147%
American Indian and Alaska Native	116%	117%	136%	130%	120%
Asian	137%	134%	132%	132%	122%
Hispanic/Latinx	128%	129%	126%	71%	63%
Native Hawaiian and Pacific Islander	126%	127%	130%	219%	202%
Two or more races	203%	218%	227%	120%	166%
People with disabilities	34%	32%	33%	33%	39%
Female	154%	154%	154%	156%	154%
Oregon State Hospital					
White	99%	99%	98%	99%	99%
African American/Black	249%	244%	246%	247%	237%
American Indian and Alaska Native	117%	108%	111%	107%	102%
Asian	157%	152%	154%	151%	151%

	September 2017	December 2017	March 2018	June 2018	September 2018
Oregon State Hospital (*continued*)					
Hispanic/Latinx	51%	52%	53%	53%	56%
Native Hawaiian and Pacific Islander	36%	46%	47%	47%	47%
Two or more races	165%	165%	169%	165%	166%
People with disabilities	11%	11%	11%	11%	11%
Female	121%	121%	122%	121%	121%
Public Health					
White	106%	106%	108%	106%	105%
African American/Black	157%	170%	158%	150%	158%
American Indian and Alaska Native	52%	54%	43%	29%	29%
Asian	230%	231%	212%	228%	221%
Hispanic/Latinx	31%	28%	27%	29%	32%
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	54%	56%	60%	79%	99%
People with disabilities	22%	22%	19%	20%	21%
Female	141%	141%	141%	140%	141%
Shared Services					
White	108%	107%	108%	107%	107%
African American/Black	66%	63%	62%	62%	73%
American Indian and Alaska Native	100%	95%	95%	94%	70%
Asian	236%	235%	223%	222%	224%
Hispanic/Latinx	26%	27%	27%	28%	28%

	September 2017	December 2017	March 2018	June 2018	September 2018
Shared Services (*continued*)					
Native Hawaiian and Pacific Islander	0%	0%	0%	0%	0%
Two or more races	70%	79%	79%	92%	97%
People with disabilities	42%	40%	40%	37%	35%
Female	71%	70%	69%	68%	68%

Progress made or lost since previous biennium

Goal 1. Meet and exceed parity in all EEO job categories and subcategories.

Diversity recruitment

Implementation of the OHA Diversity Recruitment Policy stopped in late 2017, pending further consideration by new agency leadership including the chief operating officer and the Human Resources Director. To remedy this, the Office of Human Resources and OEI will collaborate to ensure standard processes and procedures are in place for operationalizing diversity recruitment best practices. In addition, by late 2019, the agency will reassess the feasibility of rolling out the OHA Diversity Recruitment Policy.

OEI and the Office of Human Resources collaborated on the following:

- Attended a variety of job fairs and networking events, including but not limited to City Career Fair, Goodwill Job fairs, Hiring Our Heroes – Veterans, Hispanic Metropolitan Chamber Career Fair, Incight Career Expos and Live Resume events, NAYA Native Professionals & Friends Night, OHSU Night for Networking, Oregon Psychologist Association Annual Conference, Oregon Public Health Association Annual Conference, Oregon Women's Veterans Conference, OSU Diversity Career Symposium, Say Hey!, Silverton Area Community Aid Career Fair, Urban League of Portland's Career Connections Job Fair, Veteran's Stand Down, and Worksource Salem Veterans Career Fair. In addition, HR attended more than 20 college career fairs.
- Presented at a panel session during Public Health Week 2018 with Public Health Administrators and Washington County Human Resources on diversity recruitment strategies.
- Presented at a Workforce Equity Forum with Public Health Division staff to share information on the agency's recruitment process and diversity recruitment best practices.

OEI engaged with organizations that support historically marginalized job seekers to build a pipeline to OHA as an employer of choice and aid the agency in learning about the unique perspectives and employment-related barriers experienced by communities of color and people with disabilities. Examples included Amplify!, DHS Employment First!, Disability Arts and Culture Project - Rejecting Economic Ablest Limits (REAL) Committee, Incight, Interstate Disability Employment Alliance Forum, Oregon Commission for the Blind, Renaissance Vocational Services and the Urban League of Portland's Urban Tech Jobs Program.

After building relationships with the above organizations, OEI engaged in outreach with the Department of Human Services (DHS) Volunteer Services coordinator to develop internship and volunteer pathways into OHA.

Training and information sharing

OEI facilitated an inclusive leadership workshop with the OHA Executive Leadership Team. This training provided leadership with a new understanding of how to interpret behaviors that communicate power or lack of power in themselves and in others, and additionally shared tools for changing ways of interaction to manage conflict in the workplace. In addition, with consultation and technical assistance from OEI, OHA newsletters featured articles on unconscious bias, employee resource groups, accessibility best practices, and guidance on using personal pronouns and inclusive language in the workplace.

Community engagement

Between July 1, 2016, and June 30, 2018, OEI on behalf of OHA awarded $74,150 in sponsorship funding to community-based organizations throughout the state, facilitating OHA staff participation in a variety of community events. Examples included Asian Health and Service Center Community Health Fair, Columbia River Inter Tribal Fish Commission Fishers Memorial Salmon Bake and Art Sale, Latino Community Association Festival of Cultures, Native American Youth and Family Center Gala, Oregon Latino Health Equity Coalition Annual Dinner, Pan African Festival of Oregon, Portland State University Queer Students of Color Conference, and Urban League of Portland Equal Opportunity Dinner.

Goal 2. Increase recruitment and retention of a workforce that represents Oregon's changing demographics. This includes all underrepresented categories.

Internship and mentorship programs

In summer 2018, OHA launched an agency-wide internship program to provide opportunities to individuals currently enrolled, or recent graduates of academic programs. Several OHA divisions have signed on to participate. They promoted opportunities among diverse networks including but not limited to student veteran groups, National Association of Black Accountants and the Society of Healthcare Professionals with Disabilities. In addition, there were several decentralized internship/volunteer programs operating across the agency that hosted approximately 1,270 volunteers and interns. However, there is not a system for tracking the number, classification, race, ethnicity, disability status or other characteristics of interns and volunteers.

As noted in Goal 1, OEI conducted outreach with various organizations that serve marginalized communities to develop a pipeline to OHA and to assist the agency in learning from the unique perspective of job seekers that have experienced historic barriers to employment. Through this engagement, OEI conferred with the DHS Employment First! program coordinator regarding newly adopted DAS policy for direct hire of individuals with developmental disabilities.

In 2017, a group of OHA employees in Leadership Academy developed a business case for an agency mentoring program, with support from the OEI and Office of Human Resources directors.

Employee resource groups

During the biennium, OHA was successful in expanding the Employee Resource Group (ERG) Program, which supports engagement, retention, informal mentorship and leadership development among agency staff. As of July 2016, one ERG was operating in the agency. Since then, OEI approved applications for three additional groups, making a total of four active ERGs that include Autism Workforce, Acceptance, Resources & Education (AWARE); Differently Abled Workplace Network (DAWN); Healthy Families ERG; and People of Color (POC). The ERG Program grew partly because, in late 2017, OHA leadership approved a formalized ERG Policy (Appendix C-12) that reinforces support for the program and authorizes full-time employees to use up to eight hours of work time per month to participate in ERG activities. In addition, OEI helped distribute ERG information via agency newsletters (see Table 1).

Disability self-identification and accommodations

To ensure OHA's compliance with federal rules, OEI and the Office of Human Resources explored options to launch a campaign inviting employees to self-identify disability status. This campaign will occur after Workday launches because of the HRIS system's employee self-service feature. After implementation, OEI and the Office of Human Resources will examine Workday functionality for this feature, then plan to launch a disability self-identification campaign during the 2019–2021 biennium.

During the biennium, the agency developed a pilot program to provide centralized funding for reasonable accommodations for employees. Through collaboration with the chief financial officer, the chief operating officer, OEI and the Office of Human Resources, this project will inform how the agency can distribute financial costs of accommodations. These costs are shared agency-wide versus individual work units solely paying for them. A centralized funding mechanism will also enable centralized consistent data collection regarding accommodations.

Training and information sharing

As noted in Goal 1, OEI facilitated an inclusive leadership workshop with the OHA Executive Leadership Team and collaborated with the External Relations Division to feature various articles on diversity, equity and inclusion topics in agency newsletters. In addition, OEI is developing agency-specific trainings on preventing sexual harassment and maintaining a professional and discrimination-free workplace for DAS approval. Lastly, OEI consulted on developing and delivering equity and inclusion-related information at the New Employee Orientation in Public Health and for the overall agency.

Goal 3. Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.

Training and information sharing

As noted in goals 1 and 2, OEI developed and facilitated a variety of diversity, equity and inclusion trainings and resources for agency staff. Additional examples include:

- Cosponsored the 2016, 2017 and 2018 statewide Diversity Conference.
- Cosponsored and planned the 2016, 2017 and 2018 Northwest Public Employees Diversity Conference in Portland. This event occurs through the partnership of 17 local jurisdictions, including school districts, to learn about best practice in the field of diversity, inclusion and equity. This, coupled with the state Diversity Conference, allows OHA employees to choose which conference best meets their professional development, travel and/or area of interest needs.
- Further integrated diversity, equity and inclusion into existing OHA training programs including New Employee Orientation and Leadership Academy. Specifically, OEI is collaborating with Shared Services HR to develop Leadership Academy curricula related to individual unconscious bias and institutional unconscious bias.
- Presented trainings by request to various OHA programs, such as Respectful and Discrimination-Free Workplace and Bystander Intervention.
- Developed and facilitated an inclusive leadership workshop to the OHA Executive Leadership Team.
- Presented workforce diversity data and affirmative action initiatives to agency managers, the Oregon State Hospital Diversity Committee, the Public Health Division Health Equity Workgroup and employee resource groups.
- The following agency trainings are in development: unconscious bias, preventing sexual harassment, ACA Section 1557, language access, and planning accessible events.

Diversity awareness programs

During the biennium, it was not possible to operationalize an agency-wide Diversity Leadership Team (DLT), a group to facilitate coordination of diversity strategic plans and review the impact of policy, program and practice changes on both client-service delivery and workforce development. However, two relevant division-level committees were in operation: the Oregon State Hospital (OSH) Diversity Committee and the Public Health Division Health Equity Work Group.

OSH, in collaboration with OEI. hired its first diversity liaison in March 2018. This position is tasked with coordinating the OSH Diversity Committee, which oversees four subcommittees that provide services and support to diverse patient populations within the hospital.

Since 2016, the Public Health Division Health Equity Work Group increased the division's focus on health equity, workforce diversity and community engagement to advance Public Health's foundational capability of health equity and cultural responsiveness. Since its inception in 2016, the work group created a workplan to modernize the division's work in health equity and cultural responsiveness; developed a library of social determinants of health measures and health equity organizational assessments; and incorporated health equity considerations including the State Health Improvement Plan and the division's strategic plan.

Community engagement

During the biennium, OHA engaged communities and stakeholders across the state to inform the future of Oregon's innovative coordinated care system. As of July 2018, the agency held 14 public forums in communities throughout the state with approximately 800 people. In addition, OHA also convened meetings with Oregon's Federally Recognized Tribes, including three individual Tribal consultations and one collective Tribal consultation. Lastly, the agency organized webinars and arranged meetings with representatives of community-based organizations serving culturally specific communities. One focus area for OEI during 2017–2019 was strengthening and expanding relationships with community-based organizations throughout Oregon. To facilitate that process, OEI conducted relationship-building tours across the state to connect with new and existing partners. This has generated more than 850 new community and organizational contacts since January 2017.

Community engagement is a core activity and value across OEI programs, which collectively support increased cultural competency across Oregon's health systems and health-related services:

- On behalf of OHA, OEI provided $74,150 in sponsorship funding to community-based organizations throughout the state focused on equity, diversity and inclusion.

- OHA-sponsored regional health equity coalitions delivered 178 trainings and education events, reaching 1,041 organizations and 8,000 individuals across Oregon.
- The Developing Equity Leadership through Training and Action (DELTA) program graduated 52 individuals from 44 organizations in health equity leadership.
- 3,234 traditional health workers (THW) were certified, and 36 THW trainings and continuing education programs were approved.
- 530 health care interpreters (HCI) were qualified/certified, working in all regions of the state representing approximately 42 languages.

Goal 4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on affirmative action goals.

The agency delayed progress on this goal due to the anticipated rollout of OHA's new performance system and the statewide Workday HRIS system. While OHA leadership has focused on becoming current on all employees' performance appraisals and development plans. Tracking these activities will not occur until Workday's implementation.

Despite delays in progress noted above, in January 2018, OHA launched an Employee Engagement Survey, which the agency will disseminate annually along with quarterly pulse surveys starting in early 2019. In addition, OHA adopted the Race, Ethnicity, Language and Disability (REALD) and ACA 1557 Data Collection Standards Policy in July 2018 (Appendix C-13). For the next biennium, OEI and the Office of Human Resources will explore the option of surveying the agency workforce using REALD standards.

Goal 5. Maintain and improve communication and collaboration to achieve affirmative action goals.

OHA delayed progress on this goal due to the anticipated rollout of OHA's new performance system and Workday. After Workday's implementation, the agency's ability will improve to monitor affirmative action data, including workforce parity estimates and the diversity of candidate pools throughout the life of each recruitment. In addition, quarterly performance reviews in Workday will allow the OHA performance system disseminate promotion and separation data on people of color and people with disabilities.

Despite delays in progress noted above, OEI was successful in collaborating with the External Relations Division to share agency-wide information on affirmative

action initiatives, such as employee resource groups. In addition, upon request, OEI presented on affirmative action data as well as diversity and inclusion best practices at agency management meetings, lunch-and-learn events, a Workforce Equity Forum and a workforce diversity panel discussion during Public Health Week.

July 1, 2019–June 30, 2021

The 2019–2021 OHA Affirmative Action Plan continues to focus on remedying the underrepresentation of people of color and people with disabilities in the upper- and middle-management and professional categories, and people with disabilities in most categories. Many in OHA have advocated for setting hiring goals to reflect the demographics of the communities we serve in addition to basing our goals on the local labor market availability or parity. This is an exemplary goal and represents the agency's long-term direction in advancing affirmative action. We will promote the agency goal of surpassing parity, focusing on strategies to achieve parity areas that have historically not met the goals.

OHA is confident it is integrating strategies and accountability measures into its core and foundation via implementing the equity and inclusion policy and health systems transformation. This will help OHA continue to develop a culturally competent, diverse and inclusive organization. OHA is working thoughtfully and intentionally to integrate this work so the agency can move steadily toward progress.

That said, OHA reaffirms the primary goals of its 2017–2019 Affirmative Action Plan:

Goals

1. Meet and exceed parity in all EEO job categories and subcategories.
2. Increase recruitment, retention and promotion of a workforce that represents Oregon's changing demographics. This includes all underrepresented categories.
3. Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.
4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on affirmative action goals.
5. Maintain and improve communication and collaboration to achieve affirmative action goals.

Strategies and timelines for achieving goals

Goal 1. Meet and exceed parity in all EEO job categories and subcategories.

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
1.1	Implement diversity recruitment best practices, including but not limited to: • Provide training, including unconscious bias, to increase managers' and directors' knowledge and skills in outreach to, recruiting, hiring retaining and promoting people with disabilities and people of color. • Plan and schedule HR and program manager presence at targeted culturally specific job fairs, community events and local professional networking. • Ensure a standard process for developing diversity recruitment plans. • Include consistent language /statements on health equity, cultural competency requirements/skills in requisitions/PDs. • Track diversity of candidates throughout the recruitment process. • Develop and provide recruitment tools and intranet resources to specifically address areas in the agency that reflect underrepresentation of women, people of color and people with disabilities.	HR/OEI/OHA divisions/hiring managers	Quarterly progress reports, OHA performance system	• HR/OEI Affirmative Action Workgroup • Percentage of managers implementing diversity recruitment practices • Number of job fairs, professional networking events and community events OHA, HR, OEI and/or hiring managers attend • Data on retention rates of diverse candidate pools across the life of a recruitment • Data on promotion and separation rates for employees of color and employees with disabilities • Ensure communication of the above data to the leadership team, hiring managers and supervisory staff
1.2	Re-assess feasibility for implementing a full Diversity Recruitment Policy.	HR, OEI	September 2019	HR/OEI Affirmative Action Workgroup

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
1.3	Continue to develop, refine and implement OHA's 2018 performance system. Ensure accountability of Executive Management Team for cultural competency and AA/EEO plans.	OHA leadership/ OEI	Ongoing	HR/OEI Affirmative Action Workgroup
1.4	Explore and facilitate opportunities for including employee resource groups (ERGs) and the Oregon State Hospital Diversity Committee in the agency's process of recruiting diverse candidates. See the "Diversity awareness" section for more information.	OEI/HR/ERGs	September 2019	• Full implementation of the Diversity Leadership Team charter and model • Number of job fairs, professional networking events and community events HR, OEI, ERGs and/or hiring managers attend • Percentage of managers implementing diversity recruitment practices • Data on retention rates of diverse candidate pools across the life of a recruitment
1.5	Steward relationships with diverse communities and Tribes throughout the state.	External Relations/Tribal Affairs/OHA leadership/OHA divisions/OEI	Ongoing	• Oregon Health Policy Board – Health Equity Committee • OEI Community Advisory Council • Other measures/resources to be determined

Goal 2. Increase recruitment and retention and promotion of a workforce that represents the changing demographics of Oregon. This includes all underrepresented categories.

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
Implement Strategy 1.1 related to diversity recruitment best practices, in addition to the following:				
2.1	Leverage the expertise from employee resource groups (ERGs) and the Oregon State Hospital Diversity Committee to enhance recruitment and hiring of candidates from diverse backgrounds as well as retention and promotion of current employees. See the "Diversity awareness" section for more information.	OEI/HR/ERGs	September 2019	• Full implementation of the Diversity Leadership Team charter and model • Percentage of managers implementing diversity recruitment practices • Number of job fairs, professional networking events and community events HR, OEI, ERGs and/or hiring managers attend • Data on retention rates of diverse candidate pools across the life of a recruitment • Data on promotion and separation rates for employees of color and employees with disabilities • Number of OHA staff who are members/allies of ERGs • Ensure communication of the above data to the leadership team, hiring managers and supervisory staff
2.2	Develop an agency-wide mentoring program to provide resources and support to employees and potential employees, including those from historically marginalized groups that are traditionally underrepresented in the OHA employee population.	OEI/HR/OHA divisions	June 2021	• HR/OEI Affirmative Action Workgroup • Leadership Academy mentoring project • Employee resource groups

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
2.3	Use surveys throughout the employment lifecycle to gauge climate for employees (new, existing and outgoing staff) that is both REALD-compliantand meets OHA's obligation to inform and invite disability self-identification of all employees.	HR/OEI/OHA leadership	Ongoing	• HR/OEI Affirmative Action Workgroup
2.4	Assess current suite of mandatory trainings (i.e., cultivating diverse workforce, HR essentials, etc.) and address gaps/needs on manager competencies in increasing recruitment and retention of employees.	HR/OEI/ERGs	August 2019	• HR/OEI Affirmative Action Workgroup
2.5	Develop agency-wide internship program to increase the pipeline of qualified individuals who seek and obtain employment with OHA. In addition: • Coordinate internship participants with mentorship opportunities to retain and promote employees. • Develop and use centralized process to facilitate consistent practices, data collection and accountability of division-specific internship programs. • Develop and refine centralized process for OHA to collaborate with community-based organizations (e.g., Urban League Urban Tech Jobs Program) and leverage existing programs to increase internship opportunities, including developing a funding mechanism to provide paid opportunities to increase viability of internships for potential interns.	HR/OEI/OHA divisions/hiring managers	June 2021	• HR/OEI Affirmative Action Workgroup • Strategy 2.2-Mentoring program • Strategy 3.5-Coordinated/ centralized systems

Goal 3. Increase OHA implementation and practice of equity, diversity and cultural competency in services and the workplace.

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
3.1	Leverage the expertise (lived and learned experience) from employee resource groups (ERGs) and the OSH Diversity Committee to enhance existing resources for technical assistance – formal and informal. See the "Diversity awareness" section for more information.	OEI/HR/ERGs	September 2019	Full implementation of the Diversity Leadership Team charter and model
3.2	Develop and deploy surveys throughout employment lifecycle to gauge climate for employees (new, existing and outgoing staff) to collect valid data to help identify gaps and effective practices to enhance foundational implementation of equity, diversity and cultural humility throughout the agency.	HR/OEI/OHA Executive Leadership Team	Ongoing	HR/OEI Affirmative Action Workgroup
3.3	Use the training system to support cultural competency among all agency employees: • Provide expanded training offerings tailored to the needs of programs to increase cultural competency among administrators, managers and line staff. Examples include unconscious bias, cross-cultural communication, community engagement and intercultural conflict resolution. • Provide opportunity for OHA staff to develop skills/ knowledge and expand training resources (e.g., train the trainer) to offer agency-wide professional development opportunities and enhance succession planning.	HR/OEI/OHA leadership/ERGs		• HR/OEI Affirmative Action Workgroup • Full implementation of the Diversity Leadership Team charter and model

Strategy		Lead	Timeline for accomplishment	Progress measures and resources
	• Develop a comprehensive training plan, including short-term and long-range deliverables for all staff specific to the needs of managers/directors and meaningfully supporting OHA goals for diversity and cultural competence. • Partner with HR to review currently required diversity, equity and inclusion trainings, and develop and implement a plan for current and future required basic training, advanced mandatory and optional offerings developed and presented by the agency and external trainers.			
3.4	Assess OHA readiness to implement equity practices.	OHA Director's Office/OEI	2020	Assessment report completed
3.5	Establish coordinated/centralized systems across the agency around increasing equity/ cultural competency, such as more robust climate surveys, centralized accommodations, centralized internship/ mentorship resources (including full implementation of REALD, AFLAS policies). (See Appendix C-13 and C-14 for these policies.)	HR/OEI/OHA leadership	Ongoing	HR/OEI Affirmative Action Workgroup
3.6	Engage employee resource groups (ERGs) to fully implement the Diversity Leadership Team (DLT) charter and model to support diversity and inclusion information sharing and strategic planning throughout the agency. This includes maintaining and expanding the ERG Program.	OEI/OHA leadership/ERGs	September 2019	Fully implement the Diversity Leadership Team charter and model.

Goal 4. Increase ability to measure, evaluate and set benchmarks of data, documenting barriers to achieving progress on the affirmative action goals.

Strategy		Lead	Timeline for accomplishment	Corresponding strategies
4.1	Improve use of affirmative action monitoring tools and ensure communication of workforce data (hiring, retention, promotion, separation and turnover) to the leadership team, hiring managers and supervisory staff. Develop agency and divisional benchmarks and goals.	HR/OEI	Ongoing	**1.1-**Diversity recruitment best practices **2.3-**Climate surveys **3.2-**Climate surveys **3.5-**Coordinated/centralized systems **5.1-**HR/OEI Affirmative Action Workgroup **5.2-**Affirmative action data **5.3-**Affirmative action communications
4.2	Explore Workday functionality to support the agency's affirmative action initiatives, e.g. monitoring data on recruitment, retention, promotion, separation and disability self-identification.	HR	Anticipated Workday rollout is February 2019	**1.1-**Diversity recruitment best practices **1.3-**OHA performance system **2.3-**Climate surveys **3.2-**Climate surveys **3.5-**Coordinated/centralized systems **5.1-**HR/OEI Affirmative Action Workgroup **5.2-**Affirmative action data
4.3	Continue to develop, refine and implement OHA's 2018 performance system process measures, e.g., collecting, analyzing and sharing data as well as developing and supporting the workforce. See Appendix C-18 for OHA performance system fundamentals map.	HR	Ongoing	**1.1-**Diversity recruitment best practices 1.**3-**OHA performance system **2.3-**Climate surveys **3.2-**Climate surveys **3.5-**Coordinated/centralized systems **5.1-**HR/OEI Affirmative Action Workgroup
4.4	Conduct employee engagement survey.	HR	Annual survey Quarterly pulse surveys	**5.1-**HR/OEI Affirmative Action Workgroup **5.3-**Affirmative action communications

Strategy		Lead	Timeline for accomplishment	Corresponding strategies
4.5	Explore feasibility of REALD (race, ethnicity, language and disability) demographic data collection for the prospective and current workforces.	HR/OEI	Ongoing	**5.1-**HR/OEI Affirmative Action Workgroup **5.2-**Affirmative action data
4.6	Track number, percent and dollar amount of OHA contracts awarded to COBID-certified businesses.	OC&P	Annually	

Goal 5. Maintain and improve communication and collaboration to achieve affirmative action goals.

Strategy		Lead	Timeline for accomplishment	Corresponding strategies
5.1	Implement a collaborative HR/OEI work group to operationalize affirmative action goals and strategies.	HR/OEI	January 2019	**1.1-**Diversity recruitment best practices **1.2-**Diversity Recruitment Policy **1.3/4.3-**OHA performance system **2.2-**Mentoring program **2.4/3.3-**Trainings **2.5-**Internship programs **3.2-**Climate surveys **3.5-**Coordinated/centralized systems **4.1-**Affirmative action monitoring tools **4.2-**Workday data **4.4-**Employee engagement survey **4.5-**REALD workforce data collection
5.2	Collaborate with Human Resources Shared Services Workforce Information Unit on quality improvement of OHA affirmative action data.	Shared Services HR/OEI	Ongoing	**4.1-**Affirmative action monitoring tools **4.5-**REALD workforce data collection
5.3	Continue to develop, refine and implement OHA's 2018 performance system process measures, e.g., collecting, analyzing and sharing data as well as developing and supporting the workforce. See Appendix C-18 for OHA performance system fundamentals map.	HR	Ongoing	**1.1-**Diversity recruitment best practices **1.3-**OHA performance system **2.3-**Climate surveys **3.2-**Climate surveys **3.5-**Coordinated/centralized systems **5.1-**HR/OEI Affirmative Action Workgroup

Strategy		Lead	Timeline for accomplishment	Corresponding strategies
5.4	Collaborate with External Relations to share information with managers and staff on ERGs, Affirmative Action Plan progress and other topics via agency newsletters, quarterly management meetings, town halls, etc.	External Relations/OEI/HR	Ongoing	**1.5-**Community engagement **5.5-**Diversity Leadership Team
5.5	Fully implement the Diversity Leadership Team charter and model.	OHA leadership/ OEI/ERGs	January 2020	**1.4-**ERGs and recruitment **2.1-**ERGs and retention/ promotion **3.1-**ERGs and equity/ inclusion implementation **3.3-**ERGs and training **3.6-**Diversity Leadership Team
5.6	Implement Executive Order 18-03 to expand the number of OHA vendors and potential business partners who originate from historically marginalized communities.	Shared Services /OHA leadership/ OEI	Ongoing	**4.6-**Contracts with COBID-certified firms

Appendix A: State policy documentation

http://www.oregon.gov/gov/policy/Documents/State_Affirmative_Action.pdf

Name	Where to find it
ADA and Reasonable Accommodation in Employment Policy (Statewide Policy 50.020.10)	https://www.oregon.gov/das/Policies/50-020-10.pdf
Discrimination and Harassment Free Workplace (Statewide Policy 50.010.01)	https://www.oregon.gov/das/Policies/50-010-01.pdf
Employee Development and Implementation of Oregon Benchmarks for Workforce Development (Statewide Policy 50.045.01)	https://www.oregon.gov/das/Policies/50-045-01.pdf
Veterans Preference in Employment (105-040-0015)	ORS 105-040-0015
Equal Opportunity and Affirmative Action Rule (105-040-0001)	ORS 105-040-0001
Executive Order 16-09	https://www.oregon.gov/gov/Documents/executive_orders/eo_16-09.pdf

Appendix B: Federal documentation

http://www.oregon.gov/gov/policy/Documents/Federal_Affirmative_Action_TitleVII.pdf

Name	Where to find it
Age Discrimination in Employment Act of 1967 (ADEA)	https://www.eeoc.gov/laws/statutes/adea.cfm
Disability Discrimination Title I of the Americans with Disability Act of 1990	www.ada.gov/pubs/adastatute08.htm
Equal Pay and Compensation Discrimination Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964	www.eeoc.gov/laws/statutes/epa.cfm
Genetic Information Discrimination Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA)	www.eeoc.gov/laws/statutes/gina.cfm
Title VII of the Civil Rights Act of 1964: • Equal pay discrimination • Sexual harassment discrimination • National origin discrimination • Pregnancy discrimination • Race/color discrimination • Religious discrimination • Retaliation discrimination • Sex-based discrimination	www.eeoc.gov/laws/statutes/titlevii.cfm

Appendix C: Agency documentation in support of its Affirmative Action Plan

C-1 Agency FTE with "diversity," "inclusion," "access," "equal opportunity," "multicultural" and "equity"

C-2 OHA Office of Equity and Inclusion organizational chart

C-3 OHA Director's affirmative action/EEO memo

C-4 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

C-5 Health Equity and Inclusion Lens for Bill Analysis

C-6 Health Equity and Inclusion Program Strategies

C-7 Discrimination and Harassment Complaint Procedure

C-8 Equal Employment Opportunity Discrimination/Harassment Complaint Form

C-9 Staff of Color Story Project

C-10 Business Case for OHA Employee Mentoring Program

C-11 Community Engagement Strategies Checklist

C-12 Employee Resource Groups (ERGs) Policy

C-13 Implementation of Race, Ethnicity, Language, Disability (REALD) and ACA 1557 Data Collection Standards Policy

C-14 Alternate Formats and Language Access Services (AFLAS) Policy

C-15 Oregon State Hospital Transgender and Gender Non-Conforming Treatment Policy

C-16 Definitions of EEO-4 Job Categories

C-17 Tribal Consultation and Urban Indian Health Program Confer Policy

C-18 OHA performance system fundamentals map

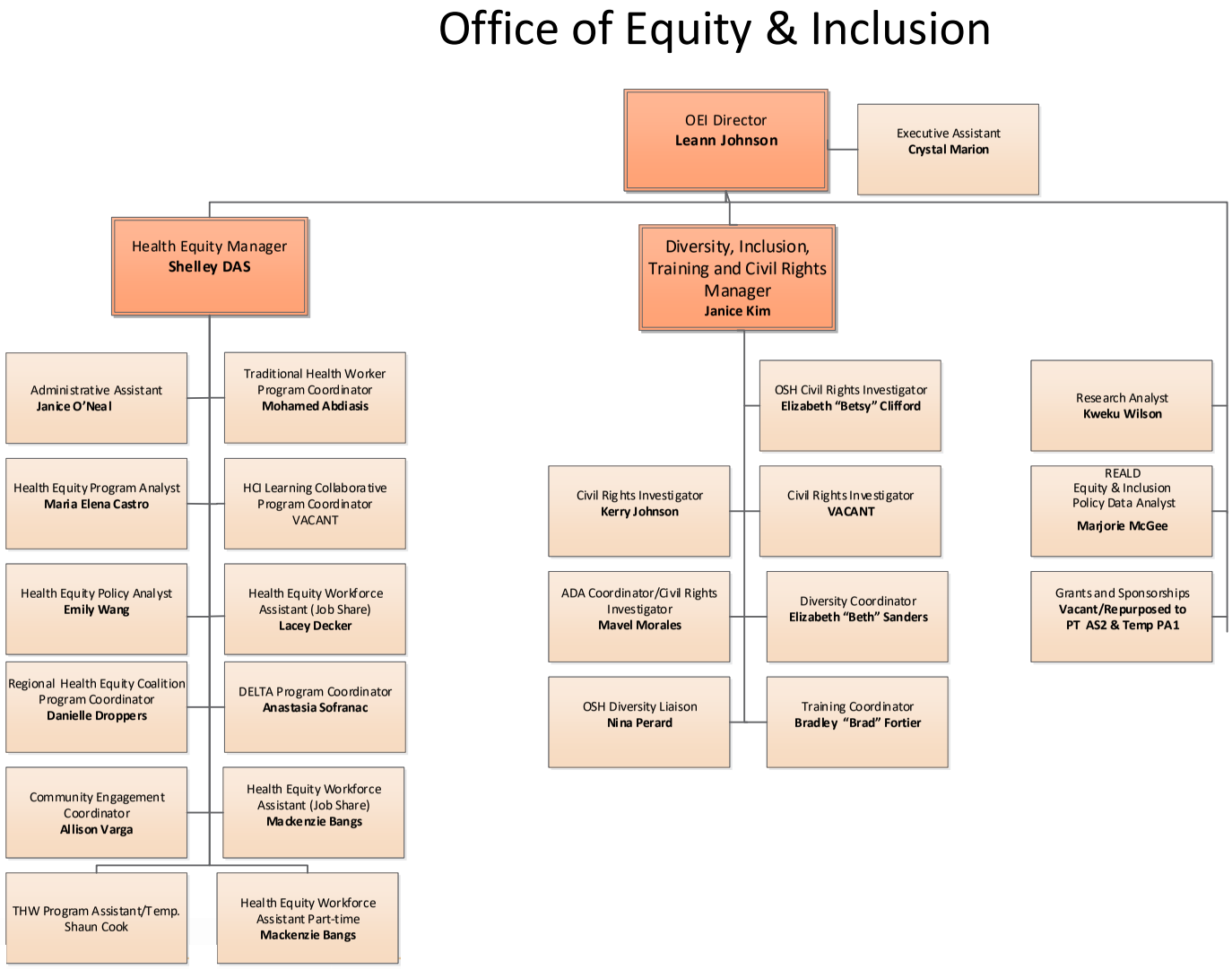
C-19 DAS Voluntary Self Identification Form

C-20 OHA Workforce Equity and Inclusion Sub-measures - quarterly reports

Appendix C-1. Agency FTEs with "diversity," "inclusion," "access," "equal opportunity," "multicultural" or "equity" in their working title

First Name	Last Name	Title	Division	Email	Phone Number	OR	FTE
Leann	Johnson	Equity and Inclusion Director	Office of Equity and Inclusion	leann.r.johnson@state.or.us	971-673-1285	OR0197872	1.0
Shelley	Das	Health Equity Manager	Office of Equity and Inclusion	shelley.das@state.or.us	971-673-2960	OR0202720	1.0
Janice	Kim	Compliance & Civil Rights Manager	Office of Equity and Inclusion	janice.h.kim@state.or.us	971-673-1284	OR0176100	1.0
Elizabeth	Clifford	Civil Rights Investigator	Office of Equity and Inclusion	elizabeth.c.clifford@state.or.us	503-890-4945	OR0230421	1.0
Kerry	Johnson	Civil Rights Investigator	Office of Equity and Inclusion	kerry.o.johnson@state.or.us	971-673-2268	OR0147939	1.0
Mavel	Morales	ADA Coordinator/Civil Rights Investigator	Office of Equity and Inclusion	mavel.morales@state.or.us	971-673-2000	OR0176347	1.0
Brad	Fortier	Training Coordinator	Office of Equity and Inclusion	brad.fortier@state.or.us	971-673-1341	OR0231343	1.0
Kweku	Wilson	Health Care Interpreter Program Coordinator	Office of Equity and Inclusion	kweku.wilson@state.or.us	971-673-3328	OR0225220	1.0
Mohamed	Abdiasis	Traditional Health Worker Program Coordinator	Office of Equity and Inclusion	abdiasis.mohamed@state.or.us	971-673-3389	OR0229173	1.0
Marjorie	McGee	REALD Analyst	Office of Equity and Inclusion	marjorie.g.mcgee@state.or.us	971-673-3390	OR0011936	1.0
Crystal	Marion	Executive Assistant to the OEI Director	Office of Equity and Inclusion	crystal.r.marion@state.or.us	971-673-1287	OR0208827	1.0
Janice	O'Neal	Equity and Civil Rights Administrative Assistant	Office of Equity and Inclusion	janice.oneal@state.or.us	971-673-1342	OR0204373	1.0
Maria	Castro	Health Equity Program Analyst	Office of Equity and Inclusion	maria.castro@state.or.us	503-884-4448	OR0204685	1.0
Allison	Varga	Community Engagement Coordinator	Office of Equity and Inclusion	allison.varga@state.or.us	971-673-1283	OR0230791	1.0
Emily	Wang	Health Equity Coordinator	Office of Equity and Inclusion	emily.l.wang@state.or.us	971-673-2307	OR0202857	1.0
Elizabeth	Sanders	Diversity Coordinator	Office of Equity and Inclusion	elizabeth.c.sanders@state.or.us	971-673-1288	OR0209540	1.0
Nina	Perard	OSH Diversity Liaison	Office of Equity and Inclusion	nina.perard.@state.or.us	503-945-7135	OR0192675	1.0
Danielle	Droppers	Regional Health Equity Coalition Coordinator	Office of Equity and Inclusion	danielle.a.droppers@state.or.us	971-673-3391	OR0213395	1.0
Lacey	Decker	Health Equity Workforce Assistant	Office of Equity and Inclusion	lacey.decker@state.or.us	971-673-3360	OR0225158	0.5
Mackenzie	Bangs	Health Equity Workforce Assistant	Office of Equity and Inclusion	mackenzie.l.bangs@state.or.us	971-673-3354	OR0233113	0.5
Anastasia	Sofranac	Developing Equity Leadership through Training and Action Program Coordinator	Office of Equity and Inclusion	anastasia.sofrance@state.or.us	971-673-1333	OR0218436	1.0
Susan	Vant-Hof	Health Equity Research Analyst	Public Health	susan.m.vanthof@state.or.us	971-673-0608	OR0143240	1.0
Victoria	Demchak	Health Equity Coordinator	Public Health	victoria.m.demchak@state.or.us	No telephone listed	OR0231598	1.0
Dolly	Englund	Reproductive Health Access Coordinator	Public Health	dolly.a.england@state.or.us	971-673-0130	OR238335	1.0
Kristen	Darmody	Health Equity Planner Operations	Public Health	kristen.c.darmody@state.or.us	971-673-0706	OR0230152	1.0
Deborah	Quitoriano	Access Management Security	Shared Services - OIS	debbie.Quitoriano@state.or.us	503-947-3831	OR0060880	1.0
Mary	Young	Access Management Security	Shared Services - OIS	mary.g.young@state.or.us	503-947-3830	OR0082470	1.0
Troy	Klaus	Access Management Security	Shared Services - OIS	troy.klaus@state.or.us	503-947-3841	OR0214875	1.0
Douglas	Hearn	Access Management Security	Shared Services - OIS	douglas.d.hearn@state.or.us	503-947-3835	OR0236466	1.0
Michael	Yost	Access Management Security	Shared Services - OIS	michael.n.yost@state.or.us	503-934-0841	OR0233559	1.0
Douglas	Scott Booth	MS Access Visual Basic Analyst	Health Systems Division	douglas.s.booth@state.or.us	503-947-2939	OR0212614	1.0
Edith	Felix	MS Access Visual Basic Analyst	Health Systems Division	edith.a.felix@state.or.us	503-449-5183	OR0194406	1.0

Appendix C-2. OHA Office of Equity and Inclusion organizational chart



Appendix C-3. OHA Director's affirmative action/EEO memo

OFFICE OF THE DIRECTOR

Kate Brown, Governor

500 Summer St NE E20
Salem, OR 97301
Voice: 503-947-2340
TTY: 711
Fax:503-947-2341
http://www.oregon.gov/OHA/

DATE: August 24, 2018

TO: All OHA Employees including Volunteers, Interns and Committee Members

FROM: Pat Allen, Director

SUBJECT: Equal Employment Opportunity/Civil Rights

At the Oregon Health Authority, we are committed to providing equal opportunity in employment regardless of race, religion, color, national origin, marital status, sex, sexual orientation, gender identity, age, veteran's status, mental or physical disability or other protected class under state or federal law. We are also committed to ensuring that any employee who requires reasonable accommodations to do their job will receive appropriate accommodation.

Our Affirmative Action Plan (AAP) is the blueprint we will use to help us get there. To see the plan, go to https://www.oregon.gov/oha/OEI/Reports or make a request to the Office of Equity and Inclusion (OEI) Compliance and Civil Rights Manager.

Every one of us is responsible for creating and maintaining a respectful, inclusive and discrimination-free work environment that is safe for everyone. To help ensure the success of our AAP, I will continue to work with OHA leadership team and all of you to make necessary decisions, allocate resources, monitor the progress of this plan on an ongoing basis, and make adjustments to the plan as necessary.

Additionally, management staff have a heightened responsibility to ensure the work environment is free from any forms of discrimination, harassment including sexual harassment or retaliation for filing a complaint related to workplace concerns. This responsibility includes taking proactive measures to prevent and address issues that a manager knows or should know about. All management staff must be active in the support of recruitment and career development programs that ensure equitable representation of minorities, women and people with disabilities in all job classifications. Management staff are responsible for ensuring meaningful progress toward achieving affirmative action goals, including but not limited to including diversity development as a component of staff and management performance evaluations.

OEI oversees the internal process and procedures related to complaints, issues or questions regarding discrimination, harassment or retaliation in support of this core responsibility. Anyone who has questions about our AAP should contact OEI. Additionally, anyone who believes they have been discriminated against, or is aware of what they believe to be discrimination, harassment or retaliation on the basis of an individual's protected class status may file a complaint in accordance with the Department of Administrative Services (DAS) statewide Discrimination and Harassment Free Workplace Policy 50.010.01 https://www.oregon.gov/das/Policies/50-010-01.pdf by contacting:

The Oregon Health Authority
Office of Equity and Inclusion
Compliance and Civil Rights Manager
421 SW Oak Street, Suite 750
Portland, OR 97204
971-673-1284
oha.internalcivilrights@dhsoha.state.or.us

Oregon Bureau of Labor and Industries
800 Oregon Street, Suite 1045
Portland, OR 97232
971-673-0761

We are very proud of what we have done so far, and we have more work to do. Thank you.

*This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, please contact the Office of Equity and Inclusion at 971-673-1240 or 711 for TTY.

Appendix C-4. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

OMH U.S. Department of Health and Human Services Office of Minority Health

www.ThinkCulturalHealth.hhs.gov

THINK CULTURAL HEALTH

Appendix C-5. Health Equity and Inclusion Lens for Bill Analysis

HEALTH EQUITY AND INCLUSION LENS FOR BILL ANALYSIS

"Equity and Inclusion First" *– When we design policies and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in legislative bills.

Community Engagement/Partnership

Is there an opportunity in the bill to:

- ❒ Mandate committees, councils, advisory groups or other bodies to focus on equity and/or inclusion?
- ❒ Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements)?
- ❒ Require "meaningful participation"[1] of communities experiencing health inequities?
- ❒ Clearly define terminology to ensure representation of communities experiencing health inequities (including "consumers," "underserved communities," "racially, ethically and linguistically diverse communities," communities historically experiencing poor health outcomes," etc.)?
- ❒ More meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities)?
- ❒ Create institutional accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities)?

Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis

Is there an opportunity in the bill to:

- ❒ Require collection of data disaggregated by race, ethnicity, language and disability (following HB2134[2] standards for data collection)?
- ❒ Require collection of data on sexual orientation, non-conforming gender?
- ❒ Require training for staff on best practices on collecting data from diverse communities, including maintaining confidentiality and explaining purpose?

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[1] "Meaningful participation" means engaging a diverse group of stakeholders who are representative of the communities that policies will impact, not only in consultative roles to provide input, but also to co-plan or lead policy development efforts, have access to data and resources to make informed decisions, have decision-making authority, and to participate in the analysis of data and policy impact efforts.

[2] Oregon Administrative Rules 943-070-0000 to 943-070-0070

- ❒ Require the inclusion of affected communities in planning, data collection methods, analysis, and dissemination, and utilizing culturally appropriate processes[3] to do so?
- ❒ Require dissemination of final data to affected communities?

Research and Evaluation

Is there an opportunity in the bill to:

- ❒ Mandate health equity or other equity impact analyses on new or existing efforts?
- ❒ Mandate inclusion of diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and to utilize culturally appropriate processes to do so?
- ❒ Require the inclusion of health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports?

Funding and Capacity Building for Equity and Inclusion

Is there an opportunity in the bill to:

- ❒ Mandate strategic investments and resource allocation for health equity advancements?
- ❒ Require proposers to identify service populations based on racial and/or health inequities data?
- ❒ Require proposers and existing contractors to submit plans and/or modifications for increasing health equity?
- ❒ Require Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs) to include weighted criteria and scoring for health equity efforts?
- ❒ Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?[4]
- ❒ Require investments in cultural competency training?
- ❒ Require funding and resource allocation and planning to redirect or redistribute funding towards opportunity zones and/or geographic tracts where greater health inequities exist?
- ❒ Require meaningful funding levels for health equity activities in grant awards (to eliminate "funding for failure" amounts)?
- ❒ Require inclusion of communities experiencing health inequities on grant or contract review panels?
- ❒ Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based practices)?

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[3] "Culturally-appropriate processes" means tailoring processes to an individual's or community's culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

[4] Adapted from "Multnomah County Equity and Empowerment Lens," Multnomah County, 2014.

Health Program and Service Provision Improvements for Equity and Inclusion

Is there an opportunity in the bill to:

- ❒ Require enforcement of Title VI of the Civil Rights Act[5]?
- ❒ Require language access provisions (ex: provide timely interpretation, translation, alternate formats)?
- ❒ Require the use of only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings?
- ❒ Require bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery?
- ❒ Require that documents are developed in plain language?
- ❒ Require timely translation of documents necessary to maintain and protect the health of all communities?
- ❒ Require the use of Traditional Health Workers[6] in health care service delivery?
- ❒ Require programs and services to utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health and health care)?
- ❒ Require cultural competency training for health and service providers?
- ❒ Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)?
- ❒ Incentivize the incorporation of health equity policies and practices?
- ❒ Require the provision of services in "non-traditional" settings that increase access to those services?
- ❒ Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health?

Diversity, Affirmative Action, Discrimination Protections

Is there an opportunity in the bill to:

- ❒ Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses?
- ❒ Require data collection, reporting and establishment of metrics related to employment of under-represented populations?
- ❒ Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to under-represented staff)?
- ❒ Incentivize or require cultural competency training for staff?
- ❒ Require enhancements to ensure accessibility to meet ADA requirements? (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)?
- ❒ Require formal and informal complaint procedures for staff and clients to address discrimination complaints[7]

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[5] http://www.justice.gov/crt/about/cor/coord/titlevistat.php

[6] Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

[7] Adapted from *"Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014."* Coalition of Communities of Color. http://coalitioncommunitiescolor.org/

Appendix C-6. Health Equity and Inclusion Program Strategies

HEALTH EQUITY AND INCLUSION PROGRAM STRATEGIES

& their corresponding national CLAS categories

"Equity and Inclusion First" *– When we design and provide programs and services that improve health for people of color, people with limited English proficiency, LGBTQ communities, and people with disabilities, all communities benefit!*

Use this tool to identify opportunities to support/enhance equity, diversity and inclusion, and reduce disparate impact in programs and services. Recommended approach:

- Review the whole document.
- Identify strategies that can be incorporated quickly or with relative ease over the next 6 months.
- Then, highlight those that you would like to work towards in the 6 months to two years.
- Finally, mark those that you'd like to set as longer term goals.
- Integrate your work toward meeting specific CLAS standards

Community Engagement/Partnership (CLAS 9 – 15)

- ❑ Establish committees, councils, advisory groups or other bodies to focus on equity and/or inclusion (13)
- ❑ Require committees, councils, advisory groups or other policy-making bodies to reflect state and/or local populations most affected by inequities (with mandated threshold or percentage requirements) (3, 13)
- ❑ Ensure "meaningful participation"[1] of communities experiencing health inequities (12)
- ❑ Establish subcommittees of boards or decision making body focused on equity. (3)
- ❑ Include a standing agenda item on equity and inclusion in meetings of the Board, task force or workgroup. (4)
- ❑ Clearly define terminology to ensure representation of communities experiencing health inequities (including "consumers," "underserved communities," "racially, ethically and linguistically diverse communities," communities historically experiencing poor health outcomes," etc.) (9, 2)
- ❑ Meaningfully address inequities so that the needs of members with multiple identities are addressed (ex: low income people of color, people of color who also have disabilities) (11)
- ❑ Create program or organization accountability to communities experiencing health inequities (example: require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities and promote inclusion) (12)

Race, Ethnicity, and Language +Disability (REAL+D) Data Collection/Analysis (CLAS 11 for all)

- ❑ Collect and report data disaggregated by race, ethnicity, language and disability (following HB2134[2] standards for data collection)

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[1] "Meaningful participation" means engaging a diverse group of stakeholders who are representative of the communities that policies and programs will impact, not only in consultative roles to provide input, but also to co-plan or lead program development efforts, have access to data and resources to make informed decisions, have decision-making authority, and participate in the analysis of data and program impact efforts.

[2] Oregon Administrative Rules 943-070-0000 to 943-070-0070

- ❑ Collect and report data on sexual orientation, non-conforming gender
- ❑ Require training for staff on best practices for collecting data from diverse communities, including maintaining confidentiality and explaining purpose
- ❑ Include affected communities in planning, data collection methods, analysis, and dissemination, and utilize culturally appropriate processes[3] to do so (13)
- ❑ Disseminate final data to affected communities (15)

Research and Evaluation (CLAS 9 – 15)

- ❑ Conduct health equity or other equity impact analyses on new or existing efforts (10)
- ❑ Include diverse communities at every stage of research efforts, including planning, evaluation design, implementation, analysis, and dissemination of research results to communities affected, and utilize culturally appropriate processes to do so (13)
- ❑ Include health equity and/or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports (10)

Funding and Capacity Building for Equity and Inclusion (CLAS 2 for most)

- ❑ Make strategic investments in and allocate specific budget line items for health equity advancements
- ❑ Require proposers to identify service populations based on racial and/or health inequities data
- ❑ Require proposers and existing contractors to submit plans and/or modifications for increasing health equity
- ❑ Include weighted criteria and scoring for health equity and inclusion elements of Requests for Grant Proposals (RFGPs) and Requests for Proposals (RFPs)
- ❑ Require proposers to include equity performance measures, including metrics and indicators that address both internal and external performance (ex: patient satisfaction, increase in diversity of staff)?[4]
- ❑ Invest in cultural competency assessment and training
- ❑ Invest in organization-wide training that builds in-house equity and inclusion expertise (such as the DELTA program)
- ❑ Redirect or redistribute program strategies and funding towards opportunity zones and/or geographic tracts where greater health inequities exist
- ❑ Establish meaningful funding levels for health equity activities in grant awards (to eliminate "funding for failure" amounts)
- ❑ Include communities experiencing health inequities on grant or contract review panels
- ❑ Recognize and fund culturally and linguistically appropriate community practices that promote health and protect community (include both community-identified and evidence-based or promising practices)

Health Program and Service Provision Improvements for Equity and Inclusion (CLAS 5 – 8)

- ❑ Enforce of Title VI of the Civil Rights Act[5] in program and grantee/contractor service delivery (9)
- ❑ Ensure language access provisions (ex: provide timely interpretation, translation, alternate formats) in the service delivery (5)
- ❑ Use only qualified/certified health care interpreters and/or ASL certified interpreters in medical settings (7)

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[3] "Culturally-appropriate processes" means tailoring processes to an individual's or community's culture and language preference, being respectful of and responsive to the beliefs, practices and needs of diverse stakeholders (adapted from ThinkCulturalHealth.org, guidance on CLAS standards)

[4] Adapted from "Multnomah County Equity and Empowerment Lens," Multnomah County, 2014

[5] http://www.justice.gov/crt/about/cor/coord/titlevistat.php

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- ❑ Ensure that bilingual/multilingual program staff and contracted interpreters to meet bilingual proficiency standards if using their language skills in program delivery **(7)**
- ❑ Require that documents are developed in plain language **(6, 8)**
- ❑ Ensure timely translation of documents necessary to maintain and protect the health of all communities **(8)**
- ❑ Utilize Traditional Health Workers[6] in health promotion activities and health care service delivery
- ❑ Utilize or recognize culturally and linguistically appropriate services (including the incorporation of non-Western approaches to health promotion and health care) **(1)**
- ❑ Require cultural competency training for health and service providers **(4)**
- ❑ Incentivize participation to engage under-represented groups (ex: stipends for advisory bodies)
- ❑ Incentivize the incorporation of health equity policies and practices
- ❑ Provide services in "non-traditional" settings that increase access to those services
- ❑ Require programs to tie health improvement policies and strategies to social determinants of health and collaborate with other state and local cross-sector entities to address those determinants of health

Diversity, Affirmative Action, Discrimination Protections

- ❑ Increase contracting or procurement opportunities for Minority, Women and Emerging Small Businesses
- ❑ Require data collection, reporting and establishment of metrics related to employment of underrepresented populations **(11, 3)**
- ❑ Require efforts to increase workforce diversity (recruitment and interviewing processes, retention strategies such as employee resource groups, professional development opportunities targeted to underrepresented staff) **(3)**
- ❑ Include individuals from under-represented communities on interview panels **(13)**
- ❑ Incentivize or require cultural competency training for staff **(4)**
- ❑ Require enhancements to ensure accessibility to meet ADA requirements (Facilities improvements, signage, materials in alternate formats, provisions for assistance animals)
- ❑ Require formal and informal complaint procedures for staff and clients to address discrimination complaints[7] **(14)**

6 Traditional Health Workers are defined as community health workers, peer wellness specialists, peer support specialists, personal health navigators and doulas.

7Adapted from *"Tool-for-Organizational-Self-Assessment-Related-to-Racial-Equity-2014."* Coalition of Communities of Color. http://coalitioncommunitiescolor.org/

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Appendix C-7. Discrimination and Harassment Complaint Procedure

Discrimination and Harassment Complaint Procedure

Policy Statement

The State of Oregon is committed to a discrimination and harassment free work environment per DAS Policy 50.010.01. The following procedures apply to all employees, interns and volunteers of the Oregon Health Authority (OHA) and the Department of Human Services (DHS) and extend to contractor/vendor and employee interactions, and job candidates. Failure to comply with policy and procedure may result in disciplinary action up to and including dismissal from state service.

Intake

Complaints must be brought to the attention of the Office of Equity and Inclusion (OEI) for OHA, the Office of Equity and Multicultural Services (OEMS) for DHS, any OHA or DHS supervisor or manager, or the Office of Human Resources. If it is determined that a complaint alleges discrimination or harassment on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factor applicable by state or federal law, the Office of Equity and Inclusion (OEI) is in charge of processing the complaint for OHA and the Office of Equity and Multicultural Services (OEMS) is in charge of processing the complaint for DHS.

If the individual reporting the complaint (complainant) has not completed the *Equal Employment Opportunity Discrimination/Harassment Complaint Form*, the complainant must be advised of this form or avenues available to file a complaint. The submission of this form to any of the parties named above constitutes a formal complaint of discrimination and harassment to OHA or DHS and must be processed per the guidelines set forth in this procedure. **Managers and supervisors are held to a higher standard and must report all allegations of discrimination, harassment or retaliation.**

An investigation may proceed without submission of the *Equal Employment Opportunity Discrimination/Harassment Complaint Form* in some circumstances.

Complaints not initially received by OEI or OEMS must be referred to one of these offices. The Directors of OHA and DHS delegate the investigation of complaints on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factor applicable by state or federal law to:

Oregon Health Authority
Office of Equity and Inclusion
421 SW Oak Street, suite 750
Portland, OR 97204
(971) 673-1284
OHA.InternalCivilRights@dhsoha.state.or.us

or:

Department of Human Services
Office of Equity and Multicultural Services
500 Summer Street NE, E-15
Salem, OR 97301-1066
(503) 945-7842

Investigation

The jurisdiction of investigation under this procedure includes discrimination or harassment on the basis of race, color, religion, sex, marital status, national origin, disability, age, sexual orientation, gender identity, or any other factors related to protected class applicable by state or federal law. **A complaint that does not claim such bases should be referred to the appropriate supervisor or manager, or to the Office of Human Resources.**

Investigations will be conducted by the Office of Equity and Inclusion for OHA or the Office of Equity and Multicultural Services for DHS. Investigators in these offices are charged to conduct lawful, timely and neutral fact finding related to complaints brought forth under this procedure. Investigators will have full and ready access to all files and documentation to include but not be limited to personnel files, data bases and supervisor/manager files relevant to the complaint. If for any reason the investigator determines that the complaint does not meet the jurisdiction of investigation, the investigator will refer the issue to the appropriate OHA or DHS manager or supervisor, or to the Office of Human Resources.

Upon receipt of the complaint it will be reviewed and an investigation plan will be developed. The complainant and respondent will be notified regarding the intent to investigate. An investigation typically entails interviews with the complainant, respondent and witnesses, and document collection and review. Signed, written statements may also be collected. Clarification will be sought with appropriate parties on any unresolved matters.

The investigation will culminate in a report with supporting evidence or with a letter of finding.

Informal Resolution or Mediation

In an attempt to informally resolve the concern, the complainant may request a meeting with the individual alleged to have committed the discriminatory act (the respondent).

Communication and Reporting

The complainant will be notified first of the intent to investigate the complaint. The respondent will then be notified and provided a summary of the allegations. The supervisor or manager will be involved to the extent necessary. The Director's Office will also be notified that an investigation is underway. Confidentiality will be maintained to the extent that the investigation allows. Information shared will be for the purpose of conducting thorough fact finding. A respondent has the right to know the scope of the complaint in order to have the opportunity to respond to the allegations.

The investigation report will include the allegations, the facts determined in the investigation and findings (whether or not the allegations were substantiated by a preponderance of evidence). A letter of finding may be used in less extensive investigations, for example in cases where only a review of documentation is warranted. The investigator may also generate for the Director or designee recommendations for resolving the issue to accompany the investigation report or letter of finding.

Reconsideration Process

The complainant or respondent may request that a finding be reconsidered if there is a discovery of new information unknown during the time of the investigation
A *Reconsideration Form* must be filed with the OHA Director's Office or the DHS Director's Office within 20 working days of the date that the investigative report or letter of finding was issued. The Director's Office will then determine whether to reopen the investigation or not based upon the information provided in the Reconsideration Form.

For OHA Reconsiderations are to be submitted to:

Director's Office
Oregon Health Authority
500 Summer St. NE
Salem, OR 97301-1097

For DHS Reconsiderations are to be submitted to:

Director's Office
Oregon Department of Human Services
500 Summer St. NE
Salem, OR 97301-1097

Implementation of Recommendations or Corrective Action

The Director or designee is responsible for final action. The Director or designee may assign responsibility to an appropriate administrator, manager or supervisor.

Nothing in this procedure prevents any person from filing a formal grievance in accordance with a collective bargaining agreement, with the Bureau of Labor and Industries, with the Equal Employment Opportunity Commission, or from seeking private legal counsel.

Timelines

Complaints should be filed as soon as possible and preferably within 30 days of the most recent incident; however, complainants do have up to 180 days to file a complaint. In extraordinary circumstances the 180 day limit may be waived, upon the approval of the OHA Diversity, Inclusion and Civil Rights Executive Manager or the DHS Office of Equity and Multicultural Services Director.

Notification to complainant regarding jurisdiction of investigation will be within five working days.

Notification to respondent will be within seven working days.

The investigation should be completed in 60 working days, but can be waived in extraordinary circumstances, upon approval of the OHA Diversity, Inclusion and Civil Rights Executive Manager or the DHS Office of Equity and Multicultural Services Director and with notification to the complainant and respondent.

A reconsideration request to the Director's Office must be submitted within 20 working days of the date that the investigative report or letter of finding was issued.

No Retaliation

Retaliation against any individual who files a complaint, reports inappropriate behavior or participates in an investigation via this procedure is prohibited. Investigation of such complaints would follow the process put forth in this procedure. Any employee found to have engaged in retaliatory action or behavior will be subject to discipline, up to and including dismissal from state service.

Definition of Terms

Complainant:
Individual or individuals filing a complaint and/or the individual or individuals allegedly subjected to workplace harassment or discrimination.

Disabilities:
People with disabilities are persons with a physical, mental, or sensory impairment which substantially limits one or more major life activities. An individual is disabled if he or she meets at least one of the following tests: (i) he or she is substantially impaired with respect to a major life activity; or (ii) he or she has a record of such impairment, or (iii) he or she is regarded as having such impairment.

Discrimination:
The process of making a distinction in favor of, or against, a person or persons on the basis of protected class rather than on individual merit. If protected class is taken into account when making a decision regarding an employee, except when it is a bona fide occupational qualification or is otherwise authorized by law, or if a person is harassed based upon protected class, that person has been subjected to discrimination. Employment decisions related to hiring, firing, transferring, promoting, demoting, benefits, compensation, or other terms or conditions of employment that are made because of an employee's protected class are discriminatory.

Gender Identity:
A person's actual or perceived gender identity, regardless of whether the individual's gender identity, appearance, expression or behavior differs from that traditionally associated with the individual's sex at birth.

Harassment:
Unwelcome, unwanted or offensive conduct based on or because of a person's protected class. Harassing behavior has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile work environment.

Protected Class:
In addition to those classes listed above, protected class includes pregnancy and pregnancy related conditions; use of federal Family Medical Leave (FMLA) and Oregon Family Leave (OFLA); injured worker status; use of Military Leave; an individual who associates with members of a protected class; an individual who opposes unlawful employment practices, files a complaint, or testifies about violations or possible violations; family relationship; whistleblower; expunged juvenile record; use of Crime Victim leave or Domestic Violence leave.

Respondent:
Individual or individuals accused of a violation of policy.

Sexual Harassment:

A form of sex discrimination involving inappropriate introduction into the workplace of sexual activities or comments that demean or otherwise diminish one's self worth on the basis of gender. Sexual harassment includes unwelcome, unwanted, or offensive sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment, or is used as a basis for any employment decision, e.g. granting leave requests, promotion, favorable performance appraisal, etc.; or

2. Such conduct is unwelcome, unwanted or offensive and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment include but are not limited to: unwelcome, unwanted, or offensive touching or physical contact of a sexual nature, such as, closeness, impeding or blocking movement, assaulting or pinching; gestures; innuendoes; teasing, jokes, and other sexual talk; intimate inquiries; persistent unwanted courting; sexist put-downs or insults; epithets; slurs; or derogatory comments.

Sexual harassment often involves relationships of unequal power.

Sexual Orientation:
An individual's actual or perceived heterosexuality, homosexuality, bisexuality or other sexual identity.

Appendix C-8. Equal Employment Opportunity Discrimination/ Harassment Complaint Form

{Division}
{Office/Section/Unit}

Equal Employment Opportunity Discrimination/Harassment Complaint Form

Complete this form to file a complaint based on protected class discrimination and/or harassment per the Discrimination and Harassment Complaint procedure.

Please print or type — attach extra pages, if necessary. Date: _____

1. Name: _____

Home street address | City | State | ZIP code

Home phone | Work phone | Cell

Can we contact you by email? ☐ Yes ☐ No Email: _____

Alternate email: _____

Position/job title | Department | Unit/district

Union | Date of hire | Work schedule (days, start/end time)

OR EIN number | Supervisor

2. Please identify the person or people accused and/or the division you believe discriminated against you or harassed you.

Name(s) of accused | Phone number (if known)

Department/unit/district

Most recent date(s) of alleged discriminatory and/or harassing acts

3. **Nature of the complaint:** Briefly explain the actions taken against you that you believe to be discriminating and/or harassing.

_____

4. **Witnesses:**
List the name and position of anyone who witnessed the conduct or incident.

5. **Have you attempted to resolve your concern/complaint?**
If so, with whom? What happened?

6. **What would you like to see happen with regard to this concern/complaint?**

7. **Do you believe that the alleged discrimination and/or harassment were based on any of the listed protected classes?**
If so, please check all boxes that apply.

- ☐ Age
- ☐ Disability
- ☐ Family Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA)
- ☐ Gender
- ☐ Marital status
- ☐ Military/reserve status/leave
- ☐ National origin
- ☐ Injured worker
- ☐ Family relationship
- ☐ Domestic violence status/leave
- ☐ Pregnancy
- ☐ Race/color
- ☐ Religion
- ☐ Retaliation
- ☐ Sexual harassment
- ☐ Sexual orientation
- ☐ Gender identity
- ☐ Veteran's status
- ☐ Whistleblower
- ☐ Association with person in a protected class
- ☐ Other: _____

NOTE: If your complaint is not an allegation of prohibited discrimination and/or harassment based on protected class status *(as listed above)* please bring your concern/complaint to your assigned HR analyst to address possible agency policy issues *(Maintaining a Professional Workplace per 01-09)*.

Please include any documentation you believe is relevant to your complaint.

This form was filled out by:

- ☐ Complainant *(individual making the complaint)*
- ☐ HR Manager *(name)*: _____
- ☐ EEO/AA Coordinator *(name)*: _____
- ☐ Other *(please specify)*: _____

The information on this form was gathered:

- ☐ By phone ☐ In person ☐ Submitted by the complainant
- ☐ Other *(please specify)*: _____

If you are an OHA employee filling out this form, return to:
OHA Office of Equity and Inclusion
EEO/Affirmative Action Manager
421 S.W. Oak Street, Suite 750
Portland OR 97204
Fax: 971-673-1330 or email to: OHA.InternalCivilRights@dhsoha.state.or.us

If you are a DHS employee filling out this form, return to:
AA Coordinator
500 Summer Street NE, E-15
Salem, OR 97301-1066
Or email to: marisa.salinas@state.or.us

This document can be provided upon request in alternative formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact us at 971-673-1240, email OHAinternalcivilrights@state.or.us or 711 for TTY.

Staff of Color Story Project

An Office of Equity and Inclusion's *Developing Equity Leadership Through Action (DELTA) Project,*

Oregon Health Authority - Public Health Division

Julie Early Sifuentes, Alex García

Background and Purpose

The Public Health Division (PHD) has set the goal of building a workforce that reflects the diversity of the communities in Oregon that experience health inequities (Public Health Modernization Manual). Preliminary data indicates that we have a lot of work to do to meet this goal. According to a report generated by OHA Human Resources that builds upon work initiated by the Office of Equity and Inclusion, during the period of January through June 2016, 16% PHD's workforce were people of color. Oregon census data from 2016 indicates that 24% of the general population are people of color. These data suggest that the PHD's workforce does not yet reflect Oregon's general population, which is less ethnically and racially diverse than communities facing health inequities.

As we work to recruit a more diverse workforce, it is equally important that our organizational culture is inclusive and supportive of staff of color. This project is based on the premise that the perspectives of staff of color are critical in assessing and improving our organizational culture.

This is not a research study; rather it is an effort to amplify the diverse lived experiences of people of color within the Public Health Division. Specifically, the purpose of this project is to inform the current workforce diversity planning and implementation efforts in the Division and the Agency.

Approach

My original plan for the project was to collect stories through in-person interviews with staff of color. It became apparent after initial recruitment communications that there were staff of color interested in participating but only if they could remain completely anonymous. In other words, some participants preferred that their identity be protected even from the project team. In order to provide this, we developed a survey similar to the in-depth interview questions that people could take anonymously. In

* OEI and the OHA Program Design and Evaluation Services (PDES) have been tracking and reporting OHA workforce diversity data for the past several years. These data are distributed to the OHA Director and Division Directors quarterly. These reports include trends at the agency and division levels related to the relative percentage of OHA employees of color compared to the Oregon population of working age adults from the same demographic groups. 2016 data generated from these reports is available upon request from OEI and 2017 data is pending, and will be available in 2018.

total 5 interviews were conducted and 5 surveys were completed. One person completed an interview and a survey. Other accommodations were made to make participants feel more comfortable, e.g. two of the five in-depth interviews were not recorded. In these cases, we took detailed notes.

There were 9 participants in the project. There was representation across all three centers and at least five sections and across a range of classifications and type of positions. Because of concerns about confidentiality, I chose not to include a question about the participant's ethnic or racial identity.

The interview guide and survey contained two broad categories of questions that were asked: 1) about people's experiences in the PHD; 2) about their recommendations or suggestions to improve the work environment and increase diversity. The former included questions about various aspects of the person's experiences at the Public Health Division, what they enjoy, what they find challenging, how they feel supported/unsupported, professional aspirations, and support and challenges in pursuing professional development. The second asked about what they would change if they could and about recommendations for increasing and maintaining a diverse workforce.

This report summarizes, synthesizes, and identifies themes that emerged as well as provides direct quotes from participants. Quotes that contained potentially identifying information (e.g. type of position a person held or what section they were in) were either not used or stripped of this type of information. A draft of the report was provided to all participants for review to ensure that everyone was comfortable with the quotes used and how they were interpreted.

Summary of Responses

A bulk of the questions asked about experiences working in the Public Health Division. The experiences that participants talked about were highly variable in terms of overall satisfaction and degree of feeling supported by the organization. There were a couple of people who reported a very high degree of satisfaction. They felt very supported by their managers in terms of their professional development and very motivated by public health's mission, and could see themselves continuing to work here for awhile or indefinitely. The majority reported a moderate level of job satisfaction and felt some or high level of support from their immediate peers and manager, and some or sufficient support around professional development. This middle group didn't identify very strongly with the organization, and did not think that they would stay in the organization for very long. A couple of people, despite feeling connected to the mission and enjoying the work, reported feeling very unsupported in their immediate work environment and that being a person of color was an important part of that experience. For one person, this had caused a lot of frustration because they felt it impacted their opportunities for professional development and growth. For another person, the stress that these difficulties had caused was having big impacts on their well-being.

Below are the descriptions of themes that we identified and quotes. These are organized under five headings:

- Participation Considerations
- Cross-cutting Themes
- Professional Development Challenges

- Professional Development Supports
- Workforce Diversity Recommendations

Participation Considerations

Reasons for participating

Participants were asked what motivated them to participate in the project. Many stated that they would like to see some concrete actions and outcomes related to increasing ethnic and racial diversity in the Public Health Division. Others said they were interested in hearing about others' experiences and wanted to reciprocate by sharing their stories. A few people wanted to share their challenging experiences and situations because they thought it could lead to positive change. One person, who spoke of having positive experiences at PHD, wanted to make sure that a range of voices are heard and that people appreciate that all people of color's experiences aren't the same.

Concerns about participating

There were a couple of people who expressed interest in the project but then decided not to participate. One person indicated they had experienced a lot challenges and was concerned that participating could cost them their job or make their situation worse. This prompted me to include a question in the interview and survey to find out what considerations people made before deciding to participate.

Those who participated had a range of answers regarding what considerations they made before participating. Many acknowledged that confidentiality was a very important condition for their participation. A few people were most concerned about the project not being a good use of their time or that the stories would not be taken seriously. They seemed concerned that this was yet another effort that would not result in concrete actions or outcomes. Some said that they did not have any concerns or reservations about participating. One person said that they didn't have any concerns since they were beyond their probation period, and knew their rights.

CROSS-CUTTING THEMES

While there was variability in people's experiences, there were some common themes that showed up across the group regardless of how satisfied or supported they reported being. We did not ask participants about whether they felt this way; these sentiments and experiences showed up in response to different questions or prompts in the interview and survey.

- Feelings of having to prove yourself
- Seeing and connecting with other people of color
- Adjusting to the organization's cultural norms
- Speaking to racial and ethnic identity
- Identity can play into interactions and challenges in nuanced ways

Feelings of having to prove yourself

Many people talked about experiencing the need to perform at a higher level than their white counterparts.

I find that I always perform at a high level not only because it is my own standard, but because, I remain aware that I 'must' perform at a high level, so as not to be seen as 'less than'.

I know I'm going to have to fight, I'm going to have to demonstrate more, I'm going to have to set myself apart in a very positive way.

The feeling of always having to prove yourself is one of my main issues and the constant being misinterpreted due to others not being used to diverse ways of expression.

Communication skills are even more important for POC. The expectation, assumption here in Portland is that POC are not good communicators. There are many POC who have not been able to overcome negative stereotypes.

Seeing and connecting with other people of color at work is important

Many people talked about the impact of seeing or not seeing other people of color during their work day. One person identified "loneliness" as the most challenging part of being a person of color in the PHD. Others didn't explicitly say they felt lonely, but it is implied in the way they talked about seeing or not seeing other people of color during the work day.

> *It's really a treat when I look around the room, in a... meeting and see another person of color, and I make a point to reach out to them. It's nice to not be so alone. So that's where it definitely can feel different.*
>
> *[What would you say are the biggest challenges working here as person of color?] Not having other folks of color around, to look at, to be with. Just being with people that look like me for 40 hours. It is kind of hard to go to meetings and just engage with white people all day long. Especially because such a huge group that we talk about serving, are the people of color, and that there are not many people of color.*

In addition to loneliness, being the only person of color in a meeting with leadership, enhanced feelings of self-doubt or disempowerment.

> *I find navigating the politics of upper-Division leadership most challenging. I am most challenged to walk into a meeting and feel like I am...enough... to have a seat and voice at the table, especially when no one else at the table looks like me.*

One person talked about how people of color support one another by sharing frustrations.

People of color generally have each others back and share frustrations privately. There is no secret society or anything, there is lack of trust because no one wants to be singled out as the disgruntled "minority".

Adjusting to the organization's cultural norms

Several people spoke to the experience of having to adjust to cultural norms.

Not at all, this is a place that you have to change your tone and your verbal output due to most aren't used to people of color being themselves in their space.

I find myself having to adjust to them all of the time and it's exhausting.

I don't talk at work like I talk at home, I don't dress at work like I dress at home, I don't wear my hair at work like I wear my hair at home, etc. I can't even wear fragrances or scented hair products at work, which is tough because I'm pretty sure that inexpensive, unscented hair products for women with curlier or "ethnic"/"multicultural" hair don't actually exist.

I consider myself to be a fairly adept code-switcher, and I can "code" to this culture and its expectations pretty easily.

One person described the POC's in the Division as people who tend to get along with colleagues.

I do think that people of color at the Division are also looked at as people who "get along" well with colleagues (the white ones) so they are fine where they are.

Speaking to racial and ethnic identity issues

Many people perceive speaking to issues related to one's own racial or ethnic identity as risky. In addition to the concerns some people expressed about sharing their experiences as part of this project, it was also mentioned during the interviews. One person talked about how sharing these types of issues requires vulnerability in sharing closely held, feelings, thoughts and experiences.

After sharing some instances where a person felt hurt by comments related to their identity, they talked about their thoughts on how a response might be perceived as unprofessional

The way you interact with someone has the systemic roots. You could be saying something to me and you don't mean it in that way, but you have to understand that on some level the internalizing of that...is going to spark something I've gone through. And I can know if you were not malicious with it and even if you're approachable and I can say hey what you said, you may not have meant it this way...We do not have opportunities to have those conversations here. Because it is almost like that would be unprofessional.

One person felt that if they spoke up about negative experiences that they think are associated with being a person of color that they would be perceived particularly negatively.

People of color generally have each others back and share frustrations privately...there is lack of trust because no one wants to be singled out as the disgruntled "minority".

Identity can play into interactions and challenges in nuanced ways

Several people shared experiences of microaggressions that involved unintentionally harmful comments about hair or dress. A couple of people shared about experiencing what seemed to be more intentionally hurtful comments about their identity. I am not including these stories because the level of detail could be identifying. This quote below is an example of a more general type of microaggression:

There are times when I am asked questions in meetings and people look to me to represent my entire race! To which I often get stares in anticipation that I would know the answer. This leaves me feeling frustrated, and annoyed particularly because we as a Division do not ask that of our white co-workers.

Some people talked about feeling unsure about the way that their identity might factor into the challenges or frustrations they face at work or how their ideas are received.

I definitely notice that there's not many of us, especially not many people of color that are in management positions, you can't help but notice that. You can't help but see how plausible it is for wondering, you know, when I'm participating in discussions or making recommendations for proposals for the agency, how that's received or how that's viewed given that I'm visibly a person of color.

It's hard for me to know which aspects of my identity or previous experiences have shaped how I feel about working at PHD or my day-to-day activities here. For example, I have a problem with how my program asks people about their race/ethnicity, but I don't know if that comes from being a POC or just not being as entrenched in the government's way of thinking about its population's demographics.

Another participant suggested that there are aspects of the organization's culture that could affect people of color more than their white counterparts. In other words, white staff and staff of color share similar positive and negative experiences in the organization, but they may experience them differently.

My sense is that many people don't enjoy working here and don't desire to spend the majority of their careers here. However, POC - more so than their white counterparts - might be more affected by PHD's paternalism.

One person commented that people of color (like all people) bring their past experiences to their present situation. If someone has experienced racism and discrimination in the past it shapes the way they experience their current situation. They suggested that it sometimes can be hard to discern between perceptions that have been influenced by past experiences of racism and new experiences of racism.

One of the participants spoke of their experience having a mixed racial/ethnic background and not feeling comfortable openly disclosing their identity due to their outward appearance. They believe certain PHD colleagues would think less of the participant especially because they have witnessed derogatory comments in the past.

PROFESSIONAL DEVELOPMENT CHALLENGES

Several people spoke unequivocally that people of color face bigger challenges than their white counterparts when it comes to professional advancement in the organization.

Lack of hope

It is limited for people of color...Doomed at staying where they are or unfairly being made to stay where they are.

From staff of color > they have said they feel undervalued, not appreciated and they say they have no hope for moving up.

I do think that people of color are constantly looking to leave the Division for someplace else where they can get promoted. It's difficult to move up here.

Structural or system issues

There are issues affecting POC in advancing, being perceived as competent, and being offered job growth opportunities at PHD. PHD has a tenuous commitment to equity and is not at all introspective about how discrimination is built into the system, into our relationships with the system, and into our relationships with each other.

I would assume so because that's been a structural thing of not just this agency but everywhere. Absolutely, yes. We're not post racial, we are not there. Not in academia, not in the private sector, not here in the public sector. Yeah, we got work to do. I think that acknowledging that, not getting caught up in who's better or who's worse, but focusing instead on what is our plan to move the needle.

Biases in hiring and professional development

I have also been passed on positions within the Division and was told by a manager that I interviewed well, it was competitive and that I should feel good about the interview. They hired two white people instead. It's very difficult to move up in the Division.

Even when opportunities and position arise these jobs are still being given to white people with all things being equal. White managers, white interview panels are the ones hiring and even with good intentions white people still are given jobs over people of color at the Division.

If it's going to be being up for a job rotation or getting extra assignments, you can't deny people's underlying biases. Because of my position and my experience, I don't have that kind of struggle.

PROFESSIONAL DEVELOPMENT SUPPORT

Participants identified many ways that their managers and the organization could better support them in their professional development. These include supporting employees in getting trainings that go

beyond their current position description, invest in bringing high quality trainings from the outside, embed core values like health equity and innovation into every level of the agency.

For one person who felt very supported in their professional development, it is notable that a manager in their section acknowledges this person's racial/ethnic identity and this influences the way that the manager supports this person.

> *I feel tremendously supported and valued by my Section's Managers and staff. I have been offered opportunities for Job Rotations and to work out of class in order to gain experience. My Manager routinely strategizes my future career with me, even though it is almost unavoidable that my future will take me away from her Section. One Manager routinely acknowledges that challenges faced by a woman of color in our system, and both tries to protect me from and support me to face those challenges.*

Several people pointed to mentorship for people of color as currently lacking and as an important support for professional development and advancement.

> *"You have a responsibility of improving who you are and what you do, and I can give you support". People don't get that. Everyone needs a champion, but it doesn't happen here. They assume that if someone is doing badly, we fault them instead of helping them.*

WORKFORCE DIVERSITY RECOMMENDATIONS

Staff of color want to see actions, investment and outcomes

Experience of people talking about diversity, but not really seeing any actions or outcomes, movement

> *I feel like we offer a lot of lip service, and I feel like we offer a lot of training. Without practice and without real life implementation.*

> *I want to see that the highest levels of executive management have a goal and are actively doing something with it. It can't be just talk - it has to be shown.*

> *The work to build a diverse workforce has to be staffed and budgeted. DHS has models of running a volunteer program that transitioned people into DHS staff positions. This kind of program needs to be staffed by an OPA4 at least in order to get traction, and create a pathway from volunteer to staff.*

> *I have no answers. My only thought is that I hope that All of Leadership read each of these stories and truly contemplate what they are doing to increase diversity and equity in the Division because a lot of what they are saying is just that; Talk.*

More representation from people of color in management is needed

The visual absence of people of color in management, especially senior leadership positions was mentioned by many participants at different points in the interview.

I do think there is a lack of leaders of color represented in the Division. There is not a single person of color in the Director's Office. This is very telling. There are few; maybe one or two Section Managers that are people of color. Without leaders who represent more than middle class white people, it's difficult to invoke a sense of equity and equality in the workplace.

Strategies for increasing workforce diversity

Engaging with staff of color

Several people emphasized the importance of asking staff of color if they are interested in engaging and not assuming that they will want to.

Go to POC and ask them to join in the planning. If new positions open up ask POC to see if they're interested. Give POC within the section a chance to work until the permanent position comes open & then open it up to everyone.

Engage people and reinforce the need to stay open and flexible to options and ideas. Don't make any assumptions. I, as a person of color want to be reached out to help figure that out, but I don't want to be assumed to have all the answers. My ideas and my contributions are better when I'm involved in dialogues with diverse people.

Engage with community partners

This should be coupled with PHD leadership making a REAL investment in building relationships with communities of color and the organizations that serve them to co-create the strategies, metrics, and expected outcomes for building a diverse workforce.

Resources toward diversifying - and support for hiring more diversely. If we worked with community agencies collaboratively they would be talking about the ways we were making shifts.

Organizational changes

In addition to hiring, participants point to changes that need to take place so that staff of color can thrive and will want to stay working at PHD.

Increasing diversity is a great aspiration as long as it's not a shallow aspiration. By this, I mean that PHD should make sure that it (both leadership and the rest of the troops) actually supports multiculturalism, which is different from diversity. Also, PHD should let these new hires have both a seat and a voice at the table.

We want people to have a successful experience, and there's lots of vulnerabilities that come with what is going to be meaningful in a way that is welcoming and not disturbing to the POC that are here. We can't just be like, we're all going to buddy up with a person of color day, or something like that, not that anyone's ever suggested that, we just have to be thoughtful about what we can take on as an agency and do things people can tap into.

Everything from making things very visible, from imagery, to celebrations, to creating opportunities to learn about each other. I hope every gathering we're taking the time to learn people's history and background as much as they're willing to share. I think that's an important thing that we can do.

Some people don't know where to go. If there were to be outreach from Human Resources... hold meetings every month.

The need for increased and ongoing high quality trainings was mentioned by many people and in several contexts including as a strategy for creating changes that would make the work environment more supportive to staff of color.

More required opportunities for staff to learn about their own privilege and how race and class shape our behaviors and cultures (more than one training)

Ongoing training that includes learning about the experience of communities of color across the state

Summary

The people who participated in this project talked about a broad range of experiences working in the Public Health Division. From a person who sees themselves working in the organization for the rest of their career to a person who has sought counseling for the first time because of work-related stressors and wants to leave the organization. Most participants, even those who reported feeling supported and satisfied with their jobs, experienced feelings of loneliness, frustration, and pressure to perform at a higher standard. Investments in professional development, supportive managers, and positive relationships with colleagues are important for the well-being and satisfaction of all employees. When these things are lacking, I would argue that it affects staff of color differently than their white counterparts.

The quotes speak for themselves in terms of some of the things that staff of color would like to see happen in the organization. These include increasing ethnic and racial diversity among staff and among leaders of the organization; increasing investments and requirements for training on equity and inclusion for all employees; implementation and accountability; engaging with and acknowledging staff of color; and engaging with community partners. Many did not put forward any specific strategies or suggestions but they expressed the importance of concrete action and outcomes to back up what they hear and read regarding the organization's commitment to equity and diversity.

This project points to the need to build our collective capacity to have conversations about race and ethnicity. A theme that I want to highlight that was both implicit and explicit throughout this project from recruitment through the interviews was the reluctance or reservations about talking about one's experiences related to their ethnic or racial identity. I believe that a big contributor to this is our organizational cultural discomfort around having conversations about race. A shift in cultural norms around talking about race in PHD is key in creating a more inclusive and welcoming environment for

staff of color. Until that shift is made, it will be challenging for people of color to fully engage in relationships at work and for the organization to make progress on advancing health equity.

This project validates the importance of best practices including mentoring, employee resource groups and engaging with the people most impacted by an issue to come up with solutions. Fortunately, there are several nascent projects and efforts that have the potential to address some of the challenges that emerged in this story project:

- The PHD Health Equity Workgroup has identified workforce diversity as its first focus area and is looking for ways to engage staff of color and communities in building and maintaining a diverse workforce. I will share this report with them.
- A People of Color Employee Resource Group (POC ERG) has been established and is involving many staff of color from the Public Health Division. ERG's are considered a best practice and if well supported by an organization can help to create a more inclusive and welcoming environment for staff color. The mission of the ERG is to build community among staff of color and to promote professional development of staff of color; both of which address some needs identified in this project.
- A DHS/OHA Leadership Academy workgroup is working with Leann Johnson, Office of Equity and Inclusion Director to establish a formal mentoring program. Mentorship is another established best practice for building a diverse workforce. If this increases opportunities for staff of color to receive support from a mentor of color, this could also address an identified need.

About the Project Team

Julie Early Sifuentes is a Program Manager within the Environmental Public Health section. She holds a Master's degree in Cultural Anthropology and has a background in qualitative research. Julie is one of the founding members of OHA's People of Color Employee Resource Group, and is an active member in the PHD's Health Equity Work Group's workforce diversity efforts. She participated in OEI's DELTA Program in 2016-17.

Alex García served as an AmeriCorps VISTA in the Environmental Public Health section in 2016-17. During her year of service she led the Warm Springs Story Project, a collaboration with the Confederated Tribes of Warm Springs and StoryCenter. The pilot project was an effort to raise awareness about climate change and the direct impacts on health through the perspective of six tribal members.

Appendix C-10. Business Case for OHA Employee Mentoring Program

Business Case for
OHA Employee Mentoring Program

DHS/OHA Leadership Academy Project
2017-2018 Cohort
(Submitting Agency,
Division, Section)

Date: May 8, 2018
Version: v.1_20180104
Marsha Trump
Roxane Jones
Jackson Stinnett
Everett Runyan

DRAFT

Business Case – Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #			
AGENCY		DATE	
DIVISION		DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
(Name)	(Date)
Signature	
Agency Executive Sponsor	
(Name)	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
(Name)	(Date)
Signature	
State Data Center Representative, if required by the State CIO	
(Name)	(Date)
Signature	

This Section to be completed by DAS Chief Information Officer (CIO) IT Investment and Planning Section DAS CIO Analyst	
(Name)	(Date)
Signature	
State CIO	
(Name)	(Date)
Signature	

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Executive Summary

Executive Summary

Mentoring programs benefit the State of Oregon and state agencies by creating a productive, involved, and motivated workforce. Useful knowledge and organizational values are communicated to employees through caring professional partnerships that help employees who are new to their role, who are growing their skills for career advancement, or who would like to connect with other employees who have shared like experiences.

By 2022, approximately 2,239 OHA employees will be eligible to retire. This presents OHA with an estimated $312 million plus talent acquisition cost that can in part, be offset by an agency-wide mentoring program. There are several programs already in practice that OHA can use and adapt to meet its needs, some of which are further discussed below. The adoption and implementation of an employee mentoring program will offset other costs and deficits besides talent acquisition. These costs include, among others; experience gaps, a loss of operational knowledge, disrupted community relationships, damaged internal and external stakeholder partnerships, lowered employee morale, an inability to become an employer of choice in an extremely competitive job market, and the continued lack of support for employees from historically marginalized groups that are traditionally underrepresented in the OHA employee population.

The Oregon Health Authority (OHA) has an opportunity to enhance its Triple Aim goals – better health, better care, and lower costs by implementing an employee mentoring program. Mentoring is good for business as it positively impacts productivity and performance for both the mentee and mentor. Mentoring improves training and provides an educational and personal support system to all staff (new, newly-promoted, or experienced), upcoming team leaders, supervisors, and management. OHA's request will enhance stewardship, accountability, and transparency around employee recruitment and retention. A mentoring program offers OHA and the State an opportunity to implement a business process that fosters Oregon's Triple Aim of better health, better care, and lower costs.

Purpose and Background

Purpose and Background

The purpose of this business case is to explore if an emergent need for an agency-wide employee mentoring program exists within OHA, and if so; touch upon the available mentoring program frameworks that exist within different State of Oregon agencies and divisions, explain potential consequences – both financial and operational if further action is not taken, and propose a starting point and mentoring program framework from which further implementation of an employee mentoring program can be explored.

This business case project, sponsored by Leann Johnson, was one of several projects from which current cohort members of the DHS and OHA Leadership Academy could choose from. Marsha Trump, Roxann Jones, Jackson Stinnett, and Everett Runyan, co-authors of this business case and Leadership Academy attendees, chose this project and started working on this case in September, 2017. The authors of this case met with the project sponsor to ascertain

the needs and scope of the project and to seek guidance on the elements that needed to be included in the final deliverable. Research on mentoring programs within multiple state agencies was conducted and data from several sources, including employee demographics from OHA Human Resources, was gathered and studied. This case presents the cumulative efforts of the authors' study and review of the need for an employee mentoring program within OHA.

Definitions:

- **Mentor** - An individual who has experience and understanding of the state's formal and informal structure, procedures, and culture, and who can provide insight, guidance, and development resources to a mentee. Together with a mentee, they discover learning opportunities within and outside their current work. Mentors stimulate others through ideas and information that can lead to personal and professional growth.
- **Mentoring** - The learning relationship used to instruct and motivate individuals to gain knowledge, insight, and improvement in their skills and abilities.
- **Mentee** - An individual receiving counsel, orientation, and other pertinent developmental opportunities or resources from a mentor.
- **Coordinator** - an individual or team of individuals, responsible for administering, evaluating, and for facilitating the connection of mentors and mentees.

Oregon Health Authority Proposal

The Oregon Health Authority (OHA) seeks to launch a Mentoring program to facilitate its Triple Aim goals – better health, better care, and lower costs. Mentoring is good for business as it positively impacts productivity and performance for both the mentee and mentor. Mentoring improves training and provides an educational and personal support system to all staff (new, newly-promoted, or experienced), upcoming team leaders, supervisors, and management. OHA's request will enhance stewardship, accountability, and transparency around employee recruitment and retention. A mentoring program offers OHA and the State an opportunity to implement a business process that foster Oregon's Triple Aim of better health, better care, and lower costs.

Mentors learn to hone their teaching, coaching, and other valuable skills while imparting invaluable knowledge and information to mentees. Mentees gain confidence, new skills and other valuable assets, thus improving both satisfaction and performance at work. A positive mentoring experience can transform marginal employees into high performers. In time, knowledge and expertise are passed on from worker to worker and will create a powerful and resourceful workforce able to successfully serve both coworkers and customers alike.

Finding the right mentor is critical. Ideal mentors are experienced and knowledgeable staff members who are willing to go out of their way to see their mentees get the best possible chance to succeed. Mentors also help new or transferring staff adapt to the informal and unwritten customs unique to an agency. Mentoring is not meant to replace formal training programs; instead, it is an additional cost-effective method of passing on skills, knowledge, and confidence, and is an enhancement of formal training programs already in place.

MENTORING PHILOSOPHY

The five statements listed below communicate the philosophical foundation of OHA's Mentoring Program:

- Mentoring is a partnership.
- Mentoring is a nurturing, professional relationship.
- Mentoring is communicating with one another.
- Mentoring enhances development of the mentee.
- Mentoring benefits the mentee, mentor and the organization.

GOALS AND OBJECTIVES

The goal of OHA's Mentoring Program is to provide a professional, educational and personal support system for the mentee and mentors.

Mentees benefit by:

- Tapping the wisdom, insights and experience of the mentor
- Receiving encouragement, support, and affirmation from the mentor
- Having a safe environment to explore new ideas and creative solutions, and to take risks
- Gaining valuable insights about formal/informal relationships and organizational priorities (philosophy, goals, policies and values)
- Strengthening leadership skills
- Building confidence to challenge themselves to reach for new goals
- Knowing they are valued by the organization
- Improved work/life satisfaction

Mentors benefit by:

- Contributing to the professional development (personally and professionally) of the workforce
- Educating the mentee in organizational philosophy, goals, policies and values
- Assisting employees in developing successful careers
- Learning by teaching
- Giving something back to the organization
- Receiving recognition for their legacy of personal knowledge, insight, and experience
- Exploring their own standards, philosophies, relationships, awareness, and expertise
- Sharing in the growth of the mentee
- Gaining higher visibility within the organization and potential for career enhancement

OHA benefits by:

- Creating a productive, involved and motivated workforce
- Promoting diversity and inclusion through a formalized mentoring process
- Having a recruiting tool able to help Oregon state government become an "Employer of Choice".
- Increasing organizational communication at all levels; fostering a culture of open communication and dialogue
- Creating informal relationships between and within divisions and agencies that otherwise might not exist
- Increasing ownership of the mission, goals and values of the organization

- Integrating new employees effectively into the workforce
- Developing a mission-committed workforce with a sense of belonging through a continuity of organizational culture
- Retaining a high-performing, productive, and diverse workforce with less employee turnover and ultimately spending less on recruitment and training costs
- Knowing that important experience and institutional knowledge and ideas are being transferred to the next generation of staff

Current state

OHA

OHA Mentoring Website

Mentoring is not meant to replace formal training programs. It is an important additional way to share the wealth of knowledge, experience and wisdom of longtime employees with up-and-coming newer employees. A culture of mentorship is a characteristic of healthy organizations and an important support for leadership development, organizational development, and succession planning.

The website offers resources for; anyone who is interested in having a mentor, becoming a mentor, developing and running a mentoring program, or just learning more about how mentoring works at DHS and OHA.

- Pros
    - Information about mentoring is gathered into one space that is easy to find and accessible any time
    - The FAQs section offers answers to many common questions about:
        - How mentoring works
        - What the mentee and mentor stand to gain from a mentoring program
    - Testimonials from mentees about their individual mentorship experiences
    - Information for finding a mentor by agency and role
- Cons
    - Website exists, but not a program that is actively managed or promoted
    - Not actively maintained
    - Has not been formally rolled out to the entirety of OHA
- Link: https://inside.dhsoha.state.or.us/asd/hr/mentoring.html

Employee Resource Groups (ERG)

The Oregon Health Authority seeks to attract, support and retain the best talent by creating an environment that values and actively supports diversity and inclusion. Employee resource groups support this effort by addressing barriers to an equitable and inclusive work environment while fostering leadership and promoting career success at the agency.

Any Oregon Health Authority employee can join a group or apply to form a new one. Groups are managed by employees, with sponsorship from executive leadership. ERG members join with others of shared interests or backgrounds. An ERG may represent traditionally underrepresented groups and their allies, including but not limited to: people of color, people with disabilities, LGBTQ employees, veterans and women.

If an employee has an idea for a group, he or she may discuss with colleagues to determine who else may want to join. Then, interested parties work together to fill out an ERG application. Groups that exist currently are Healthy Families and People of Color. Employees in ERGs enjoy specialized support and mentoring opportunities through connecting with other employees who face, or have faced, challenges and roadblocks unique to members in that ERG (i.e. discrimination based on race, gender, or sexual orientation)

- Link: https://inside.dhsoha.state.or.us/oha/office-of-equity-and-inclusion/employee-resource-groups-ergs.html

OEI Pilot

The Office of Equity and Inclusion (OEI) developed a limited pilot mentoring program between one OHA staff and manager. This pilot program has not been formally adopted. A formalized mentoring agreement was developed that can be utilized as a template for future mentoring programs.

Other

There are also a number of new and ongoing strategies to address workforce development. These include:

Department of Administrative Services (DAS) Chief Human Resource Office (CHRO)

The Office of the Chief Human Resources Officer's (CHRO) provides direction and services to promote a stable and qualified workforce in Oregon state government all the while reflecting the state's values of accountability, equity, excellence and integrity. With the increasing popularity and benefits of mentorship programs, DAS CHRO is implementing a Statewide Mentoring Program. The purpose of the program is to provide a statewide platform which adds motivation, accountability and encouragement to mentees, thereby incorporating elements essential to lasting success in their careers and lives. Successful professionals consistently report that it was the guidance received from a mentor that made the most significant difference in achieving success in their careers.

The Program will launch in June 2018 and include a training and orientation for mentors and mentees, relationship expectations, check-ins mid-way and at the end of the six month program, and final evaluation based on skills and knowledge gained. Sign up will be online, with DAS CHRO matching mentors and mentees based on similar strengths and interests. DAS is currently updating their website with additional details about this new program. For current information, see http://www.oregon.gov/das/HR/Pages/mentor.aspx. See also Appendix ___.

Mentor Guidelines (PERS)

The mentor, preferably, should be currently in a leadership role and possess the skills and experience necessary to effectively mentor a new manager. The mentor should be tenured long enough to have gained a comprehensive knowledge and understanding of PERS, the PERS culture and the basic day-to-day functions or expectations of a manager.

OHA/DHS Leadership Academy

The Leadership Academy (LA) sees value in having a mentor program for its participants. Participants are asked to find a mentor from a list of people willing to be mentors, or from someone the particular participant would like to have as his or her mentor. It is suggested, for this program, that mentors not be in the mentee's direct supervisory/management line of command and that it not be the direct supervisor of manager of a department the mentee would like to work in.

The LA facilitators provide the mentors with monthly updates on potential talking points to help the mentees process lessons learned from LA. These talking points help keep the mentor/mentee relationship going smoothly throughout the LA session.

Department of Consumer and Business Services (DCBS)

The purpose of DCBS's RightStart program is to integrate new employees into the agency and provide them with the tools, resources, and knowledge to become successful and productive. DCBS developed a guide for mentors to support an effective and successful process for new employees. It is the mentors' privilege and responsibility to welcome new employees to DCBS and to introduce them to the culture and values of the division.

From DCBS's RightStart program:

"Your role as a Peer Mentor

New employees come to DCBS full of energy, expectations and enthusiasm. At DCBS, it is our goal to nurture the energy and enthusiasm and fulfill their expectations about the agency. The peer mentor program is designed to provide employees with relevant and necessary information without it being overwhelming or confusing, and foster an employment relationship with employees and divisions within DCBS. The purpose of assigning a mentor is to give the new employee a personal connection to someone within the department who can help or assist them in their transition to their position.

You are here to help the new employee learn about DCBS and its culture, offer encouragement, show support for DCBS and its mission and serve as a positive role model. By having a peer mentor for new employees this gives a new employee quick access to someone to ask questions.

You will have a few responsibilities prior to the new employee's first day. The New Employee Mentor Checklist has been designed to help you work through the necessary information to be covered for new employees first few days of employment.
You will need to put a small amount of time in prior to the new employee first day scheduling appointments for the new employee and making sure their work area is ready for their first day.

On the new employee first day you will have varied responsibilities depending upon if they first day they are attending New Employee Orientation. If they are not attending New Employee Orientation you will be spending some time going over the Peer Mentor Checklist and answering any questions they may have. The Checklist outlines the steps to effectively orient new employees. If they are attending the orientation you will go over the Peer Mentor Checklist.

Once you have completed the Checklist with the new employee you will be an ongoing resource for the new employee answering questions, introducing them to team members and providing them encouragement."

Office of Payment Accuracy & Recovery (OPAR) and Office of Program Integrity (OPI)

The goal of the Mentoring Program is to provide a professional, educational and personal support system for employees of OPAR and OEI. The agencies believe that each employee (new, newly-promoted, or experienced) would benefit from the guidance of a mentor or from being a mentor. The mentoring process refers to guiding a less experienced person through new experiences of OPAR & OPI work. The mentor will support other employees with advice, feedback, and support in learning new job responsibilities and in getting acquainted with the organization. The mentor will provide an opportunity for the mentee to ask questions, to test ideas, and to talk about problems and solutions.

Through positive mentoring experiences, employees will grow as professionals and rapidly become an integral part of OPAR & OPI.

Stakeholders

- OHA employees
- OHA managers and executives
- OEI
- HR

Known Special Interests or Sensitivities

- Traditionally marginalized and underrepresented employees.

Anticipated Trends or Future Changes.

Over the next 5 - 10 years the state will be facing many new challenges and opportunities. Some estimates are that up to 50 percent of the workforce will be retiring. Retirement and downsizing have heightened the need to preserve institutional memory and experiential knowledge. There is an obvious leadership gap needing to be filled. Oregon state government currently has employees with the necessary leadership potential. These employees need opportunities and means to develop skills so they are ready to step into leadership roles. A formal mentoring program will create a tool to help meet this challenge.

MENTORING ACTIVITIES

Mentoring activities can take several forms. The OHA program will facilitate the following specific mentoring activities:

- New employee – the program supports employees who are new to state service or new to their current assignment
- Professional development – for employees who would like to advance their classification level or enter in management or executive leadership
- Traditionally underrepresented employees in the workforce – allows for additional avenues through which historically underrepresented and marginalized employees can connect with a mentor who has faced similar and unique challenges that exist within that employee population.
- In support of these activities, the program will provide training to would be mentors, allow up to one hour of work time per mentee per month, and provide matchmaking services as needed.

Other mentoring activities may be appropriate and can be considered for inclusion in the Division's mentoring activity plan. In order to gain consideration, requests should be forwarded to the mentoring committee.

Problem or Opportunity Definition

This section of the business case presents the problem and opportunity in terms of agency's mission, goals, and business requirements, which the proposed investment addresses.

Problem

- With an estimate of up to 47 percent of the OHA workforce eligible to retire within the next 10 years, OHA will experience a significant loss of the institutional memory and experiential knowledge
    - For perspective, of the 4320 individuals currently in the OHA workforce, 2239 will be eligible for retirement in 2022
- Recruiting and effectively onboarding new employees into OHA
- Retention of a high-performing and productive workforce
- Workforce feeling disconnected from the organizations and the mission
- Recruitment, retention and leadership opportunities for underrepresented populations
    - Examples from 2016 fourth quarter data, for OHA employees of color, with a disability, and of female gender compared to Oregon population of working age adults from same demographic groups show disparities across the agency by program areas, promotions, level within OHA, new hires, and separations

The following section reflects opportunities that OHA has to help guide their workforce development decisions to meet the mission of the organization.

Opportunity

- Adopt DAS Agency Mentoring Toolkit within OHA as part of the institutional fabric, utilizing the available resources to reduce the project cost for program development
- Each division to review their workforce development needs utilizing data (e.g. recruitment, retention, employee engagement, and retirement)
- Knowledge and expertise are passed from worker to worker – creating a powerful and resourceful workforce able to successfully serve both coworkers and customers alike. Utilizing the skills of OHA employees is a cost-effective method of passing on skills, knowledge and confidence
- Gaining valuable insights about formal/informal relationships and OHA priorities
- Increased training and learning by mentors and mentees with clear goals for learning objectives
- Expand beyond face-to-face mentoring supported by technology
- A recruitment tool that helps OHA to become an "Employer of Choice"
- Each Division review their data

Alternatives Analysis

This section of the business case provide a set of assumptions that guide the identification of alternatives, outline constraints, and create a framework for assessing each alternative against a set of solution criteria that will include a cost, benefit, risk analysis as well as an assessment of each alternative's ability to meet business requirements.

Assumptions

- OHA will adopt the recommendations and provide the managing entity authority to implement the Employee Mentorship Program
- People will be notified and informed on how they can participate in the program. Employees will be given examples of how they could utilize the program and how/why they might benefit
- The agency will approve participants' time and resources needed to operate and participate in the program

Constraints

- OHA will reject the Employee Mentorship Program recommendations
- OHA will not provide a formalized, agency-wide, model for mentoring
- OHA will not provide employees with paid time and resources for employees to engage in mentoring. Employee mentoring would be informal only
- OHA does not have enough of a budget to move forward with an employee mentoring program
- OHA Executive leadership does not support an agency-wide employee mentoring program
- An employee mentoring program is not viewed as a top priority for OHA at this time

Selection Criteria and Alternatives Ranking

The following criteria will be used to evaluate and select an alternative:

- Does the mentor program meet agency needs?
- Who will manage the mentor program?
- Is there an associated cost that will provide real benefits?
- Is the program sustainable?

Solution Requirements

The following describe the requirements which the solution approach will be evaluated against:

- Agency Needs – Does the program provide employees with opportunities to grow and learn while offering a platform to benefit from the knowledge and experience of others?
- Who will manage the mentor program – Is this managed and supported by Human Resources or another office. Will the managing entity be able to support various employee needs and areas? Is the program sustainable?
- Associated Cost/Benefit – will the agency realize real benefits in the form of increased employee job satisfaction, retention, and productivity?
- Sustainability – Is the program easily supported with clear guidelines on how to participate? Will there be clear guidelines that management can sign off on?

Alternatives Identification

- Approach 1, Adopt the DAS Program
- Approach 2, Informal Mentoring
- Approach 3, Status Quo

Alternatives Analysis

Approach #1 Adopt the DAS CHRO Program – Approve for OHA use. Low risk. Would allow adoption of DAS program and could possibly see a standard that would be appropriate across multiple agencies.

Approach #2 Informal Mentoring – Continue without a formalized agency program but allow mentoring without an agency template. Agency mentoring would not be officially supported. Low risk. Cost would be quantified in a loss of opportunity to track or realize employee satisfaction gains, experience as employees retire, and loss of otherwise robust and community relationships and partnership OHA has with other agencies and with the communities it serves.

Approach #3 Status Quo – Would possibly miss out on the benefits and employee satisfaction and growth of individuals.

Conclusions and Recommendations

Conclusions

The Oregon Health Authority faces a looming loss of experience within the next ten years where nearly 50% of its current workforce will be eligible to retire. Concurrently, with the potential loss of such a large experience base, OHA will be tasked with talent acquisition in an extremely competitive job market that will make it less than cost-effective to replace that loss of experience through external hiring. Research shows talent replacement from external sources costs the agency 1.5% of an employee's annual salary and benefit package before that person can be considered fully productive in his or her role. If we figure an average annual salary $92,892 and multiply that by 1.5% over the 2,239 employees who will be eligible to retire by 2022, OHA faces a talent acquisition cost of over $312 million dollars without an employee mentoring program in place to offset it. This figure does not include the cost of benefit packages and was calculated through information provided by OHA Human Resources.

The potential cost could be substantially higher beyond salary and benefits because, as those 2,239 employees who will be eligible to retire by 2022 do retire, there is a potential loss of community connections and networking outside of OHA that these employees have made during their tenure with the agency. These connections are relationships employees have built with; families and individuals in the areas they serve, external providers who serve the most at-risk people in our communities, policy-makers who affect what OHA does and how that work is done, and many other stakeholders within and outside of OHA. An in-place and fully supported peer mentoring program is the best option for lessening the potential upcoming impact of 2,239 eligible retirees by 2022 because this knowledge can be passed from mentor to mentee.

Mentors in an OHA employee mentoring program are necessary and crucial to help OHA maintain its effectiveness within Oregon's community at large as they will pass on their experience and knowledge gained from it to their mentees. Mentors will also help mentees with building the internal and external relationships needed for OHA to maintain and improve its effectiveness as it serves Oregonians. A mentor serves as a bridge that connects a mentee with, and to, internal and external relationships. This bridging will help preserve what the mentor has built and gives the mentee paths and experience to continue building upon. This is not necessarily something that would happen with external hiring.

The lost relationships, plus increased recruitment costs, and the loss of experience and knowledge not passed on through mentoring these 2,239 eligible retirees represent would make it near impossible for OHA to realize its Triple Aim goals of better health, better care, and lower costs. Instead, it is likely that OHA employees would realize less resources, missed timelines, damaged community relationship and partnerships, and an increasing sense of frustration and ineffectiveness.

Without an employee mentoring program in place that passes on knowledge, bridges relationships, and supports employees in all aspects of their careers, including mentoring support for employees from historically underrepresented and marginalized groups, OHA will find it difficult to become an employer of choice and will instead realize lowered employee morale plus many other detrimental impacts.

Recommendations

It is recommended that OHA explore the DAS CHRO Mentorship Program and generate agency specific modifications to meet agency business needs. OHA can use this framework and adapt it to include mentoring for new employees, for personal and career development at all levels, and for mentoring relationships that specifically support employees from historically marginalized groups that are traditionally underrepresented in the OHA employee population.

If this project moves into the implementation phase, it is further recommended that an implementation and evaluation timeframe of one year for the mentoring pilot program be considered to allow leadership within OHA the ability to pilot the program within select divisions, evaluate the pilots, assess what changes and adjustments are needed and then roll out the program agency-wide. A short time period for piloting, assessment and agency-wide implementation is needed in order for OHA to have time to ascertain which divisions are the most likely to experience the greatest number of retirees and talent loss so as to have mentees in place within those divisions and learning from potential retirees who are willing to be mentors.

One final recommendation is that this business case should be shared with DHS leadership and they be invited to join in and implement the Employee Mentoring Program.

Consequences of Failure to Act

Should OHA decide to not implement and fully support an employee mentoring program, there will be a loss of talent, experience, skills, and relationships that will be difficult to repair and replace. Employees that were not mentored who are hired to replace retirees will need to build their knowledge and experience from the beginning, something that mentored employees would not have to do. This will result in the loss of employee productivity, missed commitments to internal and external stakeholders, a decline in the confidence in and of OHA, increased costs needed to achieve similar performance levels with previous staffing, lower employee morale, and several hundred million dollars needed for talent acquisition and replacement.

A failure to implement an employee mentoring program designed to provide mentorship to OHA employees who will still be working for the agency after 2022 will mean

that OHA will lose its effectiveness in serving Oregonians. OHA will have a difficult time maintaining employee morale due to increased pressure to deliver and improve upon performance levels while maintaining community relationships and rebuilding lost operational knowledge retirees were not able to impart upon mentees.

Appendixes and References

DAS Agency Toolkit and other documentation

DHSOHA Leadership Academy

Mentee Orientation_201803

Mentee Orientation_201803

Mentee application_201803

17-18 pilot recap_20180319.doc

Mentorship Info 2018_20180319.pdf

Mentor Training_20180319.p

Mentor application_2018031

Appendix C-11. Community Engagement Strategies Checklist

Community Engagement Strategies Checklist: Oregon Health Authority

Creating community partnerships through relationship and trust building facilitates the communication needed to understand how to meaningfully improve systems. Community engagement "often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices" (CDC, 1997, p. 9).

Agencies and organizations should support community-led development of policy solutions that seek to address barriers diverse communities experience in systems for the ultimate goal of eliminating health inequities. Resources should be allocated to support active/meaningful community participation in decision making, especially from those who are underrepresented and most vulnerable. Encourage diverse community participation and remove barriers that prevent individuals from being actively involved by consulting community partners on respectful ways of engaging. It is key to be transparent about expectations of community partner involvement. These strategies shift away from telling communities what they need and facilitates communities identifying the most pressing issues and leading the development appropriate solutions. Strategies for community engagement can include:

Relationship Building

- Meaningful community engagement strategies begin with budget planning to ensure there are sufficient resources allocated to fully support this work. Insufficient resources and expectations that individuals volunteer their time can leave stakeholders feeling like community engagement was an afterthought, and not really valued.
- Investing in internal capacity building through training (i.e. unconscious bias, health equity, diversity and inclusion, etc.) over time supports readiness for respectful community engagement.
- If requesting that individuals provide expertise in developing strategic equity (or other organizational) plans, contributors should be supported by offering funding and resources to accomplish the task, just as any other consultant would be offered.
- Mistakes are to be expected. Acknowledge missteps, and ask for feedback for future improvement.

Cultural Competency

- Ask community partners what the preferred ways of engaging are to ensure approaches are culturally and linguistically appropriate for each community.
- Invitations to participate should be via culturally appropriate means (i.e., radio, in-person announcement, through community leaders, etc.).
- Have food for meetings that are scheduled during meal times. This is a more culturally appropriate approach which helps facilitate relationship building. Community members appreciate having a meal available, it helps them to feel comfortable, and is a sign that their time is valued. Additionally, this prevents community members in incurring expenses from eating away from home, or needing extra time for pre-preparing meals to bring during meetings.
    - Be sure to ask about culturally appropriate foods and ways of serving the meal.

Language Access & Alternate Formats

- Materials should be written in plain language and at a sixth grade level.
- Have meeting materials (agendas, evaluations, handouts, signage, etc.) professionally translated.
- Request that meeting facilitators, speakers and participants limit use of jargon and acronyms so that all participants can understand meeting content.
- Consider using infographics or other visual materials.
- Consider limiting use of written materials to be inclusive of those unable to read.
- Materials should include an alternate formats statement at the beginning of the document. For example, "You can get this document in other languages, large print, braille or a format you prefer free of charge. [Insert program/contact, phone and email]. We accept all relay calls or you can dial 711."
- Notice of an event that invites public should have the following statement to ensure access, "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, and audio and other formats. If you need help or have questions, please contact [contact name] at [contact phone number], 711 TTY, [contact email] at least 48 hours before the meeting."

Accommodations

- The meeting organizer should ask attendees ahead of time if any accommodations are needed so people can fully participate, as well as providing a point of contact for information.
- Provide language access services by ensuring that professional interpretation, American Sign Language (ASL), and/or Communication Access Realtime Translation (CART) captioning services are offered for deaf or hard of hearing persons.
- Ensure meeting spaces are ADA accessible. See this ADA Toolkit for requirements.
- Avoid scheduling meetings before 10 a.m. or later in the evening, as individuals using personal assistance care may need additional time to arrive/depart.
- Provide a private lactation space for nursing mothers.
- Ask that meeting participants refrain from using tobacco and products with fragrance. The following statement can be included in meeting announcements/ invites, "[Insert name of organization] strives to ensure the comfort and safety of staff and visitors by requiring a smoke free environment and encouraging a fragrance free environment."

Other Incentives

- Stipends, gift cards, or honoraria should be made available for community members not affiliated with or representing government agencies.
- Offer free childcare (as feasible) for stakeholder meetings.
- Provide transportation assistance, for example: round trip bus tickets, parking reimbursement/ validation, etc.

Feedback

- Ask community members for feedback after meetings to ensure needs and expectations are met.
- Share back how input was used in a clear, transparent, and culturally-appropriate manner.
- Provide multiple avenues for feedback (i.e. verbally, anonymous notes at in-person meetings, email, etc.).

Questions to ask during the meeting / event

- Are community partners leading the direction of the work, or are we plugging them into our agenda?
- Is there shared decision-making with all parties impacted?
- Are community partners at the intersections (e.g. people of color with disabilities) who are most impacted by the topic or issue, present and fully participating?
- Are there more accessible ways for information be conveyed (e.g. visuals, audio presentation, role-play)?

Resources for Further Reading

Americans with Disabilities Act (ADA)
Limited English Proficiency (LEP)
Section 1557 of the Patient Protection and Affordable Care Act
National Culturally and Linguistically Appropriate Services (CLAS) Standards
Oregon Health Authority (OHA) Nondiscrimination Policy
Principles of Community Engagement, Second Edition
ADA Toolkit
Planning ADA Accessible Meetings and Events
Health Equity and Inclusion Program Strategies

Appendix C-12. Employee Resource Groups (ERGs) Policy

DIRECTOR'S OFFICE

Office of Equity and Inclusion

Operational Policy

Policy title:	Employee Resource Groups (ERGs) policy		
Policy number:	OHA-010-011		
Original date:	12/20/2017	Last update:	12/20/2017
Approved:	Kris Kautz		

Purpose

The Oregon Health Authority (OHA) is committed to supporting the growth and development of workforce diversity through fostering the development of Employee Resource Groups (ERGs). ERGs promote diversity and inclusion within OHA; foster and strengthen workplace effectiveness and leadership abilities; enhance professional development; and promote career growth and success within OHA.

Description

This policy establishes the requirements for the creation of OHA recognized ERGs that support the agency's diversity, inclusion and equity activities.

Applicability

This policy applies to all OHA staff including employees, volunteers, trainees, interns, externs, and contractors.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with state or agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal from state service.

Policy

1. OHA recognizes the Employee Resource Group (ERG) Program as a critical initiative to support the growth and development of a diverse workforce.
2. OHA shall allow full time employees to use up to eight hours per month of work time (non-overtime) to attend ERG meetings and participate in ERG activities.
    a. Managers shall work with part-time employees interested in participating in ERG's to calculate a prorated amount of time they can spend on ERG activities, for example, a .5 FTE position (20 hours per week) would be eligible for up to four hours per month.
    b. Managers or agency point persons shall work with volunteers, trainees, interns, externs and contractors interested in participating in ERG's to identify an appropriate

way to participate in ERG activities, while meeting their employment and contract obligations.

3. When using work time to participate in ERG activities, employees shall request prior approval from their manager in order to allow managers time to ensure adequate staff coverage.
4. Managers shall approve employee requested time for ERG participation unless the operational needs of the agency or department cannot be met without the employee's attendance during the requested time.
5. Managers shall allow employees on trial service to participate in ERG activities unless there is a business need that prevents it.
6. Managers shall use standard leave policy, process and criteria for responding to employees who request to use work time beyond what is allowed by this policy.
7. Members of an ERG are responsible for:
   a. Determining how it will be organized.
   b. Selecting officers and recruiting inclusive membership.
   c. Setting meetings and activities including frequency, location, purpose and content.
   d. Securing an executive sponsor (see 9 b for guidance);
   e. Developing and maintaining a contact list for members.
   f. Facilitating communication among members.
8. ERGs shall not enroll individuals to its membership who are not current employees, interns, externs, volunteers or contractors of OHA.
9. In order to be recognized by the OHA Office of Equity and Inclusion Division (OEI), each ERG shall:
   a. Complete an application process that includes having a formal charter, member roles, goals, and rules which establishes a sustainable structure and its relevance to the business of the agency. ERG Charters must be reapproved every biennium.
   b. Secure and maintain an executive sponsor, who is either the OHA Director, a division director, or an executive manager who reports directly to the OHA director or a division director. ERGs may seek an exception from OEI for an executive sponsor who does not meet this criteria.
   c. Agree to coordinate with the agency's efforts to promote diversity issues including, but not limited to, serving on the agency's Diversity Leadership Team.
   d. Maintain at least five active members and meet at least once a calendar year.
   e. Submit an annual report to OEI by June 30th of every year.
   f. Allow all OHA staff to participate in ERG meetings and activities, as long as they are supportive and an ally to the mission of the group.
   g. Ensure that the group is governed by current employees.
10. The ERG's executive committee may engage in due process, such as a majority vote, to prevent individuals from participation, whether members or participants, if the individual violates ERG rules, or demonstrates disruptive, disrespectful, or unprofessional behavior.
11. ERG events may be open to community members who are not affiliated with OHA, including employees from other state agencies, and clients, consumers, and patients who receive OHA services.
12. OEI shall provide support to ERGs, including:
    a. Consultation to individuals seeking to start an ERG.
    b. Reviewing, providing feedback and managing the process to approve or deny proposals to form a new ERG.
    c. Providing technical assistance to officially recognized ERGs.
    d. Reviewing the Annual Report submitted by each ERG.
    e. Identifying any deficiencies that preclude recertification for the following year.

f. Determining whether the ERG will be re-certified for the next fiscal year.
g. Connecting interested ERG members with interested members of OHA executive leadership.
h. As available, providing funding to support ERG activities.
i. Facilitating a Diversity Leadership Team that is made up of ERG members and executive managers to provide consultation around advancing OHA's Affirmative Action Plan goals.
j. Facilitating connections with similar ERGs in other organizations to support ERG success in OHA.

13. The ERG's executive committee or OEI may discontinue an ERG by providing a letter describing the reason(s) for ending the group's activities.
   a. When the receiving party has reviewed the letter, it may accept the decision or request a meeting to allow for a more comprehensive discussion before accepting the letter.
   b. Reasons for discontinuation may include, but are not limited to:
      i. Actions or conduct that reflect negatively on OHA.
      ii. Lack of an executive sponsor or executive committee structure.
      iii. Low membership (less than five) or inactivity for a prolonged period.
      iv. Discrimination against or exclusion of interested members.
      v. Inability to demonstrate sufficient achievement of ERG group goals.
      vi. Inability or unwillingness to comply with the requirements of the ERG Policy.

14. State law prohibits public employees from engaging in certain political activities while on the job during working hours.
   a. An ERG designed around prohibited political activity, including but not limited to, the topic of political candidacy and political measures, whether for or against, will not be approved by the agency.
   b. An ERG may not engage in political activity, including but not limited to, seeking to advance a political position or candidate, or to convince other employees to adopt or adhere to a particular political position or viewpoint.

15. Federal and state law prohibits government from the establishment of religion. Governments must pursue a course of neutrality, favoring neither one religion over another nor religion generally to non-religion.
   a. An ERG may not be organized for the purpose of advancing or opposing any religion, religious viewpoint or belief.
   b. An ERG may not engage in religious or worship activity.
   c. This section should not be interpreted to interfere with any individual employee right or religious accommodation that is permissible by law and policy.

References
OHA Affirmative Action Plan (2017-2019)
Affirmative Action and Equal Employment Opportunity (AA/EEO) data

Related Policies
DAS 50.010.01, Discrimination and Harassment Free Workplace

Contact
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971-673-1288, 7-1-1 for TTY

Policy history
Version 1 OHA policy 12/20/2017

Keywords
Employee Resource Groups (ERGs), workforce diversity and inclusion, affirmative action, equal employment opportunity, employee retention and promotion

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this document in another format or language, contact OHA Office of Equity and Inclusion at 971-673-1288, 7-1-1 for TTY, or email elizabeth.c.sanders@state.or.us.

Appendix C-13. Implementation of Race, Ethnicity, Language, Disability (REALD) and ACA 1557 Data Collection Standards Policy

OFFICE OF EQUITY AND INCLUSION

Oregon Health Authority

Operational Policy

Policy title:	Implementation of Race, Ethnicity, Language, Disability (REALD) and ACA 1557 Data Collection Standards		
Policy number:			
Original date:	7/16/2018	**Last update:**	7/16/2018
Approved:			

Purpose

The purpose of this policy is to direct and ensure that the implementation of REALD data collection standards, analysis and reporting, is managed in a manner that is consistent, efficient, timely and in compliance with HB 2134, Oregon Administrative Rules (OARs) 943-070-0000 thru 943-070-007 and agency resources. The significance of the REALD standards is to recognize diverse identities, respect how people self-identify, and address health inequities with accurate and disaggregated data. In addition to the REALD standards, this policy also includes a process for developing standards for gender identity and sexual orientation per ACA Rule 1557.

Description

This policy and the corresponding resource guide ensure the implementation of REALD data collection standards, analysis and reporting in a manner that is consistent, efficient, timely and in compliance with Oregon Administrative Rules (943-070-0000 thru 943-070-007) and agency resources. This policy also includes a process for developing standards for gender identity and sexual orientation per ACA Rule 1557.

Applicability

This policy applies to all OHA programs and activities, staff including employees, volunteers, trainees and interns as well as contractors and subcontractors, who collect and record or report any demographic data through any means, such as sex, gender identity, age, race, income, ethnicity, disability, or language.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with state or agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal from state service.

DRAFT

Definitions

For the purpose of this policy, the following definitions apply:

1. "Control" refers to the level of control OHA staff have on making changes to the data collection instrument; the degree of control does not depend on the availability of sufficient resources.
2. "Directly" means that OHA or OHA contracted data vendor collects the demographic data directly from individuals.
3. "Indirectly" means that the demographic data from individuals is collected by external partners.

Policy

1. All new data systems for collecting individual level demographic information shall be fully compliant with the REALD standards before going online.
2. Existing data systems collecting demographic data shall be compliant with the REALD standards as specified in Table 1.
3. Prioritized datasets will follow the compliance schedule designated in Table 2 based upon degree of control factors outlined in the table.
4. Non-prioritized datasets will follow the compliance schedule designated in Table 3 based upon degree of control factors outlined in the table.
5. Programs with data systems not currently in full REALD compliance shall complete a work plan for compliance and complete an online assessment survey, considering routine agency planning, budgeting, resources, and data collection cycles. The work plan shall be completed as specified in Table 1.
   a. For datasets in which there is a **medium to high** degree of control by OHA and the data is collected **directly** by OHA or contracted OHA data vendor:
      A. Within 3 months of passage of policy for **prioritized** data se*ts*
      B. Within 6 months of passage of policy for all other datasets.
   b. For all other datasets:
      A. Within 12 months of passage of policy for **prioritized** data se*ts*
      B. Within 24 months of passage of policy for all other datasets.
6. Workplans shall be completed following the guidance in the REALD Implementation Guide. A sample work plan is also in the Implementation Guide. Work plans shall reflect an actionable plan with timelines detailing how the program shall achieve compliance with the REALD standards.
   a. For existing data sets *that rely on data collected indirectly by external partners*, in addition to the key elements listed in the sample work plan, the work plan shall include an **assessment** containing the following elements:
      A. Required system level changes;
      B. Resources needed to bring the data system into compliance;
      C. The need for data agreements or contracts with subcontractors and external partners; and
      D. Estimated timelines for full compliance with the REALD standards.
   b. Work plans shall be submitted to the Office of Equity and Inclusion (OEI) Equity & Inclusion Policy/REALD Data Analyst containing the key elements listed in the sample work plan.
   c. To help with accountability and tracking of REALD compliance, the OEI director in consultation with the OEI Equity and Inclusion Data Analyst shall approve all work plans.
7. The Office of Equity and Inclusion (OEI) Division shall convene a REALD Governance Committee made up of a representative from each OHA division, a representative from the Health Equity Committee, and three external stakeholders with general knowledge of using data to advance health equity. The committee may invite other stakeholders to provide consultation on specific data issues as needed. The committee shall:
   a. Include at least one individual in each of the following groups: an individual with disability, a member of a community of color, and a person from an immigrant or refugee community.

b. Advise on exemptions, modifications to REALD data categories and questions, implementation progress, and other issues that come up requiring decisions by the OHA director or the OEI Director.
c. Review extensions granted by the Agency.
d. Meet at least three times a year.

8. The OHA director, or a designee, in consultation with the OEI Director and the OEI Equity and Inclusion Data Analyst may grant extensions for implementation on a case-by-case basis when:
   a. A contract requires a program conducting work to use defined data collection protocols, instruments, algorithms, or databases that specifically prohibit modification.
   b. An external entity provides the data used by the program and is not currently obligated by contract, legal mandate or a memorandum of understanding to collect the REALD minimum data elements.
   c. A researcher is concerned about reporting using the REALD categories because of statistical unreliability in the data, small sample sizes, or privacy concerns. In this case the researcher shall:
      A. Consult with the State Epidemiologist or Office of Health Analytics Director as appropriate. Recommendations may include aggregation of the demographic subgroup or report separately.
      B. Demonstrate an attempt to address challenges or alternative ways to address challenges such as oversampling.
      C. Notify the OEI Equity and Inclusion Analyst by email documenting the consultation and rationale, for review by the REALD governance committee, and submission to the OHA director, or a designee, in consultation with the OEI Director for approval.
9. The data standards represent minimum standards and do not limit the collection of additional necessary data.
   a. Data collection systems such as surveys that are not client or member-based shall use the language questions listed in the Figure 1 designation of the references to identify and address disparities.
   b. If program staff thinks the REALD categories and question are not appropriate under particular circumstances, or the questions and categories needs to be modified, the program staff shall consult with the OEI Equity and Inclusion Analyst for review of suggested modifications; changes to the standards and exemptions need to be presented to the REALD Governance Committee (see 7b above).
   c. REALD categories and questions shall not be omitted due to issues inherent in disparity research, including but not limited to limitations in data systems such as the number of fields or comparability of categories among systems; the space on paper or electronic collection forms; or privacy concerns.
10. OHA programs shall use the disaggregated REALD data categories as much as possible when generating existing reports and publicly available data.
11. The collection of data shall be sensitive to constituent concerns about potential misuse or abuse.
    a. Reporting shall not violate the privacy of individuals represented in the dataset.
    b. Information on the validity and reliability of the data shall be included in reporting, if available.
12. OEI shall provide biannual dashboard tracking progress on work plans and compliance to OHA leadership and program managers overseeing datasets with demographics.
13. In odd numbered years, OEI shall submit to OHA leadership and legislators the results of the annual survey assessing datasets or data systems not yet in full compliance with the REALD data collection standards.
14. No later than September 30, 2018, OEI shall begin developing recommendations for data collection standards through a community engagement process that includes internal and external

stakeholders, and centers on those reflected in, and most affected by, the gender identity and sexual orientation data collection standards.

References

Figure 1. Language Questions for Non-Client Based Data Systems

1. Do you speak a language other than English at home? (5 years old or older) (Response categories: Yes, No, Don't know or Unknown, Don't want to say or Decline to answer).

For persons speaking a language other than English (answering yes to A above):

2. What is this language? (5 years old or older) (Response categories shall include American Sign Language, Other sign language, Don't know or Unknown, Don't want to say or Decline to answer).
3. What language do you feel most comfortable speaking with your doctor or nurse? (5 years old or older) (Response categories shall include American Sign Language, Other sign language, Don't know or Unknown, Don't want to say or Decline to answer).
4. In which language would you feel most comfortable reading medical or health care instructions? (15 years old or older) (Response categories shall include Don't know or Unknown, Don't want to say or Decline to answer).
5. How well do you speak English? (5 years old or older) (Response categories: Very Well, Well, Not Well, Not at all, Don't know or Unknown, Don't want to say or Decline to answer).

Table 1. **Workplan and Compliance Timelines from Date of Passage of Implementation Policy**

	Prioritized Dataset / Data System?	
	Yes	No
Medium to high control & data is collected **directly** by OHA or OHA data vendor	Workplans: 3 months Compliance: 18 months	Workplans: 6 months Compliance: 36 months
Low control & data is collected **directly** by external partners **Medium to high control** & data is collected **indirectly** by external partners	Work plans: 12 months Compliance: 36 months	Work plans: 24 months Compliance: 48 months
Low control & data is collected **indirectly** by external partners	Workplans: 12 months Compliance: To be determined from the workplan assessment process.	Workplans: 24 months

Table 2. **Prioritized OHA/Shared Datasets with Timelines for Work plans and Compliance**

#	Name of OHA or Shared Dataset	Level of Control on Changes to Dataset	Data Collected (how)	Months Due upon Passage of Policy	
				Workplan	Compliance
1	Behavioral Risk Factor Surveillance System	High	Direct	3	18
2	CAREAssist	High	Direct	3	18
3	Integrated Youth Survey *	High	Direct	3	18
4	Mental Health Statistics Improvement Program Survey	High	Direct	3	18
5	Pregnancy Risk Assess. Monitoring System 1	High	Direct	3	18
6	Pregnancy Risk Assess. Monitoring System 2	High	Direct	3	18
7	Targeted Populations & General Public Survey Tracking	High	Direct	3	18
8	Measures & Outcomes Tracking System	High (OHP/ICS)	Direct	3	18
9	OR Violent Death Reporting System*	Low	Direct	12	36
10	All-payer all-claims database (APAC)	Low/High (OHP)	Both	12	36
11	Ahlers/ScreenWise - WISEWOMAN & BCC	High	Indirect	12	36
12	Oral Dental Sealant Program*	High	Indirect	12	36
13	Women Infant Children Data System (TWIST)	High	Indirect	12	36

14	Birth certificate	Low	Indirect	12	TBD
15	Electronic Surveil.System Early Notif.of Com. Based Epidemics	Low	Indirect	12	TBD
16	Fetal Death	Low	Indirect	12	TBD
17	Lead Poisoning Database	Low	Indirect	12	TBD
18	Matched Infant Death (linked datasets)	Low	Indirect	12	TBD
19	OR Patient Resident Care System	Low	Indirect	12	TBD
20	Oregon Childrens' Health Care	Low	Indirect	12	TBD
21	Oregon Public Health Epidemiology User System	Low	Indirect	12	TBD

Note. Svy = Survey; OHP = Oregon Health Plan; ICS = Integrated Data Warehouse, TBD = to be determined from the workplan assessment process.
"Control" refers to the level of control OHA/DHS staff have on changes to data elements collected as well as how the data is collected; this estimation of control is subject to change with greater understanding of data system. The level of control is not dependent on resources or funding availability.
"Direct" indicates data collected directly from individuals by OHA staff (or vendors on contract with OHA to collect such data).
"Indirect" indicates that the data is collected indirectly by external partners.
"Both" refers to data collected directly by OHA/DHS (such as OHP), as well as indirectly from other providers.

* Several changes in datasets prompted changes to the list: 1) the Adolescent Suicide Attempt Data System (ASADS) is no longer used; instead, PHD is using the OR Violent Death Reporting System, 2) the Oral Dental Sealant Program is prioritized instead of the SMILE Survey, and 3) The Integrated Youth Survey was added as it will eventually replace Oregon Health Teen (OHT) surveys and the Student Wellness Survey when launched in 2020. Due to the end dates of the OHT survey (2019) and the SWS survey (2018), these two datasets are no long prioritized.

Table 3. **Non-prioritized OHA/Shared Datasets with Timelines for Workplan and Compliance**

#	Name of OHA or Shared Dataset	Level of Control on Changes to Dataset by OHA	Data Collected (how)	Months Due upon Passage of Policy	
				Workplan	Compliance
1	BRFSS Survey of State/School Employees	High	Direct	6	36
2	Client Process Monitoring System (CPMS)	High	Direct	6	36
3	Consumer Assessment of Health Plans & Systems Svy	High	Direct	6	36
4	Cuidate Entry & Exit Surveys	High	Direct	6	36
5	DAS/HR - Workday	High	Direct	6	36
6	DELTA respondents	High	Direct	6	36
7	DHS Volunteer Database (Shared-includes OHA)	High	Direct	6	36
8	Health Care Interpreter	High	Direct	6	36
9	Health Care Provider Survey Tracking System	High	Direct	6	36
10	Licensing for EMS Providers & Ambulance Agencies	High	Direct	6	36
11	OR ACCESS Case Mmgt System	High	Direct	6	36
12	OR Health Insurance Survey (OHIS)	High	Direct	6	36
13	OR Medical Marijuana Registry	High	Direct	6	36
14	PEBB/OEBB Claims	High	Direct	6	36
15	PEBB/OEBB Enrollment	High	Direct	6	36
16	PHD Interns/Volunteers	High	Direct	6	36
17	Regional Health Equity Coalition	High	Direct	6	36
18	SBHC Patient Satisfaction Survey	High	Direct	6	36
19	State Emergency Registry of Volunteers in Oregon	High	Direct	6	36
20	Survey of Oregon Young Adults	High	Direct	6	36
21	Traditional Health Worker Registry	High	Direct	6	36
22	Youth Services Survey	High	Direct	6	36
23	Health Licensing Office datasets	Medium	Direct	6	36
24	Health Professional Shortage Areas & Medically Underserved Areas	Medium	Direct	6	36
25	Healthcare Workforce Database	Medium	Direct	6	36
26	Medical Monitoring Project	Medium	Direct	6	36
27	SMILE Survey (Oral Health)	Medium	Direct	6	36
28	Workday (HR database)	Medium	Direct	6	36
29	Genetic Infor System (GenIs)	Low	Direct	24	48
30	211 info (SafeNet)	High	Indirect	24	48
31	Adult Abuse Database (OAAPI)	High	Indirect	24	48
32	ReproHealth-Title X & CCare	High	Indirect	24	48
33	SBHC Encounter Database	Medium	Indirect	24	48
34	Statewide EMS Pre-Hospital Care Data System	Medium	Indirect	24	48

Table 3. **Continued**

#	Name of OHA or Shared Dataset	Level of Control on Changes to Dataset by OHA	Data Collected (how)	Months Due upon Passage of Policy	
				Workplan	Compliance
35	ALERT Immunization Information System	Low	Indirect	24	TBD
36	ASPEN/MDS	Low	Indirect	24	TBD
37	Death Certificate	Low	Indirect	24	TBD
38	Death with Dignity	Low	Indirect	24	TBD
39	Dissolution of Domestic Partnership	Low	Indirect	24	TBD
40	Divorce	Low	Indirect	24	TBD
41	Early Hearing Detection & Intervention(EHDI)	Low	Indirect	24	TBD
42	Environmental Public Health Tracking	Low	Indirect	24	TBD
43	Healthcare Assoc. Infections Data from Natl Healthcare Safety Network	Low	Indirect	24	TBD
44	Induced Termination of Pregnancy	Low	Indirect	24	TBD
45	LIMS-Neometrics	Low	Indirect	24	TBD
46	LIMS-Orchard	Low	Indirect	24	TBD
47	Marriage	Low	Indirect	24	TBD
48	Newborn Screening	Low	Indirect	24	TBD
49	OR Acute Care Hospital Inpatient Discharge Dataset	Low	Indirect	24	TBD
50	OR EMS Information System	Low	Indirect	24	TBD
51	OR Registered Domestic Partnership	Low	Indirect	24	TBD
52	OR State Cancer Registry	Low	Indirect	24	TBD
53	OR Trauma Registry	Low	Indirect	24	TBD
54	Outpatient & Free-Standing Ambulatory Surgical Centers Discharge Data	Low	Indirect	24	TBD
55	Pesticide Exposure Safety & Tracking (PEST)	Low	Indirect	24	TBD
56	Prescription Drug Monitoring Program	Low	Indirect	24	TBD
57	Private Insurance Carrier & Ore Workers Comp Div .	Low	Indirect	24	TBD

Note. This Table does not include elite nor the Spider dataset due to insufficient information about these two datasets. TBD = to be estimated during the course of the assessment workplan.
"Control" refers to the level of control OHA/DHS staff have on changes to data elements collected as well as how the data is collected; this estimation of control is subject to change with greater understanding of data system. The level of control is not dependent on resources or funding availability.
"Direct" indicates data collected directly from individuals by OHA staff (or vendors on contract with OHA to collect such data). "Indirect" indicates that the data is collected indirectly by external partners.

Forms referenced

Insert forms here

Related policies

HB 2134: https://olis.leg.state.or.us/liz/2013R1/Downloads/MeasureDocument/HB2134
REALD OARS http://arcweb.sos.state.or.us/pages/rules/oars_900/oar_943/943_070.html

Contact

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Policy history

Insert date policy was established
Insert each revision date

Keywords

Race, racial, ethnic, ethnicity, language, disability, functional limitations, data collection standards, multiracial, demographics

Keywords should be designed to help individuals locate this policy when they need it.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this document in another format or language, contact the Publications and Design Section at 503-378-3486, 7-1-1 for TTY, or email dhs-oha.publicationrequest@state.or.us.

Appendix C-14. Alternate Formats and Language Access Services (AFLAS) Policy

OFFICES OF THE DIRECTORS
Office of Equity and Inclusion
Office of Equity and Multicultural Services

Operational Policy

Policy title:	Alternate Formats and Language Access Services		
Policy number:	DHS|OHA-010-013		
Original date:	12/24/2013	**Last update:**	06/16/2015
Approved:	Suzanne Hoffman, COO OHA; Jim Scherzinger, COO DHS		

Purpose

The Department of Human Services (DHS) and Oregon Health Authority (OHA) are committed to providing interpreters, translations, and alternate formats for non-English speaking persons, limited English proficient (LEP) persons, blind, Deaf and hearing impaired persons.

Description

This policy and its associated processes and guidelines provide specific steps and definitions for staff and agency programs to include in their respective plans that fully implement DHS and OHA language access and alternate formats initiatives.

Applicability

This policy applies to all DHS and OHA staff including employees, volunteers, trainees and interns.

As keepers of the public trust, all agency employees have a responsibility to comply with state and agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with state or agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal from state service.

Policy

1. DHS and OHA shall identify actions that remove barriers to accessing services the agencies provide.
2. Each DHS and OHA program shall include in their delivery of services, access to:
   a. Translations.
   b. Oral and sign language interpreters.
   c. Other alternate methods of communication for non-English speaking persons, limited English proficiency persons, and the blind, Deaf and hearing-impaired persons in our communities.

References

Title VI of the Civil Rights Act
Title II of the Americans with Disabilities Act of 1990
Section 504 of the Rehabilitation Act of 1973
LEP Policy Guidance for HHS Recipients
ORS 659A.103 Prohibiting Discrimination Against Individuals with Disabilities
ORS 411.970 When Bilingual Services Required
DHS Administrative Rules Chapter 407, Division 005
OHA Administrative Rules Chapter 943, Division 005

Forms referenced

DHS 0170, Client Complaint or Report of Discrimination: (PDF: English, Spanish, Russian)
DHS 0170A, Review of Client Complaint: (Word) (PDF)
DHS 0171, Client Comment: (PDF: English, Spanish, Russian)
DHS 0173, Request for ADA Reasonable Modifications (PDF)

Related policies

DHS-010-005-01 Filing a Client Complaint or Report of Discrimination
DHS-010-005-02 Scheduling a Sign Language Interpreter and Real-Time Captioner
DHS-010-005-03 Ordering Documents in Alternate Format
DHS-010-005-04 Requesting Reasonable Modifications by Client Applicants, Clients and Members of the Public
DHS-010-005-05 Using the Oregon Telecommunications Relay Service

Contact

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OHA Office of Equity and Inclusion
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Email: Languageaccess.info@state.or.us

Policy history

12/24/2013 Initial release
07/10/2014 Approved DHS|OHA Joint Policy Steering Committee
06/16/2015 Approved DHS|OHA joint process

Keywords

Alternate communications, alternate format, alternative communications, blind, communication assistance, Deaf, English as a second language, hearing impaired, interpret, interpreter, interpretation, interpretation services, language access, limited English proficiency, sign language, translate, translation, translator, translation services

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this document in another format or language, contact the Publications and Design Section at 503-378-3486, 7-1-1 for TTY, or email dhs-oha.publicationrequest@state.or.us.

Appendix C-15. Oregon State Hospital Transgender and Gender Non-Conforming Treatment Policy

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

SECTION 6:	Patient Care	**POLICY: 6.061**
SUBJECT:	**Transgender and Gender Non-Conforming Treatment**	
POINT PERSON:	**CHIEF MEDICAL OFFICER**	
APPROVED:	**DOLORES MATTEUCCI** **SUPERINTENDENT**	**DATE: JUNE 1, 2018**

I. POLICY

A. Health care personnel (HCP) will recognize and respect the medical and clinical treatment needs of transgender and gender non-conforming patients and will create a supportive environment as referenced in Oregon State Hospital (OSH) Policy 5.004, "Valuing Diversity".

B. Each patient will have opportunity to access supports listed in patient handbooks, clothing, bathrooms, and showers to affirm their gender identity and gender expression as a qualified professional deems clinically and medically necessary.

1. Within reason, a patient may:
   a. be recommended to a qualified professional for a gender dysphoria clinical evaluation to begin the treatment process;
   b. continue their existing gender-affirming health care treatment prescribed by a qualified professional;
   c. discontinue their existing gender-affirming health care treatment prescribed by a qualified professional;
   d. choose not to participate in gender-affirming health care treatment prescribed by a qualified professional; and
   e. have access to gender dysphoria treatments or supports.
2. OSH will maintain a list of qualified professionals with the Diversity Liaison.
3. The interdisciplinary treatment team (IDT) should refer a patient request for a qualified professional evaluation or treatment to the Diversity Liaison.

C. In accordance with OSH Policy 6.011, "Interdisciplinary Treatment Team" and other regulations, treatment care plans (TCP) for a transgender or gender non-conforming patient will be written in collaboration with the patient, and should consider relevant clinical standards including but not limited to World Professional Association for Transgender Health (WPATH) and trauma-informed care practices.

D. OSH, in collaboration with the patient, will provide recommendations for treatment and discharge planning based on a patient's gender identity, not assigned sex, in accordance with WPATH clinical standards. Discharge planning considerations include determining placement recommendations and considering the accessibility of a qualified professional to continue the patient's treatment after discharge.

E. If the IDT has safety concerns regarding the patient intentionally accessing supports or using supports to harm self or others, the IDT should consider implementing enhanced supervision in accordance with OSH Policy 6.010, "Enhanced Supervision".

F. If any transgender or gender non-conforming support limitation is established:

   1. the patient must have access to consult with a qualified professional,
   2. the support limitation must be documented in the TCP, and
   3. a qualified professional must review the TCP.

G. Any limitations placed on transgender or gender non-conforming patient access to healthcare, treatment services or supports identified in this policy must be documented in the patient's medical record prior to implementing such limitations. Documentation must include safety concerns or concerns about clinical contraindications.

H. At a patient's request, HCP will provide support resources and information for transgender and gender non-conforming patients. Information may include legal name change in court; name change in government offices (*e.g.,* identification cards, social security cards); and obtaining a new OSH identification badge.

I. In accordance with Oregon Administrative Rules (OAR) 309-114-0000 through 309-114-0030, the patient must be determined to have capacity before the patient may consent to a proposed significant procedure such as gender dysphoria treatment, which includes but is not limited to prescribed hormones and surgical treatments.

   1. The patient's capacity to make an informed decision and informed consent must be documented in the patient's medical record.
   2. If a patient is deemed unable to provide informed consent, HCP must refer to Oregon Revised Statute 127.760 for information regarding appointed guardians and declarations for mental health treatment.

J. When conducting a personal search of a transgender, gender non-conforming and gender non-binary patient, HCP will be assigned based on the patient's gender identify and safety preference, not assigned sex in accordance with provisions of OSH Policy 8.041, "Personal Searches".

K. HCP should attempt to provide equal services and accommodations to gender dysphoria patients. Unit and room assignment for a transgender or gender non-conforming patient should be considered by gender identity, not assigned sex.

The decision should be made on a case-by-case basis based upon the needs of the patient, including but not limited to considerations of the patient's safety and privacy. A patient may request alternative accommodations to protect their health, safety or privacy.

L. Where there is disagreement between the services recommended by the IDT, a qualified professional, and the services requested by the patient, resolution will first be sought with Consumer and Family Services. If a resolution cannot be reached, the issue will be resolved by the Chief Medical Officer (CMO).

M. The CMO will review and determine any action regarding issues not covered in this policy.

N. Education on the provisions of this policy will be coordinated by the Diversity Liaison.

O. In accordance with regulation and OSH policy, a HCP who fails to comply with this policy or related procedures may be subject to disciplinary actions, up to and including dismissal.

II. DEFINITIONS

A. "Assigned sex" means a person's sex recorded at birth.

B. "Clinically necessary" for the purpose of this policy means the determination that a current or proposed mental health treatment service is appropriate to the evaluation and treatment of a mental health condition and consistent with applicable standards of care for the mental health condition.

C. "Gender-affirming care" means interventions and behaviors that support a person's gender and can include access to gender-affirming supports.

D. "Gender-affirming pronouns" means pronouns that reflect a person's gender identity or pronouns preferred by a person.

E. "Gender dysphoria" means a marked incongruence between a person's experienced or expressed gender and assigned gender for at least six months' duration and as manifested by at least two criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

F. "Gender expression" means the manner in which an individual's gender identity is expressed, including, but not limited to, clothing, appearance, manner, or speech.

G. "Gender identity" per OAR 839-005-0003, means an individual's gender-related identity, whether or not that identity is different from that traditionally associated with the individual's assigned sex at birth, including, but not limited to, a gender identity that is transgender or androgynous.

H. "Gender non-conforming" means a person whose gender identity cannot be categorized as solely male or female. This is not a synonym for transgender. The definition may also describe a person who identifies as gender nonbinary or genderqueer.

I. "Health care personnel" for the purposes of this policy means the population of health care workers working in the OSH healthcare setting. HCP might include, but is not limited to: physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, students and volunteers, trainees, contractual staff not employed by the facility, and persons not directly involved in patient care (*e.g.* clerical, dietary, housekeeping, maintenance).

J. "Medically necessary" for the purposes of this policy means the determination that a current or proposed medical treatment service is appropriate to the evaluation and treatment of a medical condition and consistent with applicable standards of care for the medical condition.

K. "Qualified professional" in this policy means a licensed healthcare professional who is determined by OSH to have sufficient qualifications and experience treating gender dysphoria to provide clinical evaluation, determine gender dysphoria treatment clinical or medical necessity, or provide other relevant treatment services to an OSH patient.

L. "Supports" for the purpose of this policy means any items or behaviors relating to respecting and affirming the gender identity of a person. Supports include but are not limited to: clothing and hygiene items, respectful use of gender-affirming pronouns, providing access to gender-neutral restrooms or restrooms based on gender identity, providing access to identification cards and name tags consistent with gender identity, and providing access to standards of care identified as best practice.

M. "Transgender" means any person whose gender identity or gender expression is different from the cultural expectations based on assigned sex.

II. REFERENCES

Department of Administrative Services Policy. *Discrimination and harassment-free workplace*, 50.010.01. Author.

Department of Administrative Services Policy. *Maintaining a professional workplace*, 50.010.03. Author.

Department of Human Services Office of Equity and Inclusion. *Department of human services discrimination and harassment guidelines and procedure*, DHS-010-017-01. Author.

Joint Commission Resources (2011). *Advancing effective communication, cultural competence, and client- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBTQI+) community, A field guide*. Oakbrook Terrace, IL: Author.

Oregon Administrative Rules §§ 309-114-0000 — 309-114-0030.

Oregon Administrative Rule § 309-033-0210.

Oregon Administrative Rule § 581-022-1440.

Oregon Administrative Rule § 839-005-0003.

Oregon Revised Statute § 127.760.

Oregon Revised Statute § 179.750.

Oregon State Hospital Policy. *Contraband and prohibited items*, 8.044. Author.

Oregon State Hospital Policy. *Enhanced supervision*, 6.010. Author.

Oregon State Hospital Policy. *Identification badges*, 8.007. Author.

Oregon State Hospital Policy. *Personal searches*, 8.041. Author.

Oregon State Hospital Policy. *Trauma screening*, 6.052. Author.

Oregon State Hospital Policy. *Valuing diversity*, 5.004. Author.

World Professional Association for Transgender Health (2012). *Standards of care for the health of transsexual, transgender, and gender-nonconforming people*. (7th ed.). Author.

Appendix C-16. Definitions of EEO-4 Job Categories

A — OFFICIALS/ADMINISTRATORS

Occupations in which employees set broad policies; exercise overall responsibility for execution of these policies; direct individual departments or special phases of the agency's operations; or provide specialized consultation on a regional, district, or area basis. Includes departmental heads, bureau chiefs, division chiefs, directors, deputy directors, controllers, examiners, wardens, superintendents, inspectors and kindred workers.

B — PROFESSIONALS

Occupations that require specialized and theoretical knowledge usually acquired through college training or through work experience and other training that provides comparable knowledge. Includes personnel and labor relations workers, social workers, doctors, dietitians, psychologists, registered nurses, economists, lawyers, systems analysts, accountants, engineers, employment and vocational counselors, teachers and instructors, and kindred workers.

C — TECHNICIANS

Occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized postsecondary school education or through equivalent on-the-job training. Includes computer programmers and operators, drafters, surveyors, licensed practical nurses, photographers, radio operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences), assessors, inspectors, police and fire sergeants, and kindred workers.

D — PROTECTIVE SERVICE WORKERS

Occupations in which workers are entrusted with public safety, security, and protection from destructive forces. Includes police patrol officers, fire fighters, guards, deputy sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, and kindred workers.

E — PARAPROFESSIONALS

Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually requires less formal training and/or experience normally required for professional or technical status.

Such positions may fall within an identified pattern of staff development and promotion under a "new careers" concept. Includes library assistants. research assistants, medical aids, child support workers, police auxiliary, welfare service aides, recreation assistants, homemaker aides, home health aides, and kindred workers.

F — OFFICE/CLERICAL

Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information, and other paperwork required in an office. Includes bookkeepers, messengers, office machine operators, clerk/typists, stenographers, court transcribers, hearings reporters, statistical clerks, dispatchers, license distributors, payroll clerks, and kindred workers.

G — SKILLED CRAFT WORKERS

Occupations in which workers perform jobs that require special manual skill and a thorough and comprehensive knowledge of the processes involved in the work acquired through on-the-job training and experience or through apprenticeship or other formal training program. Includes mechanics and repairers, electricians, heavy equipment operators, stationary engineers, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters, and kindred workers.

H — SERVICE/MAINTENANCE

Occupations in which workers perform duties that result in or contribute to the comfort, convenience, hygiene or safety of the general public, or that contribute to the upkeep and care of buildings, facilities or grounds of public property.

Workers in this group may operate machinery. Includes chauffeurs, laundry and dry cleaning operatives, truck drivers; bus drivers, garage laborers, custodial personnel, gardeners and grounds keepers, refuse collectors, construction laborers, and kindred workers.

Source:
U.S. Equal Employment Opportunity Commission,
https://www.eeoc.gov/employers/eeo4survey/e4instruct.cfm. Accessed 12/3/2018.

Appendix C-17. Tribal Consultation and Urban Indian Health Program Confer Policy

TRIBAL AFFAIRS

Oregon Health Authority

Title:	Tribal Consultation and Urban Indian Health Program Confer Policy
Effective Date:	3.1.18
Nine Federally Recognized Tribes of Oregon:	Burns Paiute Tribe Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Confederated Tribes of Grande Ronde Confederated Tribes of Siletz Indians Confederated Tribes of the Umatilla Indian Reservation Confederated Tribes of Warms Springs Coquille Indian Tribe Cow Creek Band of Umpqua Tribe of Indians Klamath Tribes
Urban Indian Health Program:	Native American Rehabilitation Association

I. Purpose

The State of Oregon and the Oregon Health Authority (OHA) share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon (Tribes) as well as strengthen the relationship with the Urban Indian Health Program (UIHP).

This policy:

- Identifies individuals within OHA who are responsible for developing and implementing programs that affect Tribes.
- Establishes a process to identify the OHA programs that impact Tribes.
- Promotes communication between OHA and the Tribes.
- Promotes positive government-to-government relations between OHA and Tribes.
- Establishes a method for notifying OHA employees of ORS 182.162 to 182.168 and this policy.

Meaningful consultation between tribal leadership and or designee and agency leadership shall result in information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State. The goal of this policy includes, but is not limited to: eliminating health and human service disparities of Indians; ensuring that access to critical health and human services is maximized; advancing and enhancing the social, physical, behavioral and oral health of Indians; making accommodations in State programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes are consulted to ensure meaningful

and timely tribal input as required under Federal and State law when health and human service policies have an impact on Indians and the Tribes. To achieve this goal, and to the extent practicable and permitted by law, it is essential that the Tribes, and OHA engage in open, continuous, and meaningful consultation.

This policy applies to OHA and all its divisions, programs, services, projects, activities, and employees and shall serve as a guide for the Tribes to participate in OHA policy development to the greatest extent allowable under Federal and State law. The relationship between OHA and the Tribes is built on a foundation of trust and mutual respect. It is important for OHA to work closely with Tribes on issues related to Medicaid, Children's Health Insurance Program (CHIP), Oregon State Hospital, the Public Health Division the Health Insurance Marketplace (Oregon Department of Consumer and Business Services), and the Department of Human Services, Oregon Department of Housing and Community Services, Youth Development Council, Oregon Department of Veteran's Affairs to promote the participation of Indians in these programs.

II. Background

The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders. This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

Section 1902 (a) (73) of the Social Security Act which requires a state in which one or more Indian health programs or UIHP furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the ISDEAA, or UIHP under the Indian Health Care Improvement Act (IHCIA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to CHIP.

The importance of tribal consultation with Indian tribes was affirmed through various statutes and Presidential Executive Orders including, but not limited to:

- Older Americans Act, P.L. 89-73, as amended;
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended;
- Native American Programs Act, P.L. 93-644, as amended;
- Indian Health Care Improvement Act, P.L. 94-437, as amended;
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193;

- Presidential Executive Memorandum to the Heads of Executive Departments, April 29, 1994;
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000;
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004;
- Presidential Memorandum, Tribal Consultation, November 5, 2009;
- American Recovery and Reinvestment Act of 2009, P.L. 111-5, 123 Stat. 115, February 17, 2009;
- Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3, 123 Stat. 8, February 4, 2009;
- Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119, March 23, 2010;
- "Medicaid and CHIP Managed Care Rule CMS-2390-F, 42 CFR §438.14 and §457.1209;
- Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; and
- Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10, 2015.

In addition, there are statutory and regulatory requirements for states to consult with federally recognized tribes and to obtain advice from Indian health providers.

III. OHA Commitment to Tribal Consultation

OHA was established by the Oregon State Legislature and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Indian tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OHA. Relationship of State Agencies with Indian Tribes, ORS 182.162 to 182.168.

The State specifically acknowledges the State-Tribal consultation process for new and renewal submissions of: Medicaid and CHIP 1115 demonstration waivers; other Medicaid waivers, such as, 1915 waivers; 1332 waivers and changes to the Health Insurance Marketplace; and any amendments to the State Plan, waivers, or demonstrations that are considered to have an impact on AI/ANs and Indian health programs if the changes impact eligibility determinations, payment rates, payment methodologies, covered services, or provider qualifications and requirements that it is driven by federal law and regulations and/or guidance issued by CMS. These requirements are set forth in: Section 5006(e) of the American Recovery and Reinvestment Act; Section 1115 Transparency Regulations, as found in 42 CFR Part 431;

July 17, 2001 State Medicaid Director Letter #01-024; April 27, 2012 State Medicaid Director letter, SHO # 12-001; and CMS Regulations regarding State/Partnership Marketplaces; Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10 2015.

In order to fully effectuate this consultation policy, OHA will:

1. Ensure inclusion of the Tribes prior to the development of policies and program activities that impact Tribes, utilizing a formal notice that provides descriptive content and a timeline;
2. Create opportunities for Tribes to raise issues with OHA and for OHA to seek consultation with Tribes;
3. Establish a minimum set of requirements and expectations with respect to consultation and participation of OHA leadership;
4. Conduct tribal consultation regarding OHA policies and actions that have tribal implications;
5. Establish improved communication channels with Tribes to increase knowledge and understanding of OHA programs;
6. Enhance partnerships with Tribes that will include technical assistance and access to OHA programs and resources;
7. Support tribal self-determination in programs and resources made available to the Tribes and in working with the Tribes;
8. Include tribal representatives on advisory committees and task forces when subject matter is relevant.

IV. Tribal Consultation Principles

Consultation is an enhanced form of communication that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the ultimate goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with the Tribes is important in the context of health programs because the Tribes serve many roles in their communities:

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health
- Tribal members are beneficiaries of services provided by the Indian Health Services (IHS), tribal health programs operating under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, and by urban Indian health programs operating under Title V of the Indian Health Care Improvement Act.
- Tribal members are also eligible to enroll in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, (Oregon Department of Consumer and Business Services) and other health and human services programs in the state.

Tribal consultation is not invoked when this policy is not followed. For example, sending an email to Tribes is not considered tribal consultation or discussing a topic that involves Tribes without proper notice is not tribal consultation.

V. Conferring with Urban Indian Health Program

The Tribes direct OHA and all its divisions, programs, services, projects, activities, and employees to confer with the Urban Indian Health Program (UIHP) to ensure the exchange of information, mutual understanding, and informed-decision making on behalf of American Indians and Alaska Natives living in Oregon. UIHPs serve an important role in Oregon by providing critical health and wellness services to members of Oregon Tribes as well as members of other federally recognized Tribes.

UIHPs, authorized by Title V of the Indian Health Care Improvement Act P.L. 94-437, exist as a direct response to the Termination and Relocation Era policies which left American Indians and Alaska Natives displaced to urban centers across the country with few resources and little access to the Federal programs. UIHPs exist as a critical part of the Indian health system in the provision of health care to American Indians and Alaska Natives which is part of the Federal government's trust responsibility and treaty obligations to Tribes.

State agrees to notify UIHP when all Oregon Tribes are provided notice of Tribal consultation under this policy and/or as specified in Addendum A- Conferring with UIHP.

VI. Policy

It is the intent of OHA to meaningfully consult with Tribes on any policy that will impact the Tribes before any action is taken.

Such policies include those that:

1. Have Indian or Tribal implications; or
2. Have implications on the Indian Health Service, tribal health programs or urban Indian health program, or
3. Have a direct effect on one or more Tribes, or
4. Have a direct effect on the relationship between the state and Tribes, or
5. Have a direct effect on the distribution of power and responsibilities between the state and Tribes; or
6. Are a federally or statutorily mandated proposal or change in which OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, tribal health programs or urban Indian health program, but is federally or statutorily mandated with no state flexibility in implementation, no consultation will be required; however, the proposal or change will be communicated through written updates from OHA to individuals on Official Notification List and pursuant to communication mechanism and communication method requirements described in Section VII.

VII. Tribal Consultation Process

An effective consultation between OHA and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship. The degree and extent of consultation will depend on the identified Critical Event. A Critical Event must be formally identified by OHA or Tribes.

A Critical Event includes, but is not limited to:

- Policy development impacting the Tribes;
- Program activities that impacting Tribes;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impacting Tribes;
- Results of monitoring, site visits or audit findings impacting Tribes;
- Data collection and reporting activities impacting Tribes;
- Funding or budget developments impacting Tribes;
- Rule making impacting Tribes; or
- Any other event impacting Tribes.

Upon identification of a Critical Event impacting one or more Tribes OHA will initiate consultation regarding the event.

To initiate and conduct consultation, the following serves as a guideline to be utilized by OHA and the Tribes:

1. Identify the Critical Event: complexity, implications, time constraints, deadlines and issue(s).
2. Identify how the Critical Event impacts Tribes.
3. Identify affected/potentially affected Tribes.

Determining Consultation Mechanism: The most useful and appropriate consultation mechanisms can be determined by OHA and Tribes after considering the Critical Event and Tribes affected/potentially affected. Consultation mechanisms include but are not limited to one or more of the following:

a. Mailings, including electronic mail;
b. Teleconferences;
c. Webinars;
d. Face-to-Face Meetings at SB 770 Health and Human Service Cluster Committee Meetings and other meetings;
e. Roundtables;
f. Annual meetings;
g. Other regular or special OHA or program level consultation sessions.

OHA will post and maintain electronic information on the agreed upon consultation mechanism on OHA Tribal Affairs site for Indian health programs.

Communication Methods: The determination of the Critical Event and the level of consultation mechanism to be used by OHA shall be communicated to affected/potentially affected Tribes using all appropriate methods and with as much advance notice as practicable or as required under this policy. These methods include but are not limited to the following:

1. Official Notification: Upon the determination of the consultation mechanism, proper notice of the Critical Event and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate methods including mailing and broadcast e-mail. Such notice shall be provided to:

    a. Tribal Chairman or Chief and their designated representative(s)
    b. Tribal Health Clinic Executive Directors of Oregon's 638/FQHC providers
    c. IHS Clinic(s) Executive Director

d. Tribal Organization(s) Health Director and/or designated representative(s)
e. Tribal Organizations established to represent IHS and Tribal health programs and such as the Northwest Portland Area Indian Health Board Executive Director or designee(s)
f. UIHP Executive Director or designee(s)

State must annually update their mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OHA's Tribal Affairs Director to regularly update the list.

2. Correspondence: Written communications shall be issued within 14 calendar days of an identified Critical Event except that state plan amendments, waiver and rule making changes require additional notice as described below. The communication should clearly provide affected/potentially affected Tribes with detail of the Critical Event, clear and explicit instructions on the manner and timeframe in which to provide comments. A "Dear Tribal Leader Letter" (DTLL) format should be used to notify individual Tribes of consultation activities. The written notice DTLL will include, but is not limited to:

   a. Purpose of the proposal/change and proposed implementation plan;
   b. Anticipated impact on Indians and Indian health programs and the UIHP as determined by OHA;
   c. Method for providing comments/questions; and
   d. Timeframe for response.

   In addition to the DTLL requirements above, state plan amendments, waivers, and rule making have additional requirements that must be included in the DTLL:

   a. State Plan Amendments: Prior to a State Plan submission to CMS, OHA must distribute documents describing the proposed Medicaid State Plan Amendment (SPA). The DTLL will include the proposed change; anticipated impact; method for providing comments/questions; timeframe for feedback; and an opportunity for discussion. This process will include a 90-day timeline. OHA will provide the draft SPA and related documents to Tribes 90 days prior to state's submission to CMS. This will allow Tribes 30 days to review the draft SPA and documents, 30 days to request formal consultation, if needed, and 30 days to provide written comments. For tracking purposes OHA will share a status report of pending, upcoming and approved SPAs on a monthly basis. OHA will also share an ongoing report of all SPA's that have been approved.
   b. Waivers: Pursuant to the CMS's transparency regulations at 42 CFR 43l .408(b), State Medicaid Director Letter #01-024 and Section 8 of CMS's Tribal Consultation Policy, OHA must consult with Tribes prior to

submitting any Section 1115 and 1915 waiver request to CMS. OHA must consult with Tribes at least 60 calendar days before OHA intends to submit a Medicaid waiver request or waiver renewal to CMS. The DTLL or notification required by SMD #01-024 must describe the purpose of the waiver or renewal and its anticipated impact on tribal members. For Tribes to understand the impact on its tribal members, the notification should include the actual language from the demonstration waiver or renewal that has tribal implications and should not be in summary or outline form.

c. Rulemaking*:* OHA must consult with Tribes at least 60 calendar days notice before OHA intends to propose new rules or changes to rules that impact Tribes. Tribes will also be invited to attend Rule Advisory Committee meetings to provide additional input on rule concepts and language. In addition, OHA will provide tribes with bi-weekly updates on new rules or changes to rules impacting tribes.

3. Meeting(s): OHA shall convene a meeting within 30 calendar days' notice of an identified Critical Event with affected/potentially affected Tribes (or sooner with affected/potentially affected Tribe(s) approval), to discuss all pertinent issues when the Critical Event is determined to have an impact.

   SB770 Health and Human Services Cluster Meeting: In addition, when Tribal Consultation is scheduled at an SB 770 Health and Human Services Cluster Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda "Tribal Consultation: [agenda item]. Such request at an SB 770 Health and Human Services Cluster meeting must provide at least 30 days' advance calendar notice.

4. Creation of Committees/Work Group(s): Round tables and work groups should be used for discussions, problem resolution, and preparation for communication and consultation related to a Critical Event but do not replace formal tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from OHA to Indian health programs and the UIHP to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings. OHA will work with Indian health programs and the UIHP to designate technical representation on special workgroups as needed or recommended.

Reporting of Outcome: OHA shall report on the outcomes of the consultation within 30 calendar days of final consultation by letter or email. For ongoing issues identified during the consultation, OHA shall provide status reports throughout the year to the Tribes, and prepare an annual tribal consultation report.

Implementation Process and Responsibilities: The process should be reviewed and evaluated for effectiveness every 3 years, or as requested.

VIII. Tribal Consultation Performance Evaluation

OHA is responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of OHA to incorporate tribal recommendations, OHA will assess its performance on a quarterly and annual basis in tribal consultation reports. The State will provide performance data in its reports.

IX. Meeting Records and Additional Reporting

OHA is responsible for making and keeping records of its tribal consultation activity. All such records shall be made readily available to Tribes an annual tribal consultation report and all data. OHA shall make and keep records of all proceedings and recommendations, and will have these records readily available upon request and/or posted online.

X. Role of Tribal Affairs Director

The OHA Tribal Affairs Director is responsible for coordinating with OHA staff including directors, Tribal Liaisons, and other designated staff in developing and implementing programs that affect Tribes. The Tribal Affairs Director will communicate with staff on a regular basis to identify the OHA programs that affects Tribes. Tribal Affairs will convene quarterly with all staff working with Tribes to assure that they are aware of the current Tribal Affairs practices, and policies as well as an opportunity to communicate about ongoing work with Tribes. Tribal Affairs will provide training to notify OHA employees of ORS 182.162 to 182.168 and this policy.

XI. Tribal Technical Advisory Board

Through ongoing communications (e.g., emails) and during a standing meeting on a quarterly basis, the State will solicit advice and guidance from the Board on policies, guidelines, and programmatic issues affecting the delivery of health care for tribal members and to ensure that Indians receive quality care and access to services. The role of the Tribal Technical Advisory Board is not meant to replace the tribal consultation process.

XII. Definitions

1. Indian or American Indian/Alaska Native (AI/AN). Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13),

1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:

a. Is a member of a Federally recognized Indian Tribe;
b. Resides in an urban center and meets one or more of the four criteria:
    i. Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
    ii. Is an Eskimo or Aleut or other Alaska Native;
    iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
    iv. Is determined to be an Indian under regulations issued by the Secretary;
c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

2. Tribe. Tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Oregon's nine Federally Recognized Tribes include:

    Burns Paiute Tribe
    Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
    Confederated Tribes of Grande Ronde
    Confederated Tribes of the Siletz Indians
    Confederated Tribes of the Umatilla Indian Reservation
    Confederated Tribes of Warms Springs
    Coquille Indian Tribe
    Cow Creek Band of Umpqua Tribes of Indians
    Klamath Tribes

3. Urban Indian Health Program (UIHP). Urban Indian Health Program means an urban Indian organization which is a nonprofit corporate body situated in an urban center

governed by a board of directors of whom at least 51 percent are AI/ANs, who have been contracted through Title V of Public Law 94-437. Oregon's UIHP is the:

Native American Rehabilitation Association (NARA)

4. Technical Advisory Board. This board will consist of Tribal Health Directors and or designated representatives from each of the nine federally recognized tribes, NARA, and the Northwest Portland Area Indian Health Board.

XIII. Disclaimer

OHA respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

XIV. Effective date

This policy will be effective on March 1, 2018 and may be reviewed at the request of the Tribes or OHA.

Addendum A

Conferring with Urban Indian Health Program (UIHP)

The objective of conferring with the UIHP is to ensure the open and free exchange of information and opinions that leads to mutual understanding and comprehension; and emphasizes trust, respect, and shared responsibility. *See* 25 USC §1660d (a). It is the intention of OHA] to confer with the UIHP on any policy or decision that would impact the urban Indian community before any such policy or decision is put into effect.

A policy or decision that would trigger conferring with the UIHP includes those that:

1. Have implications for the urban Indian community; or
2. Have implications on the Indian Health Service or urban Indian health program, or
3. Are a Federally or statutorily mandated proposal or change in OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, the urban Indian community or urban Indian program, but is Federally or statutorily mandated with no State flexibility in implementation, conferring will not be required; however, the proposal or change will be communicated through written updates from OHA] to the UIHP Health Director within 30 days.

The basis of the conferring process is mutual trust between OHA and the UIHP. The nature of the Critical Event will determine the depth of the conferring process. A Critical Event may be identified by either OHA or the UIHP.

A Critical Event includes, but is not limited to:

- Policy development impacting the UIHP;
- Program activities that have an impact on the UIHP;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impact on the UIHP;
- Results of monitoring, site visits or audit findings impacting the UIHP;
- Data collection and reporting activities impacting the UIHP;
- Funding or budget developments impacting the UIHP; or
- Any other event impacting the UIHP.

Once a Critical Event has been identified by OHA or the UIHP the OHA] will initiate the conferring process.

Initiation of the conferring process by either OHA or the UIHP will be guided by the following outline:

1. Identify the Critical Event: complexity, implications, time constraints, and issue(s)
2. Identify how the Critical Event impacts the UIHP.
3. Identify affected/potentially affected the UIHP.

Determining the method of conferring: the process of conferring will be agreed upon by OHA and the UIHP after the determination of the Critical Event. Mechanisms for conferring will included any options that provide the opportunity for an open and free exchange of information and opinions that lead to mutual understanding and comprehension, and emphasize trust, respect, and shared responsibility.

Appendix C-18. OHA performance system fundamentals map

Oregon Health Authority

OHA Fundamentals Map

Tier 1: Agency-Wide

FOUNDATIONS

MISSION
Helping people & communities achieve optimum physical, mental & social well-being through partnerships, prevention & access to quality, affordable health care.

VISION
A healthy Oregon

VALUES
Service Excellence, Leadership, Integrity, Partnership, Innovation, Health Equity

KEY GOALS
Engaged & Supported Workforce | Effective Partnerships | Operational Excellence | Equity & Inclusion | Better Health | Better Care | Lower Cost

OUTCOMES	OUTCOME OWNER
OM1. Increase OHA Workforce Engagement	Buffy Rider
OM2. Increase Partner Satisfaction	Margie C. Stanton
OM3. Document Processes	Kris Kautz
OM4. Measure Improvement	Kris Kautz
OM5. Improve Workforce Equity & Inclusion	Dawn Jagger
OM6. Reduce Health Disparity	Dawn Jagger
OM7. Improve Population Health	Lillian Shirley
OM8. Improve Quality of Care	Dana Hargunani
OM9. Improve Care Experience	Dana Hargunani
OM10. Lower Health Care Cost	Jeremy Vandehey

OPERATING PROCESSES

CORE PROCESSES / PROCESS OWNER	OP1 Engaging Community, Stakeholders, Members & Partners (Leann Johnson)	OP2 Collecting, Analyzing & Sharing Data (Lillian Shirley)	OP3 Developing & Managing Policy (Jeremy Vandehey)	OP4 Purchasing for Health Care Value (Janell Evans)	OP5 Improving Clinical & Population Health (Dana Hargunani)	OP6 Regulating & Ensuring Compliance (Chris Norman)
SUB PROCESSES	1. Identifying stakeholders, community members & partners 2. Building & maintaining relationships 3. Understanding, assessing, & responding to needs, concerns, issues 4. Establishing regular, reciprocal & effective communication channels 5. Consulting with stakeholders, community, members, & partners on key issues 6. Responding to inquiries 7. Educating & informing 8. Integrating inclusive & culturally responsive practice	1. Governing data 2. Defining data needs 3. Identifying data sources 4. Ensuring data integrity 5. Collecting or generating data 6. Analyzing data 7. Interpreting & evaluating impact of data 8. Communicating & sharing data & analysis	1. Monitoring & assessing policy needs & goals 2. Identifying policy priorities 3. Consulting with tribes 4. Researching policy options 5. Developing policy proposals 6. Analyzing policy proposals, including resource needs 7. Informing other policy makers 8. Communicating about proposals, receiving input, building support, engaging partners & stakeholders 9. Planning & implementing policy 10. Evaluating impact of policy	1. Assessing purchasing needs 2. Identifying desired outcomes & opportunities for innovation 3. Developing evaluation criteria 4. Managing procurement activities 5. Evaluating proposals 6. Administering contracts 7. Developing rates to drive outcomes 8. Evaluating & managing performance 9. Identifying opportunities for future enhancement	1. Informing & educating people about health issues & choices 2. Preventing, preparing for, & addressing health problems & hazards 3. Evaluating & applying evidence of health service effectiveness, accessibility, & quality 4. Identifying & addressing social determinants of health and health gaps 5. Recognizing & harnessing community resilience 6. Delivering coordinated, high quality & culturally responsive health services 7. Coordinating care 8. Providing technical assistance & improving quality of services & systems 9. Researching for new insights to health problems & health disparities 10. Spreading innovations	1. Assessing & interpreting laws, regulations, rules, policies & contracts 2. Setting, communicating, & implementing standards to demonstrate compliance 3. Monitoring & managing compliance 4. Reporting compliance 5. Providing technical assistance 6. Enforcing requirements 7. Developing & implementing process improvements
PROCESS MEASURES	a. **Critical events meeting the 14-calendar day timeline to provide correspondence to Tribal Leaders. *** b. Inclusive partnerships c. Tribal consultations scheduled within 30 calendar days, meeting the timeline.* d. Events & meetings utilizing community engagement best practices e. Tribal consultations meeting the 30- calendar day timeline for reporting of outcome.	a. **Health indicator reporting** b. Data reporting* c. Data quality standards* d. Data use policies* e. REALD implementation f. REALD data collection*	a. Use of policy development process* b. Timeliness of policy analysis c. Policy development tied to priorities d. Stakeholder engagement* e. Assigned resources or priority	a. **Payments to CCOs tied to quality** b. Payments by CCOs tied to quality c. Payments by other-than-CCOs tied to quality d. Accountability for outcomes*	a. Timeliness of translations during emerging public health events. b. **PCPCH clinic site visits** c. Language Access, ADA and other civil rights complaints * d. Technical Assistance impact *	a. Timely & accurate report submission* b. Agency/provider licenses & certifications c. Monitoring contracts & grants* d. **Percent of audit findings remediated***

SUPPORTING PROCESSES

CORE PROCESSES / PROCESS OWNER	SP1 Managing Risk (Margie C Stanton)	SP2 Managing Operations (Kris Kautz)	SP3 Developing & Supporting the OHA Workforce (Buffy Rider)	SP4 Leading & Managing Organizational Performance (Kris Kautz)
SUB PROCESSES	1. Identifying risk 2. Assessing risk 3. Developing risk tolerance & management strategy 4. Accepting & mitigating risk 5. Documenting risk	1. Managing budget, finances, & assets 2. Managing IT systems & services 3. Managing contracting, procurement, & grants 4. Managing public records 5. Managing litigation process 6. Ensuring information privacy & security 7. Managing continuity of operations, preparedness, disaster response & recovery efforts 8. Managing projects 9. Communicating & collaborating across divisions	1. Recruiting talent 2. Increasing diversity 3. Providing transparent expectations, clear, timely & frequent performance feedback 4. Enhancing OHA workforce engagement 5. Developing the OHA workforce 6. Evaluating performance 7. Retaining a diverse & talented OHA workforce 8. Planning for succession 9. Managing OHA workforce safety & security	1. Assessing organizational needs & expectations 2. Setting agency direction 3. Establishing work priorities 4. Ensuring organizational understanding & alignment 5. Connecting OHA workforce to the work 6. Managing agency performance 7. Ensuring continuous improvement & innovation 8. Managing change 9. Gathering & utilizing OHA workforce feedback
PROCESS MEASURES	a. **Completion of risk identification process*** b. Risk targets identified c. Risk tolerance alignment d. Active risk mitigation plans* e. Risk identification source f. Risk Management plans performance g. Risk management plan initiation timeliness	a. **Timely project issue resolution** b. System Uptime – Mission Critical Systems Uptime c. Timely Response to Customers – Time to Resolution d. **Division spending*** e. Continuity of Operations Plans f. Public records requests timeliness	a. Diversity recruitment* b. **New hire turnover** c. OHA workforce performance appraisals* d. OHA workforce development plans* e. Safety & security	a. Action plans* b. **Scorecard completion***

Massingenuity

Measures in **bold type** will go live on Oct. 4, 2018 QPR; an * denotes measures required for Tier 2

Revised: October 11, 2018

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Appendix C-18. OHA performance system fundamentals map *(continued)*

OUTCOMES	OM1. Increase OHA Workforce Engagement	OM2. Increase Partner Satisfaction	OM3. Document Processes	OM4. Measure Improvement	OM5. Improve OHA Workforce Equity & Inclusion	OM6. Reduce Health Disparity	OM7. Improve Population Health	OM8. Improve Quality of Care	OM9. Improve Care Experience	OM10. Lower Health Care Cost
OUTCOME OWNER	Buffy Rider	Margie C. Stanton	Kris Kautz	Kris Kautz	Dawn Jagger	Dawn Jagger	Lillian Shirley	Dana Hargunani	Dana Hargunani	Jeremy Vandehey
OUTCOME MEASURES	a. **OHA workforce engagement survey participation** b. Very strong OHA workforce satisfaction c. Very strong management quality d. Very strong teamwork	a. Partnership vision b. Leadership c. Communication & collaboration d. Joint ownership e. System alignment, integration, & sustainability f. Response to local context	a. Processes documented	a. Process measures showing improvement b. Active process measures	a. Comparison of OHA workforce to available labor market b. Comparison of PEMS to available labor market c. Comparison of separations to available labor market	a. Health disparity improvement b. Disparity measures meeting expectations	a. **Quality of life-poor physical health** b. Quality of life-poor mental health c. Premature death d. Mortality from drug overdose e. Tobacco use - adults (over 18 yrs) f. Tobacco use - Oregon teens g. Adult obesity h. Teen obesity	a. Avoidable ED usage* b. ED usage for adults with serious and persistent mental illness (SPMI) c. MH and Oral assessment for kids in child welfare custody	a. **Adults Getting Needed care** b. Children Getting Needed Care c. Adults Getting Care Quickly d. Children Getting Care Quickly e. Adults: How Well Doctor Communicated f. Children: How Well Doctor Communicated	a. Statewide sustainable cost of care b. OHA sustainable cost of care (including PEBB, OEBB, OHP)

Measures in **bold type** will go live on Oct. 4, 2018 QPR; an * denotes measures required for Tier 2

Revised: October 11, 2018

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Appendix C-19. DAS Self-Identification

VOLUNTARY SELF-IDENTIFICATION FORM

RACE/ETHNICITY, DISABILITY, AND VETERAN STATUS

DISCLOSURE

Completion of this data is voluntary and will not affect your terms or conditions of employment. This form will be used for reporting data to the Equal Employment Opportunity Commission. All data collected will be used for statistical reporting purposes and may be subject to disclosure under federal and state law or rule.

PLEASE PRINT

YOUR NAME	DATE

EMPLOYEE ID # (HR or Payroll can provide this number)	GENDER _____FEMALE _____ MALE

ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, or veteran status.

SECTION I. Race / Ethnicity*

Your employer is required to record and report certain non-discrimination and affirmative action statistics. The state invites employees to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights purposes. All race/ethnicity information is collected and reported in seven EEO-4 categories established by the federal government: (A) Asian; (B) Black; (H) Hispanic; (I) American Indian or Alaska Native'; (P) Native Hawaiian or Other Pacific Islander; (T) Two or More Races; or (W) White.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

_____ **American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.

_____ **Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

_____ **Hispanic or Latino (H)**: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

_____ **Native Hawaiian or Other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories name above.

SECTION II. Disability *(Provide this information is voluntary.)*

** If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.*

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It can also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Under this definition, are you a person with a disability? _____Yes _____No

Any requests for accommodation for current or future disabilities must go through your supervisor and human resources.

SECTION III. Veteran Status

Have you served in the United States Military Armed Forces? _____ Yes _____ No

Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications. If you wish to receive veteran's preference points you must submit the necessary paperwork.

THIS FORM MAY BE DESTROYED AFTER THE INFORMATION IS ENTERED INTO THE PERSONNEL DATA BASE.

FOR AGENCY HR USE ONLY (VISUAL ASSESSMENT)			
____	AV (Asian)	____	IV (American Indian or Alaska)
____	BV (Black)	____	PV (Hawaiian or Other Pacific Islander)
____	HV (Hispanic)	____	WV (White)

REVISED 8/12/16, EEO-4

Appendix C-20. OHA Workforce Equity and Inclusion Sub-measures

07 WORKFORCE DIVERSITY META-MEASURE SUMMARY
(Q3 2017)

Data Source: PPDB extracts - State data as of 6-30-15; DHS/OHA data as of 9-30-17; Hire, Promotion and Separation data Jul-Sep 2017, US Census Data

No.	Measure Name	Measure Calculation	Red	Yellow	Green	Status (Score)	Comments
07	Meta-measure: Workforce Diversity	Average of all 5.3 sub-measures	Below 80%	80%-94.9%	>95%	53.61%	
07a	Overall Statewide OHA Workforce	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	50.00%	
07b	Workforce by Program Area	% of demographic categories by program meeting target goals	Below 80%	80%-94.9%	>95%	45.83%	
07c	Representation Level	% of demographic categories by subclass meeting target goals	Below 80%	80%-94.9%	>95%	48.33%	
07d	Quarterly Hiring	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	57.50%	
07e	Quarterly Promotions	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	55.00%	
07f	Quarterly Separations (All)	% of demographic categories by seperation type meeting target goals	Below 80%	80%-94.9%	>95%	65.00%	

MEASURE 07: Workforce Diversity Sub-Measures

Notes on Calculations: Red = 0pts; Yellow =0 .5pt; Green = 1pt for each demographic category
Effective 2015Q2. Green range was lowered to >95%. Sub-Measure% = (Points Scored across each row) divided by (Total Possible Points for the row), Row percentages averaged for Sub-measure percentage; Below 80% for 07a through 07e was chosen to be "Red" since the EEOC considers the "4/5ths Rule" to be a standard indicator of disparity. Note that for 07f Quarterly Separations submeasure the scale is inverted greater than 120% is red and a lower percentage is desirable (under 105%).For 07f the EEOC "4/5ths Rule" was adapted to the inverted scale.

07a Statewide OHA Employee Population Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
OREGON POP. REFERENCE		77.25%	1.75%	0.92%	3.92%	12.33%	0.36%	3.32%	14.27%	7.13%	49.46%	50.54%
OHA Employees Count	4,528	3,500	152	46	308	310	6	206	135	206	1,643	2,885
OHA Employees %	100.00%	77.30%	3.36%	1.02%	6.80%	6.85%	0.13%	4.55%	2.98%	4.55%	36.29%	63.71%
Total Employee% / OR Population%		100.06%	191.35%	110.10%	173.44%	55.53%	36.42%	137.05%	20.89%	63.85%	73.36%	126.07%

07b Workforce by Program Area Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Health Policy and Analytics	191	110.47%	89.53%	226.97%	133.49%	29.73%	0.00%	63.09%	29.34%	36.74%	56.10%	142.97%
Health Systems Division	652	89.35%	87.43%	116.36%	136.87%	128.14%	126.45%	203.29%	34.38%	34.44%	44.96%	153.87%
Oregon State Hospital	2,316	98.99%	248.59%	116.99%	157.43%	51.13%	35.60%	165.19%	11.49%	63.63%	78.30%	121.24%
Public Health	833	106.30%	157.39%	52.04%	229.57%	31.16%	0.00%	54.25%	21.87%	30.33%	57.76%	141.34%
Central / Centralized Services	56	99.40%	407.17%	193.53%	91.06%	57.94%	0.00%	107.59%	37.53%	100.25%	54.15%	144.87%
External Relations	14	120.21%	407.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	101.09%	98.94%
Equity and Inclusion	21	49.31%	1085.78%	516.09%	364.25%	115.88%	0.00%	286.90%	66.72%	0.00%	48.14%	150.76%
Shared Services	432	107.58%	65.98%	100.35%	236.09%	26.29%	0.00%	69.73%	42.16%	185.18%	130.10%	70.54%

07c Representation by Level Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Supervisor% / OR Population%	364	113.80%	109.62%	59.55%	91.06%	26.74%	0.00%	82.76%	15.40%	115.67%	91.64%	108.18%
Mgmt Service% / OR Population%	596	111.86%	124.34%	90.92%	102.67%	34.02%	0.00%	70.76%	17.63%	110.68%	85.82%	113.88%
SR24 and higher% / OR Population%	2,110	108.41%	118.87%	97.59%	176.43%	29.98%	26.05%	77.09%	18.92%	85.80%	80.39%	119.19%

07d Quarterly Hiring Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to employee population										
New Hires Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
New Hires Count	77	57	2	1	5	10	-	2	3	8	27	50
New Hires %	100.00%	74.03%	2.60%	1.30%	6.49%	12.99%	0.00%	2.60%	3.90%	10.39%	35.06%	64.94%
New Hires% / OR Population%		95.83%	148.06%	140.75%	165.57%	105.34%	0.00%	78.24%	27.29%	145.81%	70.89%	128.49%
All Hires Count	115	87	2	2	8	13	-	3	5	10	37	78
All Hires %	100.00%	75.65%	1.74%	1.74%	6.96%	11.30%	0.00%	2.61%	4.35%	8.70%	32.17%	67.83%
All Hires% / OR Population%		97.93%	99.14%	188.48%	177.37%	91.69%	0.00%	78.58%	30.46%	122.04%	65.05%	134.21%

07f Quarterly Promotions Compared to Employee Population - Equal to or more than 95% is desirable

		Relative % to employee population										
Promotions Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Promotions Count	44	35	4	1	1	1	-	2	-	2	24	20
Promotions %	100.00%	79.55%	9.09%	2.27%	2.27%	2.27%	0.00%	4.55%	0.00%	4.55%	54.55%	45.45%
Promotions% / Emp Population%		102.91%	270.81%	223.72%	33.41%	33.20%	0.00%	99.91%	0.00%	99.91%	110.28%	89.94%

07f Quarterly Separations Compared to Employee Population - Equal to or LESS than 105% is desirable

		Relative % to employee population										
Separations Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Voluntary Separations Count	163	130	3	1	4	12	-	13	4	8	52	111
Voluntary Separations %	100.00%	79.75%	1.84%	0.61%	2.45%	7.36%	0.00%	7.98%	2.45%	4.91%	31.90%	68.10%
Voluntary Separations% / Emp Population%		103.18%	54.83%	60.39%	36.08%	107.53%	0.00%	116.49%	82.31%	107.88%	87.92%	106.88%
Involuntary Separations Count	9	5	-	-	-	1	-	3	1	2	2	7
Involuntary Separations %	100.00%	55.56%	0.00%	0.00%	0.00%	11.11%	0.00%	33.33%	11.11%	22.22%	22.22%	77.78%
Involuntary Separations% / Emp Population%		71.87%	0.00%	0.00%	0.00%	162.29%	0.00%	486.88%	372.67%	488.46%	61.24%	122.07%

07 WORKFORCE DIVERSITY META-MEASURE SUMMARY

(Q4 2017)

Data Source: PPDB extracts - State data as of 6-30-15; DHS/OHA data as of 12-31-17; Hire, Promotion and Separation data Oct-Dec 2017, US Census Data

No.	Measure Name	Measure Calculation	Red	Yellow	Green	Status (Score)	Comments
07	**Meta-measure: Workforce Diversity**	**Average of all 5.3 sub-measures**	**Below 80%**	**80%-94.9%**	**>95%**	**51.11%**	
07a	**Overall Statewide OHA Workforce**	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
07b	**Workforce by Program Area**	% of demographic categories by program meeting target goals	Below 80%	80%-94.9%	>95%	**45.83%**	
07c	**Representation Level**	% of demographic categories by subclass meeting target goals	Below 80%	80%-94.9%	>95%	**48.33%**	
07d	**Quarterly Hiring**	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**45.00%**	
07e	**Quarterly Promotions**	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
07f	**Quarterly Separations (All)**	% of demographic categories by seperation type meeting target goals	Below 80%	80%-94.9%	>95%	**67.50%**	

MEASURE 07: Workforce Diversity Sub-Measures

Notes on Calculations: Red = 0pts; Yellow =0 .5pt; Green = 1pt for each demographic category
Effective 2015Q2. Green range was lowered to >95%. Sub-Measure% = (Points Scored across each row) divided by (Total Possible Points for the row), Row percentages averaged for Sub-measure percentage; Below 80% for 07a through 07e was chosen to be "Red" since the EEOC considers the "4/5ths Rule" to be a standard indicator of disparity. Note that for 07f Quarterly Separations submeasure the scale is inverted greater than 120% is red and a lower percentage is desirable (under 105%).For 07f the EEOC "4/5ths Rule" was adapted to the inverted scale.

07a Statewide OHA Employee Population Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
OREGON POP. REFERENCE		77.25%	1.75%	0.92%	3.92%	12.33%	0.36%	3.32%	14.27%	7.13%	49.46%	50.54%
OHA Employees Count	4,604	3,558	156	46	308	314	7	215	133	212	1,684	2,920
OHA Employees %	100.00%	77.28%	3.39%	1.00%	6.69%	6.82%	0.15%	4.67%	2.89%	4.60%	36.58%	63.42%
Total Employee% / OR Population%		100.04%	193.15%	108.28%	170.57%	55.32%	41.78%	140.67%	20.24%	64.62%	73.95%	125.50%

07b Workforce by Program Area Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Health Policy and Analytics	196	108.32%	87.25%	276.48%	130.09%	33.11%	0.00%	92.22%	25.02%	35.80%	58.80%	140.33%
Health Systems Division	649	88.56%	96.62%	116.90%	133.58%	128.73%	127.03%	218.16%	32.38%	28.11%	45.17%	153.66%
Oregon State Hospital	2,405	99.36%	244.13%	108.15%	151.61%	51.60%	45.71%	165.34%	11.36%	66.53%	78.18%	121.36%
Public Health	806	106.32%	169.74%	53.79%	230.93%	28.18%	0.00%	56.06%	22.60%	29.60%	58.19%	140.92%
Central Services	59	100.93%	483.08%	183.69%	86.43%	54.99%	0.00%	51.06%	35.62%	118.94%	58.25%	140.86%
External Relations	13	109.54%	438.49%	0.00%	196.13%	0.00%	0.00%	0.00%	0.00%	0.00%	77.76%	121.77%
Office of Equity and Inclusion	21	49.31%	1085.78%	516.09%	364.25%	115.88%	0.00%	286.90%	66.72%	0.00%	48.14%	150.76%
Shared Services	455	107.26%	62.64%	95.28%	235.36%	26.74%	0.00%	79.45%	40.03%	178.90%	130.19%	70.45%

07c Representation by Level Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Supervisor% / OR Population%	356	114.18%	112.09%	60.89%	78.78%	25.06%	0.00%	93.08%	11.81%	102.50%	89.16%	110.61%
Mgmt Service% / OR Population%	590	111.68%	125.60%	110.22%	99.40%	33.00%	0.00%	76.59%	15.44%	102.29%	84.30%	115.37%
SR24 and higher% / OR Population%	2,148	108.00%	130.04%	95.87%	176.87%	30.59%	38.38%	77.13%	18.26%	83.63%	80.57%	119.02%

07d Quarterly Hiring Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to employee population										
New Hires Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
New Hires Count	139	108	5	3	5	11	-	7	1	3	54	85
New Hires %	100.00%	77.70%	3.60%	2.16%	3.60%	7.91%	0.00%	5.04%	0.72%	2.16%	38.85%	61.15%
New Hires% / OR Population%		100.58%	205.05%	233.91%	91.72%	64.19%	0.00%	151.70%	5.04%	30.29%	78.54%	121.00%
All Hires Count	178	141	7	4	6	12	-	8	1	5	67	111
All Hires %	100.00%	79.21%	3.93%	2.25%	3.37%	6.74%	0.00%	4.49%	0.56%	2.81%	37.64%	62.36%
All Hires% / OR Population%		102.54%	224.17%	243.55%	85.95%	54.68%	0.00%	135.39%	3.94%	39.42%	76.10%	123.39%

07f Quarterly Promotions Compared to Employee Population - Equal to or more than 95% is desirable

		Relative % to employee population										
Promotions Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Promotions Count	64	50	3	-	2	4	-	5	1	3	29	35
Promotions %	100.00%	78.13%	4.69%	0.00%	3.13%	6.25%	0.00%	7.81%	1.56%	4.69%	45.31%	54.69%
Promotions% / Emp Population%		101.09%	138.34%	0.00%	46.71%	91.64%	0.00%	167.30%	54.09%	101.80%	91.61%	108.21%

07f Quarterly Separations Compared to Employee Population - Equal to or LESS than 105% is desirable

		Relative % to employee population										
Separations Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Voluntary Separations Count	164	134	3	3	5	12	-	7	6	10	59	105
Voluntary Separations %	100.00%	81.71%	1.83%	1.83%	3.05%	7.32%	0.00%	4.27%	3.66%	6.10%	35.98%	64.02%
Voluntary Separations% / Emp Population%		105.73%	53.99%	183.09%	45.57%	107.29%	0.00%	62.58%	126.65%	132.42%	98.36%	100.95%
Involuntary Separations Count	5	3	-	1	-	1	-	-	-	-	3	2
Involuntary Separations %	100.00%	60.00%	0.00%	20.00%	0.00%	20.00%	0.00%	0.00%	0.00%	0.00%	60.00%	40.00%
Involuntary Separations% / Emp Population%		77.64%	0.00%	2001.74%	0.00%	293.25%	0.00%	0.00%	0.00%	0.00%	164.04%	63.07%

OM6 WORKFORCE EQUITY AND INCLUSION META-MEASURE SUMMARY
(Q1 2018)

Data Source: PPDB extracts - State data as of 6-30-15; DHS/OHA data as of 3-31-18; Hire, Promotion and Separation data Jan-Mar 2018, US Census Data

No.	Measure Name	Measure Calculation	Red	Yellow	Green	Status (Score)	Comments
OM6	**Meta-measure: Workforce Equity and Inclusion**	**Average of all OM6 sub-measures**	**Below 80%**	**80%-94.9%**	**>95%**	**51.25%**	
	Overall Statewide OHA Workforce	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Workforce by Program Area	% of demographic categories by program meeting target goals	Below 80%	80%-94.9%	>95%	**45.00%**	
	Representation Level	% of demographic categories by subclass meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Quarterly Hiring	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Quarterly Promotions	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**45.00%**	
	Quarterly Separations (All)	% of demographic categories by separation type meeting target goals	Below 80%	80%-94.9%	>95%	**67.50%**	

MEASURE OM6: Workforce Equity and Inclusion Sub-Measures

Notes on Calculations: Red = 0pts; Yellow =0 .5pt; Green = 1pt for each demographic category
Effective 2015Q2. Green range was lowered to >95%. Sub-Measure% = (Points Scored across each row) divided by (Total Possible Points for the row), Row percentages averaged for Sub-measure percentage; Below 80% was chosen to be "Red" since the EEOC considers the "4/5ths Rule" to be a standard indicator of disparity. Note that for the Quarterly Separations submeasure the scale is inverted greater than 120% is red and a lower percentage is desirable (under 105%). For Separations the EEOC "4/5ths Rule" was adapted to the inverted scale.

Statewide OHA Employee Population Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
OREGON POP. REFERENCE		77.25%	1.75%	0.92%	3.92%	12.33%	0.36%	3.32%	14.27%	7.13%	49.46%	50.54%
OHA Employees Count	4,480	3,460	153	46	294	305	7	215	126	203	1,637	2,843
OHA Employees %	100.00%	77.23%	3.42%	1.03%	6.56%	6.81%	0.16%	4.80%	2.81%	4.53%	36.54%	63.46%
Total Employee% / OR Population%		99.98%	194.68%	111.28%	167.33%	55.22%	42.94%	144.57%	19.70%	63.59%	73.87%	125.57%

Workforce by Program Area Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Health Policy and Analytics	194	109.43%	88.15%	223.46%	131.43%	29.27%	0.00%	93.17%	25.28%	36.17%	59.40%	139.74%
Health Systems Division	636	88.13%	107.55%	136.33%	132.30%	126.26%	129.63%	227.35%	33.04%	28.69%	44.50%	154.32%
Oregon State Hospital	2,341	98.82%	245.94%	111.11%	153.57%	53.01%	46.96%	168.57%	11.07%	62.35%	77.73%	121.80%
Public Health	756	107.71%	158.34%	43.01%	212.48%	26.82%	0.00%	59.77%	19.46%	29.70%	58.03%	141.08%
Central / Centralized Services	60	99.25%	475.03%	361.26%	84.99%	54.08%	0.00%	50.21%	35.03%	116.95%	53.91%	145.11%
External Relations	15	103.56%	380.02%	0.00%	339.96%	0.00%	0.00%	0.00%	0.00%	0.00%	67.39%	131.92%
Equity and Inclusion	21	49.31%	1357.23%	516.09%	364.25%	77.25%	0.00%	286.90%	66.72%	0.00%	38.51%	160.18%
Shared Services	457	107.92%	62.37%	94.86%	223.17%	26.62%	0.00%	79.10%	39.85%	184.26%	131.83%	68.84%

Representation by Level Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Supervisor% / OR Population%	358	112.82%	127.38%	90.82%	78.34%	29.45%	0.00%	92.56%	13.70%	98.01%	88.10%	111.65%
Mgmt Service% / OR Population%	585	110.64%	146.16%	148.21%	100.25%	33.28%	0.00%	77.24%	16.76%	98.36%	82.25%	117.37%
SR24 and higher% / OR Population%	2,106	108.25%	132.63%	97.78%	169.50%	30.43%	39.15%	78.67%	18.63%	83.97%	80.83%	118.76%

Quarterly Hiring Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to employee population										
New Hires Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
New Hires Count	118	91	4	2	7	10	1	3	1	2	37	81
New Hires %	100.00%	77.12%	3.39%	1.69%	5.93%	8.47%	0.85%	2.54%	0.85%	1.69%	31.36%	68.64%
New Hires% / OR Population%		99.83%	193.23%	183.69%	151.26%	68.74%	232.90%	76.59%	5.94%	23.79%	63.39%	135.83%
All Hires Count	161	127	6	3	8	12	1	4	2	5	59	102
All Hires %	100.00%	78.88%	3.73%	1.86%	4.97%	7.45%	0.62%	2.48%	1.24%	3.11%	36.65%	63.35%
All Hires% / OR Population%		102.11%	212.44%	201.95%	126.69%	60.46%	170.69%	74.84%	8.70%	43.59%	74.09%	125.36%

Quarterly Promotions Compared to Employee Population - Equal to or more than 95% is desirable

		Relative % to employee population										
Promotions Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Promotions Count	73	58	2	-	4	6	-	3	1	3	33	40
Promotions %	100.00%	79.45%	2.74%	0.00%	5.48%	8.22%	0.00%	4.11%	1.37%	4.11%	45.21%	54.79%
Promotions% / Emp Population%		102.87%	80.22%	0.00%	83.50%	120.73%	0.00%	85.63%	48.71%	90.69%	91.39%	108.42%

Quarterly Separations Compared to Employee Population - Equal to or LESS than 105% is desirable

		Relative % to employee population										
Separations Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Voluntary Separations Count	528	351	13	7	28	91	1	37	20	8	130	398
Voluntary Separations %	100.00%	66.48%	2.46%	1.33%	5.30%	17.23%	0.19%	7.01%	3.79%	1.52%	24.62%	75.38%
Voluntary Separations% / Emp Population%		86.07%	72.09%	129.12%	80.81%	253.15%	2.78%	102.93%	134.68%	33.44%	67.38%	118.78%
Involuntary Separations Count	11	8	-	-	1	2	-	-	-	1	4	7
Involuntary Separations %	100.00%	72.73%	0.00%	0.00%	9.09%	18.18%	0.00%	0.00%	0.00%	9.09%	36.36%	63.64%
Involuntary Separations% / Emp Population%		94.17%	0.00%	0.00%	138.53%	267.06%	0.00%	0.00%	0.00%	200.63%	99.52%	100.28%

OM6 WORKFORCE EQUITY AND INCLUSION META-MEASURE SUMMARY
(Q2 2018)

Data Source: PPDB extracts - State data as of 6-30-15; DHS/OHA data as of 6-30-18; Hire, Promotion and Separation data Apr-Jun 2018, US Census Data

No.	Measure Name	Measure Calculation	Red	Yellow	Green	Status (Score)	Comments
OM6	**Meta-measure: Workforce Equity and Inclusion**	**Average of all OM6 sub-measures**	**Below 80%**	**80%-94.9%**	**>95%**	**52.36%**	
	Overall Statewide OHA Workforce	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Workforce by Program Area	% of demographic categories by program meeting target goals	Below 80%	80%-94.9%	>95%	**42.50%**	
	Representation Level	% of demographic categories by subclass meeting target goals	Below 80%	80%-94.9%	>95%	**56.67%**	
	Quarterly Hiring	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**42.50%**	
	Quarterly Promotions	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**55.00%**	
	Quarterly Separations (All)	% of demographic categories by separation type meeting target goals	Below 80%	80%-94.9%	>95%	**67.50%**	

MEASURE OM6: Workforce Equity and Inclusion Sub-Measures

Notes on Calculations: Red = 0pts; Yellow =0 .5pt; Green = 1pt for each demographic category

Effective 2015Q2. Green range was lowered to >95%. Sub-Measure% = (Points Scored across each row) divided by (Total Possible Points for the row), Row percentages averaged for Sub-measure percentage; Below 80% was chosen to be "Red" since the EEOC considers the "4/5ths Rule" to be a standard indicator of disparity. Note that for the Quarterly Separations submeasure the scale is inverted greater than 120% is red and a lower percentage is desirable (under 105%). For Separations the EEOC "4/5ths Rule" was adapted to the inverted scale.

Statewide OHA Employee Population Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
OREGON POP. REFERENCE		77.25%	1.75%	0.92%	3.92%	12.33%	0.36%	3.32%	14.27%	7.13%	49.46%	50.54%
OHA Employees Count	4,087	3,208	147	39	275	231	6	181	108	194	1,562	2,525
OHA Employees %	100.00%	78.49%	3.60%	0.95%	6.73%	5.65%	0.15%	4.43%	2.64%	4.75%	38.22%	61.78%
Total Employee% / OR Population%		101.61%	205.03%	103.42%	171.56%	45.85%	40.35%	133.41%	18.51%	66.62%	77.27%	122.25%

Workforce by Program Area Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Health Policy and Analytics	193	109.33%	88.61%	224.62%	132.11%	33.62%	0.00%	78.04%	25.41%	36.36%	60.76%	138.41%
Health Systems Division	251	100.05%	158.97%	129.54%	132.06%	71.10%	218.98%	120.02%	33.49%	44.73%	42.69%	156.09%
Oregon State Hospital	2,332	99.14%	246.89%	106.89%	150.88%	52.87%	47.14%	165.35%	11.42%	60.78%	78.29%	121.25%
Public Health	759	106.09%	150.21%	28.56%	228.43%	28.85%	0.00%	79.38%	20.31%	27.74%	59.40%	139.74%
Central / Centralized Services	58	100.44%	491.41%	373.72%	43.96%	55.94%	0.00%	51.94%	36.23%	120.99%	52.29%	146.70%
External Relations	14	92.47%	407.17%	0.00%	364.25%	0.00%	0.00%	215.17%	0.00%	0.00%	72.20%	127.20%
Equity and Inclusion	21	49.31%	1357.23%	516.09%	364.25%	77.25%	0.00%	286.90%	66.72%	0.00%	38.51%	160.18%
Shared Services	459	107.17%	62.10%	94.45%	222.20%	28.27%	0.00%	91.88%	36.63%	183.46%	132.58%	68.11%

Representation by Level Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Supervisor% / OR Population%	337	113.70%	135.32%	96.48%	75.66%	19.26%	0.00%	107.27%	12.47%	95.78%	89.99%	109.80%
Mgmt Service% / OR Population%	572	110.67%	159.45%	151.58%	98.07%	28.36%	0.00%	89.53%	18.37%	98.14%	83.41%	116.23%
SR24 and higher% / OR Population%	2,111	107.81%	143.12%	97.55%	169.10%	28.43%	39.06%	91.33%	18.25%	82.44%	81.41%	118.20%

Quarterly Hiring Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to employee population										
New Hires Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
New Hires Count	95	73	5	-	6	7	-	4	3	1	38	57
New Hires %	100.00%	76.84%	5.26%	0.00%	6.32%	7.37%	0.00%	4.21%	3.16%	1.05%	40.00%	60.00%
New Hires% / OR Population%		99.47%	300.02%	0.00%	161.04%	59.77%	0.00%	126.84%	22.12%	14.77%	80.87%	118.72%
All Hires Count	127	99	8	-	6	7	-	7	4	4	49	78
All Hires %	100.00%	77.95%	6.30%	0.00%	4.72%	5.51%	0.00%	5.51%	3.15%	3.15%	38.58%	61.42%
All Hires% / OR Population%		100.91%	359.08%	0.00%	120.46%	44.71%	0.00%	166.04%	22.06%	44.20%	78.00%	121.53%

Quarterly Promotions Compared to Employee Population - Equal to or more than 95% is desirable

		Relative % to employee population										
Promotions Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Promotions Count	66	54	-	1	1	2	-	8	2	4	27	39
Promotions %	100.00%	81.82%	0.00%	1.52%	1.52%	3.03%	0.00%	12.12%	3.03%	6.06%	40.91%	59.09%
Promotions% / Emp Population%		104.24%	0.00%	158.78%	22.52%	53.61%	0.00%	273.70%	114.67%	127.68%	82.71%	116.93%

Quarterly Separations Compared to Employee Population - Equal to or LESS than 105% is desirable

		Relative % to employee population										
Separations Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Voluntary Separations Count	154	126	7	3	7	5	-	6	8	9	52	102
Voluntary Separations %	100.00%	81.82%	4.55%	1.95%	4.55%	3.25%	0.00%	3.90%	5.19%	5.84%	33.77%	66.23%
Voluntary Separations% / Emp Population%		104.24%	126.38%	204.15%	67.55%	57.44%	0.00%	68.93%	196.58%	123.12%	88.35%	107.21%
Involuntary Separations Count	8	7	-	-	-	-	-	1	-	-	2	6
Involuntary Separations %	100.00%	87.50%	0.00%	0.00%	0.00%	0.00%	0.00%	12.50%	0.00%	0.00%	25.00%	75.00%
Involuntary Separations% / Emp Population%		111.48%	0.00%	0.00%	0.00%	0.00%	0.00%	221.16%	0.00%	0.00%	65.41%	121.40%

OM6 WORKFORCE EQUITY AND INCLUSION META-MEASURE SUMMARY
(Q3 2018)

Data Source: PPDB extracts - State data as of 6-30-15; DHS/OHA data as of 9-30-18; Hire, Promotion and Separation data Jul-Sep 2018, US Census Data

No.	Measure Name	Measure Calculation	Red	Yellow	Green	Status (Score)	Comments
OM6	**Meta-measure: Workforce Equity and Inclusion**	**Average of all OM6 sub-measures**	**Below 80%**	**80%-94.9%**	**>95%**	**51.67%**	
	Overall Statewide OHA Workforce	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Workforce by Program Area	% of demographic categories by program meeting target goals	Below 80%	80%-94.9%	>95%	**43.33%**	
	Representation Level	% of demographic categories by subclass meeting target goals	Below 80%	80%-94.9%	>95%	**46.67%**	
	Quarterly Hiring	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**50.00%**	
	Quarterly Promotions	% of demographic categories meeting target goals	Below 80%	80%-94.9%	>95%	**40.00%**	
	Quarterly Separations (All)	% of demographic categories by separation type meeting target goals	Below 80%	80%-94.9%	>95%	**80.00%**	

MEASURE OM6: Workforce Equity and Inclusion Sub-Measures

Notes on Calculations: Red = 0pts; Yellow =0 .5pt; Green = 1pt for each demographic category

Effective 2015Q2. Green range was lowered to >95%. Sub-Measure% = (Points Scored across each row) divided by (Total Possible Points for the row), Row percentages averaged for Sub-measure percentage; Below 80% was chosen to be "Red" since the EEOC considers the "4/5ths Rule" to be a standard indicator of disparity. Note that for the Quarterly Separations submeasure the scale is inverted greater than 120% is red and a lower percentage is desirable (under 105%). For Separations the EEOC "4/5ths Rule" was adapted to the inverted scale.

Statewide OHA Employee Population Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
OREGON POP. REFERENCE		77.25%	1.75%	0.92%	3.92%	12.33%	0.36%	3.32%	14.27%	7.13%	49.46%	50.54%
OHA Employees Count	4,128	3,230	144	38	275	241	6	194	106	186	1,595	2,533
OHA Employees %	100.00%	78.25%	3.49%	0.92%	6.66%	5.84%	0.15%	4.70%	2.57%	4.51%	38.64%	61.36%
Total Employee% / OR Population%		101.29%	198.85%	99.77%	169.86%	47.36%	39.94%	141.57%	17.99%	63.24%	78.12%	121.42%

Workforce by Program Area Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Health Policy and Analytics	177	111.17%	64.41%	244.92%	129.65%	27.50%	0.00%	68.08%	19.79%	31.72%	62.82%	136.39%
Health Systems Division	272	100.42%	146.70%	119.54%	121.86%	62.62%	202.07%	166.13%	38.63%	41.28%	46.08%	153.50%
Oregon State Hospital	2,336	98.86%	236.70%	102.07%	150.63%	56.25%	47.06%	166.35%	10.50%	58.88%	79.80%	120.54%
Public Health	760	104.92%	157.51%	28.52%	221.42%	32.02%	0.00%	99.09%	21.20%	27.70%	59.06%	141.12%
Central / Centralized Services	62	102.31%	459.71%	349.61%	41.12%	52.33%	0.00%	48.59%	33.90%	113.18%	55.43%	146.81%
External Relations	16	89.00%	356.27%	0.00%	318.72%	0.00%	0.00%	376.55%	0.00%	0.00%	63.18%	136.04%
Equity and Inclusion	23	56.28%	1239.21%	471.21%	332.57%	70.53%	0.00%	261.95%	60.92%	0.00%	43.95%	154.86%
Shared Services	466	106.95%	73.40%	69.77%	224.33%	27.85%	0.00%	96.97%	34.58%	168.66%	133.19%	67.94%

Representation by Level Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to population in locality										
Current OHA Employees Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Supervisor% / OR Population%	351	114.33%	129.92%	92.63%	72.64%	20.80%	0.00%	94.41%	11.97%	91.96%	91.58%	108.24%
Mgmt Service% / OR Population%	601	110.71%	151.76%	144.26%	93.33%	31.04%	0.00%	90.22%	16.32%	88.74%	84.10%	115.56%
SR24 and higher% / OR Population%	2,169	107.37%	144.55%	94.94%	162.22%	30.29%	38.01%	102.77%	17.76%	78.29%	81.56%	118.05%

Quarterly Hiring Compared to Oregon Population - Equal to or more than 95% is desirable

		Relative % to employee population										
New Hires Compared to Oregon Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
New Hires Count	139	105	4	1	5	12	1	11	1	-	59	80
New Hires %	100.00%	75.54%	2.88%	0.72%	3.60%	8.63%	0.72%	7.91%	0.72%	0.00%	42.45%	57.55%
New Hires% / OR Population%		97.79%	164.04%	77.97%	91.72%	70.03%	197.71%	238.39%	5.04%	0.00%	85.81%	113.88%
All Hires Count	179	136	4	1	6	15	1	16	2	1	75	104
All Hires %	100.00%	75.98%	2.23%	0.56%	3.35%	8.38%	0.56%	8.94%	1.12%	0.56%	41.90%	58.10%
All Hires% / OR Population%		98.35%	127.38%	60.55%	85.47%	67.97%	153.53%	269.27%	7.83%	7.84%	84.71%	114.97%

Quarterly Promotions Compared to Employee Population - Equal to or more than 95% is desirable

		Relative % to employee population										
Promotions Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Promotions Count	74	61	2	-	1	4	-	6	3	3	27	47
Promotions %	100.00%	82.43%	2.70%	0.00%	1.35%	5.41%	0.00%	8.11%	4.05%	4.05%	36.49%	63.51%
Promotions% / Emp Population%		105.35%	77.48%	0.00%	20.29%	92.59%	0.00%	172.53%	157.88%	89.97%	73.77%	125.68%

Quarterly Separations Compared to Employee Population - Equal to or LESS than 105% is desirable

		Relative % to employee population										
Separations Compared to Employee Population	Total	White A NH	Black A NH	Native American A NH	Asian A NH	Hispanic A	Native Hawaiian/ Pacific Islander A NH	Two or more Races NH	People with Disabilities	Veterans	Male	Female
Voluntary Separations Count	138	115	6	1	7	5	1	3	3	8	44	94
Voluntary Separations %	100.00%	83.33%	4.35%	0.72%	5.07%	3.62%	0.72%	2.17%	2.17%	5.80%	31.88%	68.12%
Voluntary Separations% / Emp Population%		106.50%	124.64%	78.72%	76.14%	62.06%	12.41%	37.24%	84.66%	128.66%	82.52%	111.01%
Involuntary Separations Count	10	8	2	-	-	-	-	-	-	-	3	7
Involuntary Separations %	100.00%	80.00%	20.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.00%	70.00%
Involuntary Separations% / Emp Population%		102.24%	573.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	77.64%	114.08%

Appendix D: Additional federal documentation

Executive Order 11246 (OFCCP regulations):

https://www.dol.gov/ofccp/regs/compliance/ca_11246.htm

Oregon Health Authority
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You can get this document in other languages, large print, braille or a format you prefer. Contact the OHA Office of Equity and Inclusion at 971-673-1288 or email elizabeth.c.sanders@state.or.us. We accept all relay calls or you can dial 711.

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