

December 6 PartnerSHIP meeting

- Closed captioning is available – select CC from your menu bar.
- Spanish interpretation is available. All attendees asked to select the Spanish or English channel following announcement.
- No formal public comment period will be held. Public invited to comment in the chat and/or email publichealth.policy@state.or.us.



Healthier Together Oregon

PartnerSHIP Meeting

December 6 1:00 – 3:00pm

Zoom:

<https://www.zoomgov.com/j/1609047098?pwd=UGd2aGcyNXBsblZRejc5ZktUNFpvUT09>

Meeting ID: 160 904 7098

Passcode: 806191

One tap mobile

+16692545252,,1609047098# US (San Jose)

+16468287666,,1609047098# US (New York)

Meeting Objectives:

- Receive report out from guidance committee
- Learn about OHA's legislative process and identify opportunities for PartnerSHIP contributions
- Reach consensus on focus strategies for 2022
- Develop the 2022 work plan

10 minutes Welcome and team building time

15 minutes Guidance committee report out

25 minutes OHA's legislative process and PartnerSHIP contributions

10 minutes Break

25 minutes Reach consensus on focus strategies for 2022

25 minutes Develop work plan for 2022

5 minutes	Member updates PartnerSHIP members are invited to share updates from their communities.
5 minutes	Wrap up and next steps Next meeting is February 7

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 language
- Braille
- Large print
- Audio and other formats

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

Todos tienen derecho a conocer y utilizar los programas y servicios de la Autoridad de Salud de Oregon (OHA, por sus siglas en inglés). OHA proporciona ayuda gratuita. Algunos ejemplos de la ayuda gratuita que OHA puede brindar son:

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

Si necesita ayuda o tiene preguntas, comuníquese con Heather Owens at 971-291-2568 or heather.r.owens@dhsoha.state.or.us or o 711 TTY.

PartnerSHIP time

If you could have one person join you at the dinner table (dead or alive) who would it be?

OR

What is one thing you are looking forward to in 2022?

Guidance committee report out

- Guidance committee (not steering committee)
- Root cause analysis follow up from November meeting
- Identified proposed strategies for 2022 and rationale
- Need to identify new members and process for ongoing membership
- Guidance committee will hold virtual retreat in early 2022

Oregon Health Authority Legislative Process and Engagement

Presented by
Cara Biddlecom, Deputy Public Health Director
Charina Walker, Legislative Policy Lead



What's up for today

- Role of OHA Public Health Division
- Legislative session process
- Different ways ideas become laws
- Examples
- Discussion

Role of OHA in the Legislative Process

- Support the Governor's policy and budget positions
- Evaluate proposed legislation for policy and fiscal impacts on OHA programs and operations
- Provide objective and fact-based information
- Identify and address health equity and anti-racism issues in proposed legislation
- Advance policy that supports Healthier Together Oregon
- Advance the 10-year strategic goal of eliminating health inequities
- Identify policy that supports the Triple Aim
 - Better Health
 - Better Care
 - Lower Costs

Legislative Session

- Long session: 160 days in odd-numbered years (2021, 2023, 2025)
- Short session: 35 days in even-numbered years (2022, 2024, 2026)

2023 Legislative Session Process and Timeline

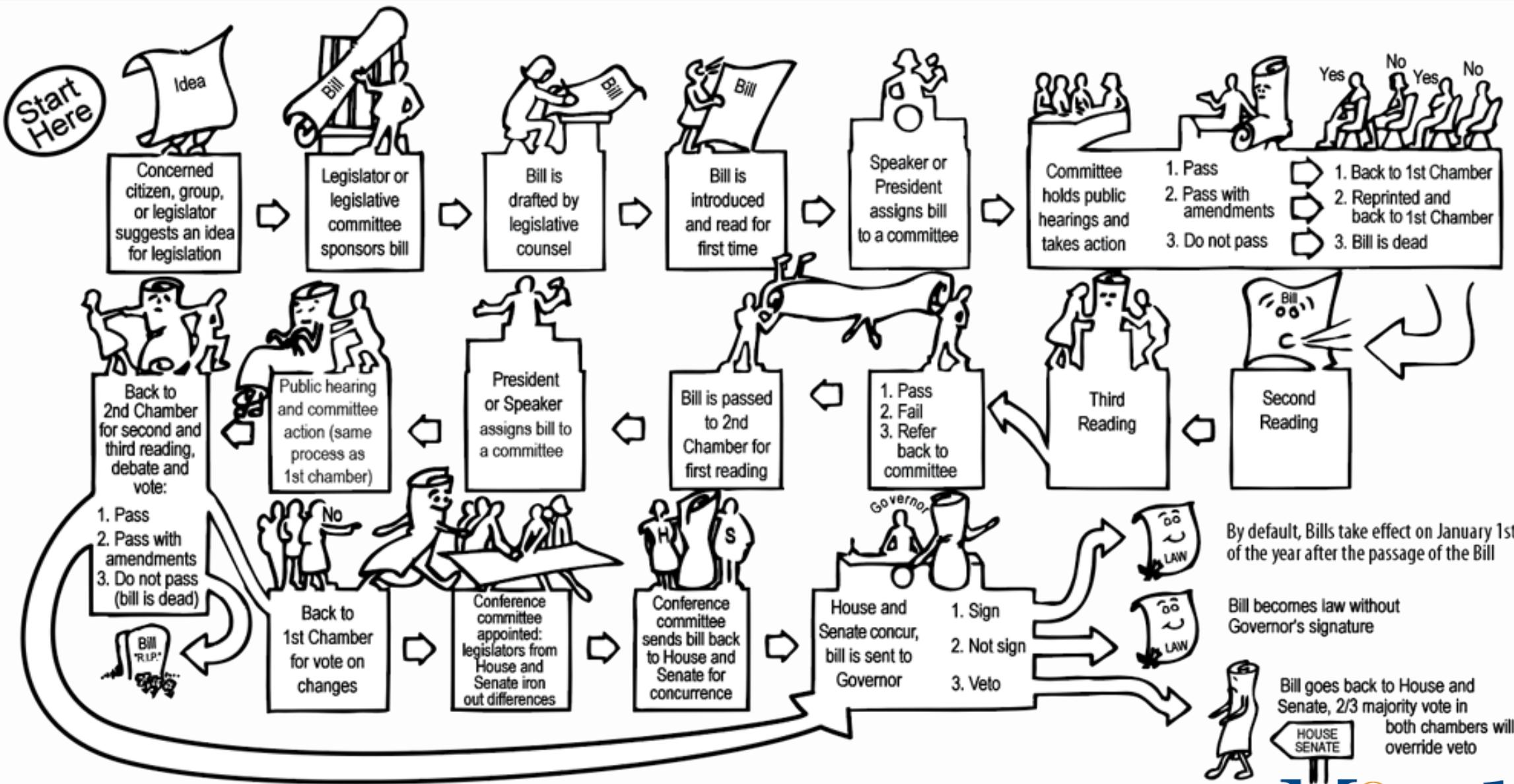
Throughout	Engage Partners in identifying, developing and refining legislative concepts and policy option packages
December 2021	Submit initial list of topics and ideas Begin drafting legislative concepts and policy option packages
February 2022	Submit draft legislative concepts and policy packages to agency leaders
March 2022	Finalize legislative concepts and policy option packages
April 2022	Submit legislative concepts to DAS

2023 Legislative Session Process and Timeline

May-June 2022	DAS and Govenor's Office review legislative concepts
June – January 2023	Discuss and refine bill language with partners as needed
August – October 2022	Prepare one-page summaries and fiscal impact estimates of legislative concepts
January 2023	Legislative session starts

Other ways ideas become laws

- An idea is presented by a citizen or group to a representative
- Representative decides to sponsor and introduce the bill
- The process is started!



Administrative Rulemaking: How agencies and people guide bill implementation

- Dear Tribal Leader Letter (per OHA Tribal Consultation Policy)
- Convene rule advisory committee (RAC) to seek input on proposed rule text, and fiscal and equity impact of proposed rules
- Notice of Proposed Rulemaking is filed with the Secretary of State by the last day of the month for publication in the following month's Oregon Bulletin
- Interested parties are notified
- Public hearing/public comment period held
- Public testimony and written comments are reviewed and responded to in the Hearing Officer Report.
- Rule text is finalized as needed based on testimony and written comments.

OHA bills from 2021 session

- Regional Health Equity Coalitions – SB 70
- Cover all People – HB 3352: Provides Medicaid coverage to all adults regardless of immigration status.
- Tribal Traditional Health Workers – HB 2088: Establishes Tribal Traditional Health Worker category within Traditional Health Worker program.
- Behavioral Health Workforce Diversity – HB 2949: Allows OHA to provide incentives to increase recruitment and retention of the behavioral health workforce among people of color, Tribal members and rural residents of Oregon to provide culturally responsive behavioral health care.
- Culturally specific behavioral health care services – HB2086: Requires Oregon Health Authority to establish peer and community-driven programs that provide culturally specific and culturally responsive behavioral health services to people of color, tribal communities and people of lived experience.

OHA bills from 2021 Session

- Public Health Modernization: Additional \$45M
- Universally offered Home Visiting: Additional \$4.6M General Fund/\$3.2 Federal Funds
- Healthy Homes Program: \$10M
- Psilocybin Services: \$2.2M

Other state agency bills from 2021 session

- Implicit and Racial Bias Training – HB 2007: Requires implicit and racial bias training for applicants for a mortgage loan originator license.
- Racial Justice Council – HB 2167
- Statewide Education Plan for LGBTQIA+ students – SB 52: Requires the Department of Education to develop and implement statewide education plan for students who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or gender orientation.
- Immigrant and refugees – SB 778: Establishes the Office of Immigrant and Refugee Advancement to operate statewide immigrant and refugee integration strategy.
- Homeownership for BIPOC and Tribal communities – SB 79: Provides grants and technical assistance to organizations that support homeownership among people of color and Tribal communities.
- Oregon Transportation Advisory Committees – HB 2985: Requires certain committees of the Oregon Department of Transportation to reflect racial and ethnic diversity of the state.

Questions

- How have you, your agency, or your coalition been involved with policy making in the past?
- How would you, as the PartnerSHIP, like to engage in OHA's legislative and rule making process?
- What recommendations do you have for OHA as we start conversations about the 2023 session?
- What are some policy priorities that the PartnerSHIP would recommend OHA propose for advancement of HTO?

Break

PUBLIC HEALTH DIVISION

Office of the State Public Health Director



Prioritized strategies

- Increase affordable housing that is co-located with active transportation options.
- Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.
- Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.
- Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.
- Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.
- Improve integration between behavioral health and other types of care.
- Increase affordable access to high-speed internet in rural Oregon

Implementation area/Strategy	Priorities ¹	Measures ²	Potential implementation partners/existing plans ³	Rationale for prioritization
Housing and Food				
1. Increase affordable housing that is co-located with active transportation options.	Economic Drivers of Health	% of renter households spending more than 30% of income on rent Baseline: 49% (2019) # of homeless households Baseline: 12,272 (2020) % of people who use active transportation to get to work Baseline: 10% (2017)	Oregon Housing and Community Services Oregon Department of Transportation Statewide Housing Plan and Oregon Transportation Plan	<ul style="list-style-type: none"> Housing consistently cited as number one need among all communities in Oregon. Housing is top priority in CHIPs and Health Related Services spending. COVID related housing concerns due to loss of income, ending of eviction moratoriums, etc. OHCS received historic investment in 2021 legislative session.
2. Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities.	Economic Drivers of Health	% of population that is food insecure Baseline: 11.5% % of eligible women enrolled in WIC during pregnancy Baseline: 62% (2019)	Oregon Department of Human Services, Oregon Health Authority, Oregon Department of Education, Oregon Hunger Task Force, Partners for a Hunger Free Oregon Plan to End Hunger	<ul style="list-style-type: none"> Food security is consistently cited as top priority among all communities in Oregon. Food is top priority in CHIPs and Health Related Services spending. COVID related food concerns due to inflation, increase in cost of food, and loss of income.
3. Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.	Economic Drivers of Health	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) Baseline: 7.9 (2015-17) % of Health Related Services spending on food and nutrition services Baseline: 5% (2019)	Oregon Health Authority, Oregon Department of Agriculture, Oregon State University Extension, Oregon Community Food Systems Network	

¹ Priority area/subcommittee where strategy originated during development of the plan. Given interrelatedness of priorities, some strategies originated in more than one subcommittee.

² Long term indicators and short term measures from HTO.

³ State agencies that may have a role in implementing the strategy, and/or linkage to related strategic plans. PartnerSHIP to identify additional implementation partners, particularly those at the local level.

Commented [HCJ1]: Consider additional data in State Health Assessments, Community Health Assessments, State Health Indicators, and Indirect impacts of COVID analysis

Commented [HCJ2R1]: <https://www.oregon.gov/oha/ph/About/Pages/HealthStatusIndicators.aspx>

Healthy Communities				
4. Increase affordable access to high-speed internet in rural Oregon	Economic Drivers of Health	National ranking for broadband access (1 is best, 50 is worst) Baseline: 34 (2021)	Business Oregon Oregon Broadband Strategic Plan	<ul style="list-style-type: none"> Access to internet has become an imperative during the pandemic – and a necessity for accessing many services and supports such as education, health care, employment and social connection.
Behavioral Health				
5. Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.	Behavioral Health	% of adults reporting 1 or more days of poor mental health in past month Baseline: 44.3% (2019)	Oregon Health Authority	<ul style="list-style-type: none"> Behavioral health has been exacerbated by pandemic due to lack of access, increased social isolation, increased use of alcohol and other substances.
6. Improve integration between behavioral health and other types of care.	Behavioral Health	Alcohol related deaths Baseline: 43.6 per 100,000 (2019)	Oregon Health Authority	<ul style="list-style-type: none"> OHA received historic investment in legislative session and is undertaking a significant transformation of the behavioral health system – while responding to COVID related crises.
		Drug overdose deaths Baseline 14.2 per 100,000 (2019)		
		% of population age 12+ with a substance use disorder in past year Baseline: 9.5% (2018-19)		
		Suicide deaths Baseline: 20.4 per 100,000 (2019)		

		Tobacco related deaths Baseline: 142.8 per 100,000 (2019) % of behavioral health providers that report using a language other than English with patients Baseline: 6.1% (2020) % of CCOs that met SBIRT incentive improvement benchmark Baseline: 94% (2016)		
Healthy Youth				
13. Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.	Behavioral Health	% of 11 th graders who report unmet mental health care needs in past 12 months Baseline: 23.2% (2019) % of eligible children enrolled in CCO fidelity wrap-around services	Oregon Health Authority, Oregon Department of Education, Oregon Youth Authority, Early Learning Division	<ul style="list-style-type: none">• Mental health concerns for youth have increased during COVID due to lack of social connection with peers.

Arriving at consensus

- Have you arrived at consensus?
- If not, what else is needed to feel confident in your selection?

PartnerSHIP work plan (draft) - 2022

12/6/2021

Month	PartnerSHIP meeting objectives	Subcommittee work
January	Holiday recess	Guidance committee retreat Subcommittees meet
February	Develop/review 2021 annual report Subcommittee report outs	Subcommittees meet
March	Accountability report out from OHA on Behavioral Health	Subcommittees meet
April	Subcommittee report out	Subcommittees meet
May	Accountability report out from OHCS on State Housing Plan	Subcommittees meet
June	Subcommittee report out	Subcommittees meet
July	Accountability report out from Business Oregon on Broadband Strategic Plan	Subcommittees meet
August	Summer recess	Subcommittees meet
September	Accountability report out from ODHS, OHA, ODE and OCFSN on food security and food systems	Subcommittees meet
October	Subcommittee report out Planning for 2023	Subcommittees meet
November	Subcommittee report out Planning for 2023	Subcommittees meet
December	Subcommittee report out Planning for 2023 End of year celebration	End of year recess

12/6/2021

Potential subcommittee work – need to consider interest of group and capacity of OHA to support work.

Guidance committee

- Provide strategic direction for PartnerSHIP
- Inform agenda and meeting development
- Support member engagement
- Support internal and external communication about HTO and work of the PartnerSHIP

Funding and finance committee

- Direct and determine investments for HTO, including but not limited to CDC block grant
- Inform alignment of other funding sources such as hospital system investment and philanthropic partners

Communications committee

- Conduct and analyze partner network mapping among PartnerSHIP members
- Support OHA in development of communication materials and campaigns about HTO
- Identify resources needed for PartnerSHIP members to communicate about HTO with community at large

Community engagement committee

- Determine need for broader community engagement
- Design methods for community engagement
- Analyze and interpret themes from community engagement efforts

Measurement and data committee

- Inform development and use of long-term indicators and short-term measures
- Analyze and interpret trends
- Design need and purpose of long-term evaluations of HTO
- Support alignment with other metric focused groups convened by OHA and others
- Contribute to Annual Report

Partner Updates

- HTO and PartnerSHIP related updates from members

PUBLIC HEALTH DIVISION

Office of the State Public Health Director



Next Steps & Final Thoughts

Next meeting:

Monday, February 7th

Reminders:

- P'SHIP members eligible for compensation – invoice template is posted in Basecamp