
Oregon Health Authority Agency Overview

Presented to
Joint Ways & Means Subcommittee on Human Services
March 7, 2023

Kristine Kautz, Deputy Director
David Baden, Chief Financial Officer



OREGON HEALTH AUTHORITY
Director's Office

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Governor Kotek's Budget Priorities

Build more housing
and reduce
homelessness

Improve access to
mental health and
addiction services

Ensure Oregon's children
are better served by
early literacy, child care,
and K-12 investments

OHA's Critical Role in this Budget

- Continued push for health equity
 - Advance strategies that address root causes of health with a focus on people who are experiencing poor health outcomes
- Improving the lives of all Oregonians
 - Provide the necessary policy, purchasing, and regulatory authority to transform health care and how it is delivered in Oregon
 - Intervene to improve health outcomes by transforming what happens in the doctor's office as well as everything that happens outside of it
 - Support alignment between public and private health systems and public health at all levels
 - Establish consistent goals and accountability across health systems and services
- Strong connections to other public entities
 - Integrate health goals and policies with housing, education, and other key issues

Successes

OHA's Values

OHA's Work

Challenges

Proposed Budget

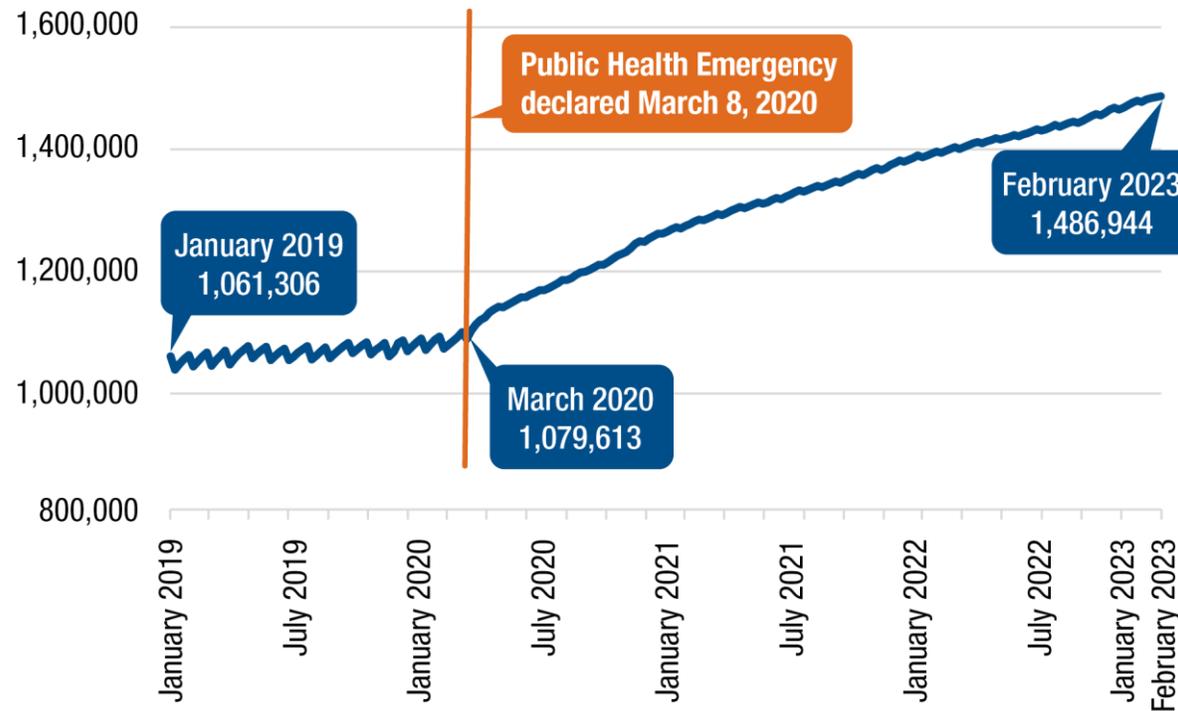


COVID-19 Response

- Low COVID-19 cases and deaths
 - **2nd lowest** case rate among states
 - **8th lowest** death rate among states
 - Rates dropping, but the virus is still circulating
- High vaccination rates
 - 87% received one dose
 - 78% completed series
- Updated boosters available
 - 25% received bivalent boost
- Emergency response unit now incorporated into Public Health Division
 - Continued access to therapeutics, testing and vaccines
 - Continued support for local public health authorities, Nine Federally Recognized Tribes of Oregon, health systems, community-based organizations, and other partners

Highest Percentage of Health Coverage Ever

- During the Public Health Emergency, federal rules kept every Medicaid member enrolled
- Oregon Health Plan (OHP) membership is now over **1.4 million** people



- The percentage of people in Oregon without health coverage is down to **4.6%**

Negotiated the 1115 Medicaid Waiver

- OHA's groundbreaking agreement with the federal government will:
 - Keep kids enrolled until their 6th birthday
 - Automatically enroll members over age 6 for two years, instead of one
 - Expand coverage for youth ages 19-26 with special health care needs
 - Provide benefits for youth who are child welfare-involved, including leaving foster care at age 18
 - Provide benefits for people experiencing homelessness or at risk of homelessness
 - Address health related social needs, including housing, nutrition, and equipment to aid people at high health risk due to extreme climate events
- It will also bring about \$1 billion in federal funds to Oregon
- Still under negotiation:
 - Provide benefits for people going through transitions, such as leaving the state hospital or prison
 - Tribal requests

New REALD & SOGI Data Requirements

- Race, Ethnicity, Language, and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data is essential to:
 - Identify and address health inequities
 - Support data justice in communities most affected by health inequities
- Legislature directed OHA to:
 - Add SOGI questions to current data collection standards
 - Build a data collection system for REALD and SOGI
 - Develop and implement reporting requirements for providers and health plans
 - Create a grant program to help community partners and community-based organizations serving underrepresented populations report this data

Stabilizing Health Care

Support for healthcare providers

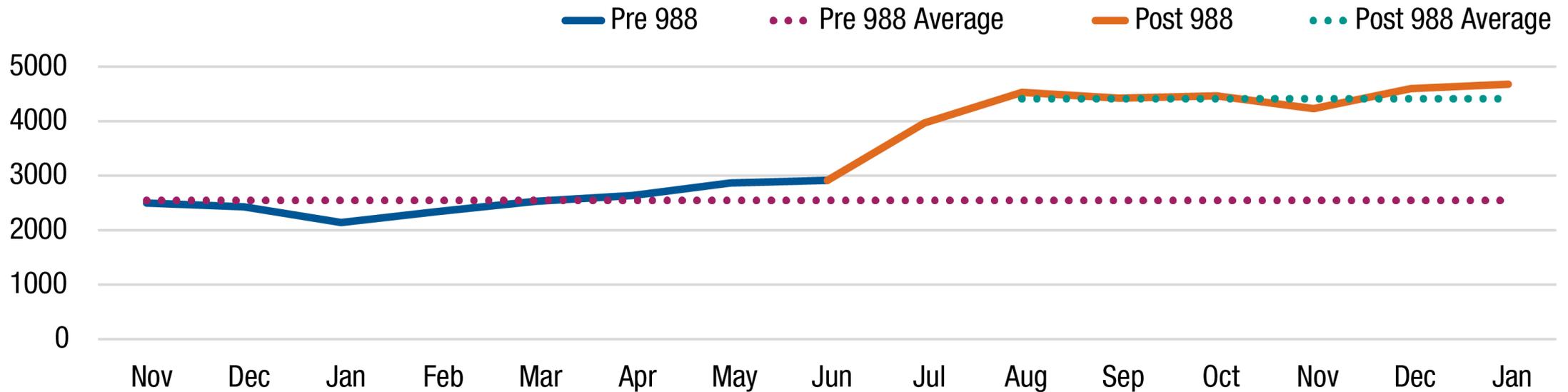
- \$237 million to support hospitals with staffing supports through the pandemic and respiratory virus surge
- Boosted hospital payment rates through CCOs starting in 2023

Support for behavioral health providers

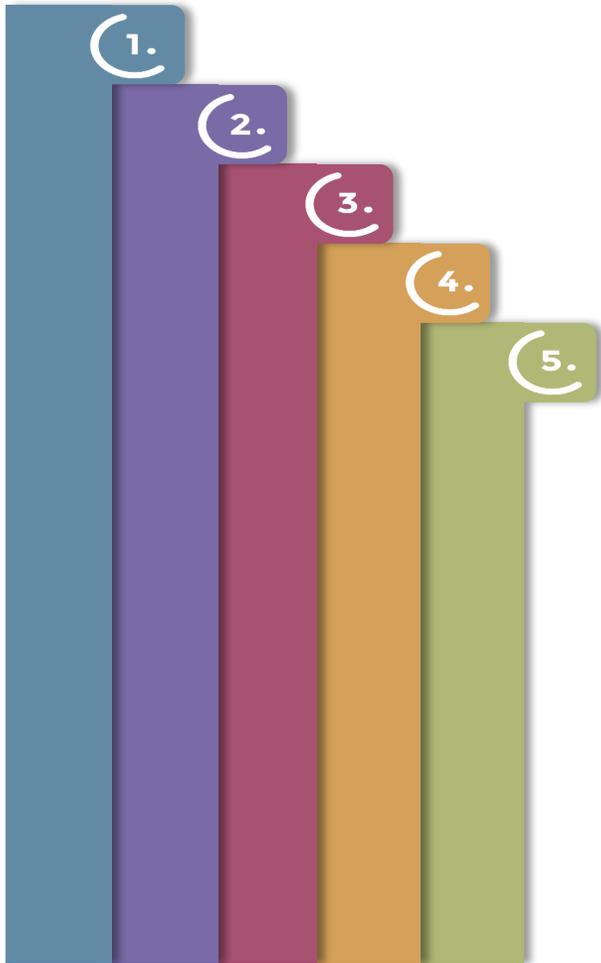
- \$130 million for residential treatment facilities and supportive housing
- \$100 million to local Community Mental Health Programs
- \$80 million for behavioral health workforce incentives
 - Tuition assistance, recruitment and retention grants, and more
- \$132 million for workforce stability grants
- \$155 million to raise rates paid to behavioral health providers
 - Focused on highest provider needs

988 Launch

- The 988 crisis line launched in July 2022
- The number of calls, texts, and chats rapidly almost doubled pre-988 averages



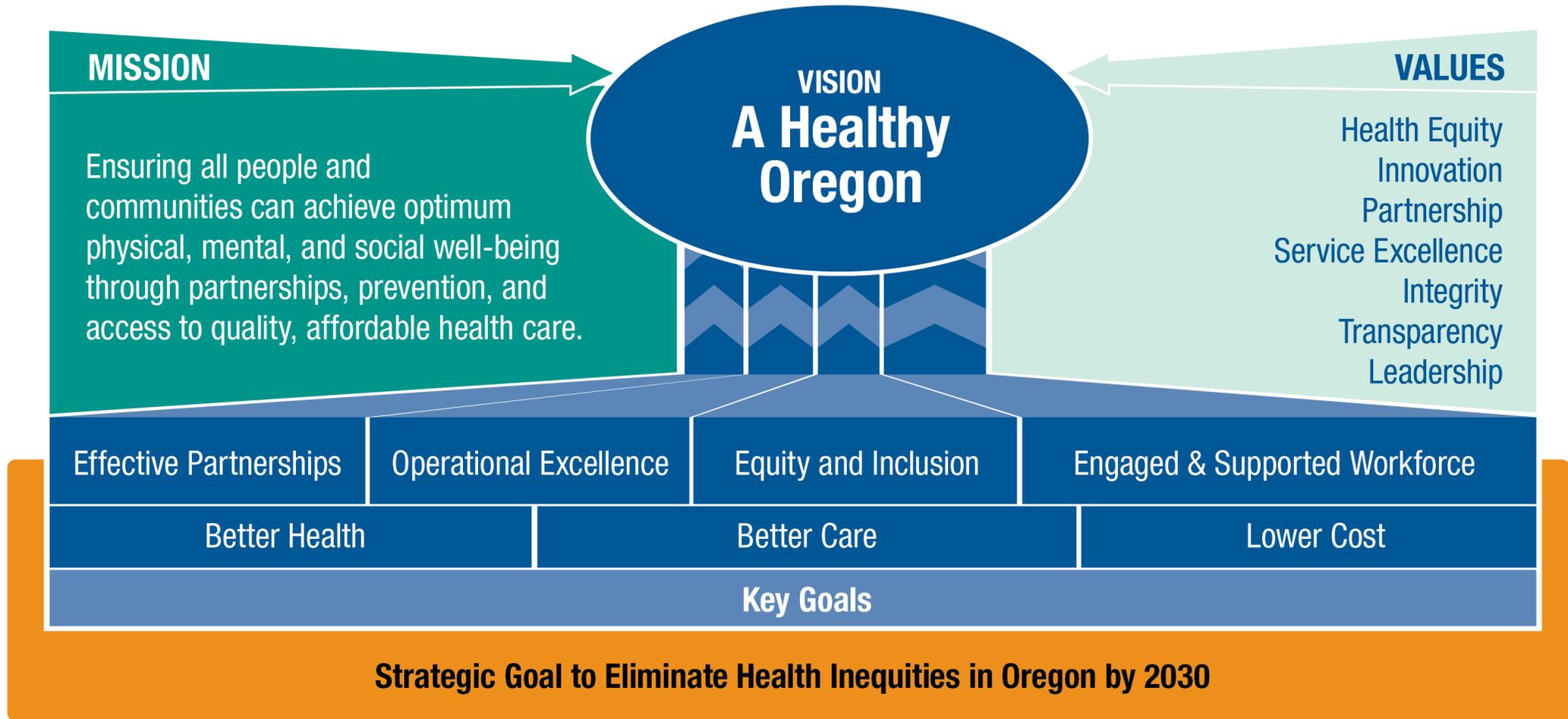
Why OHA
OHA's Values
OHA's Work
Challenges
Proposed Budget



The Triple Aim

- 1 Better health**
- 2 Better care**
- 3 Lower costs**

OHA's Mission Statement



OHA's Strategic Goal

**Eliminate health inequities
in Oregon by 2030**

Definition of Health Equity

- Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
- Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:
 - The equitable distribution or redistribution of resources and power
 - Recognizing, reconciling and rectifying historical and contemporary injustices.

Established by Oregon Health Policy Board

Adopted by Oregon Health Authority

Background and History of Health Equity

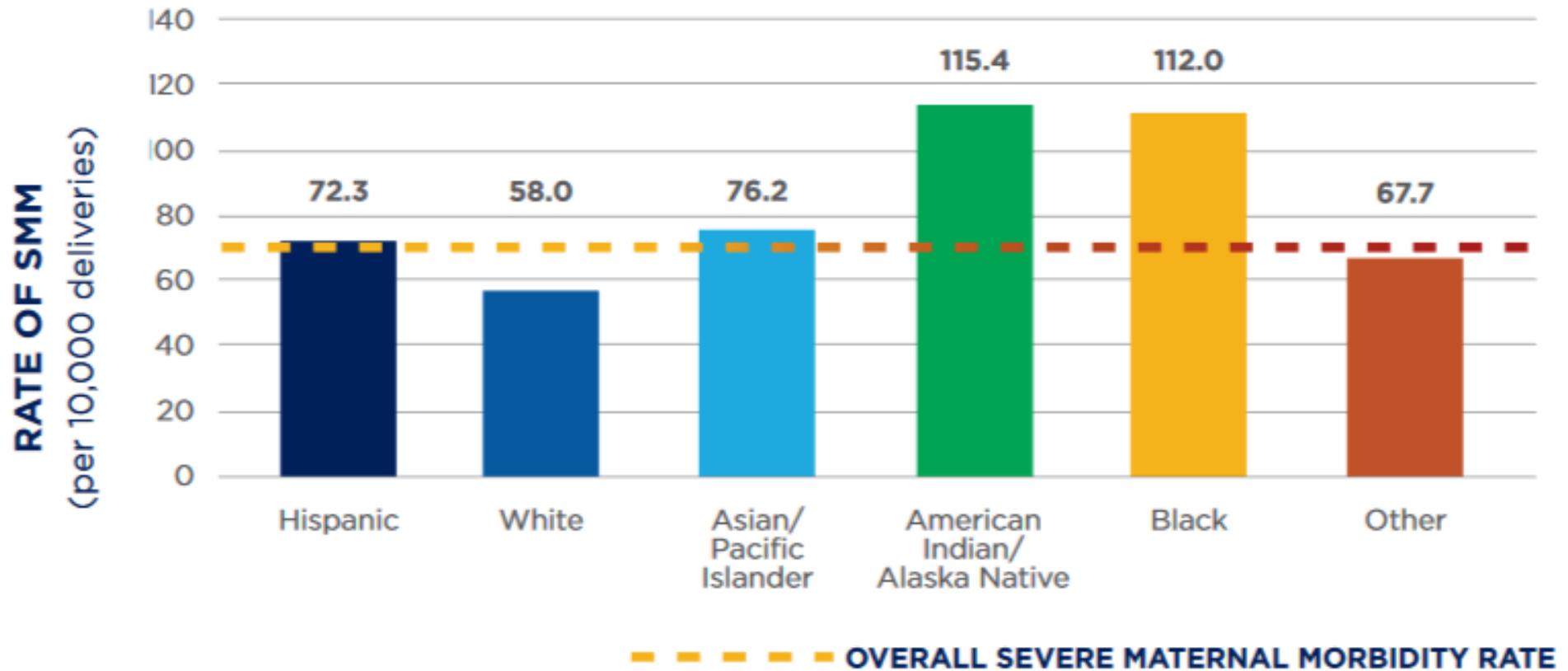
- **Health disparities** are simply differences in the presence of disease, health outcomes, or access to health care between population groups
- **Health inequities** are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust
- **Health inequities** are rooted in social injustices that make some population groups more vulnerable to poor health than other groups
 - Intergenerational trauma
 - Racism and historical trauma
 - Toxic stress

Health Inequities

- Babies born to Black people are more likely to die in their first year of life than babies born to White people
 - This remains true even when controlling for income and education
- Research has shown links between the stress from racism experienced by Black people and negative health outcomes
- This is a health inequity – not just a health disparity – because the difference between the populations is unfair, avoidable and rooted in social injustice

Health Inequities in Oregon: Severe Maternal Morbidity

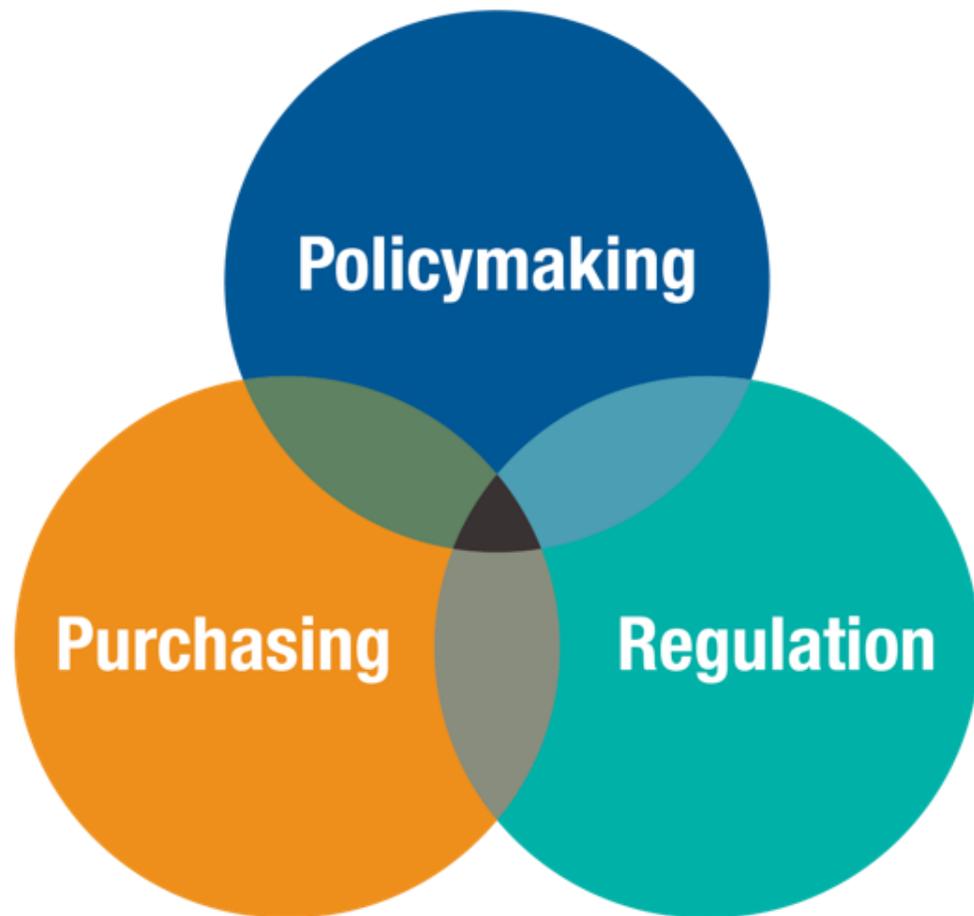
- Severe Maternal Morbidity Rate by Race/Ethnicity, 2017



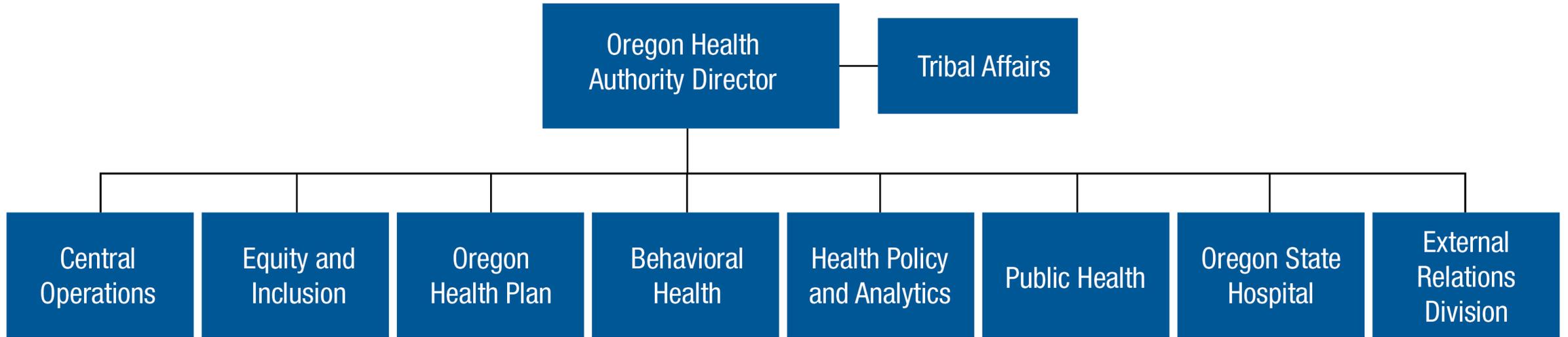
Why OHA
OHA's Values
OHA's Work
Challenges
Proposed Budget



OHA's Tasks

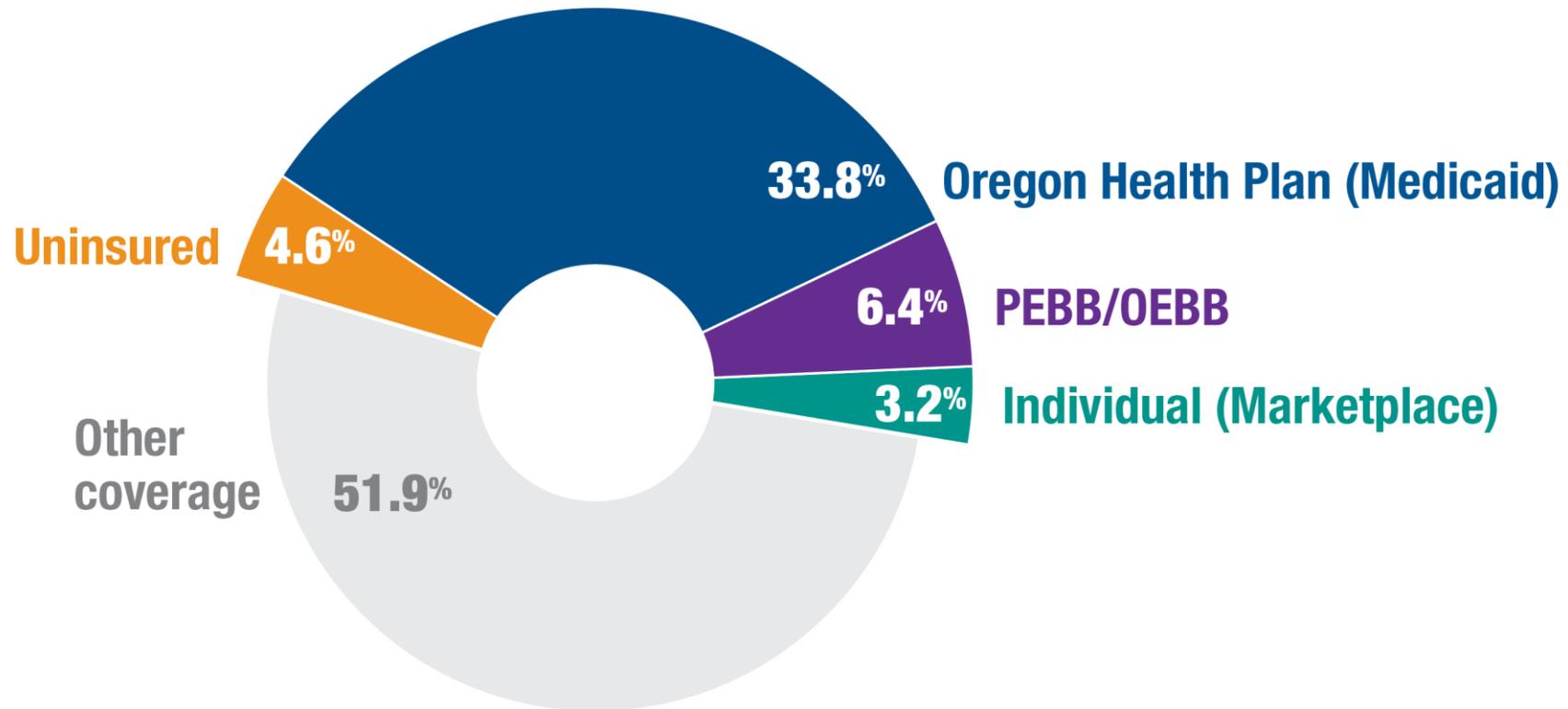


OHA's Organizational Structure



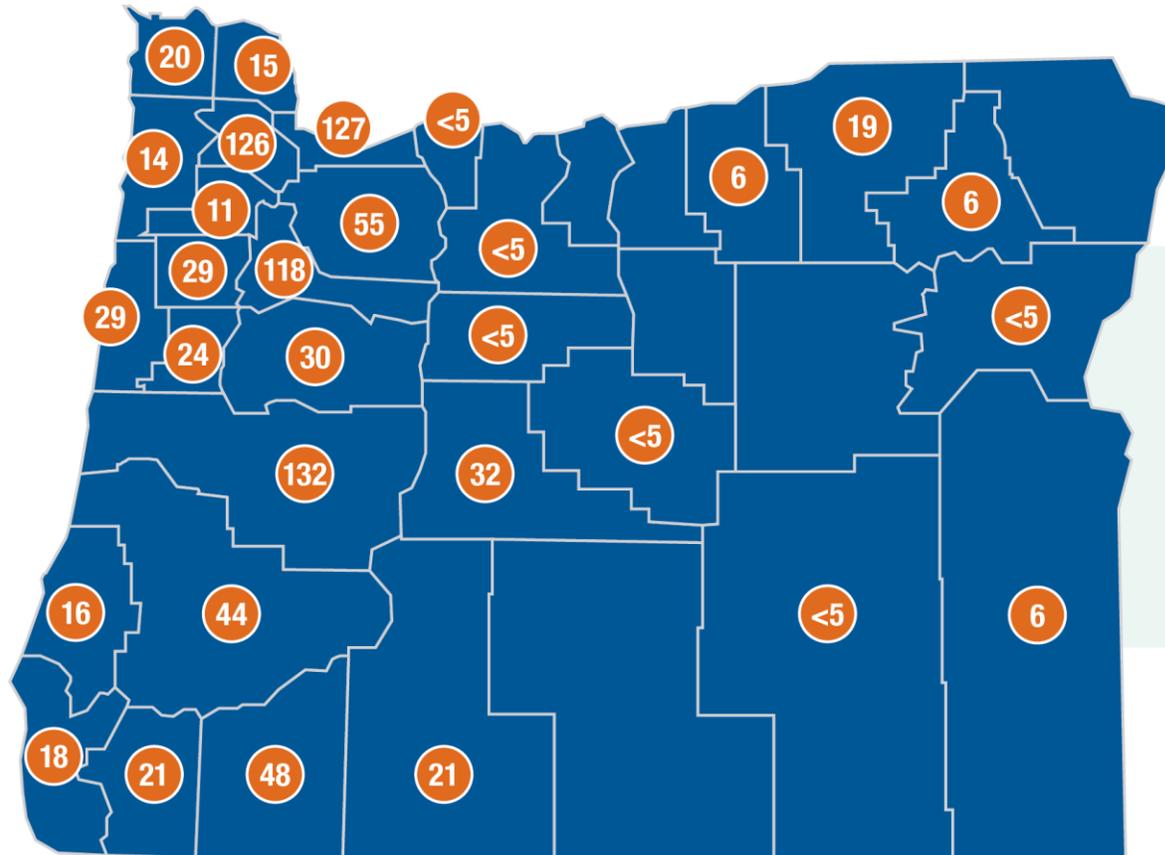
Health Coverage

- Roughly **four in ten** people in Oregon get their health care coverage via OHA



Oregon State Hospital

- The state hospital admits patients from across Oregon (patients per county in 2022)



Behavioral Health Continuum

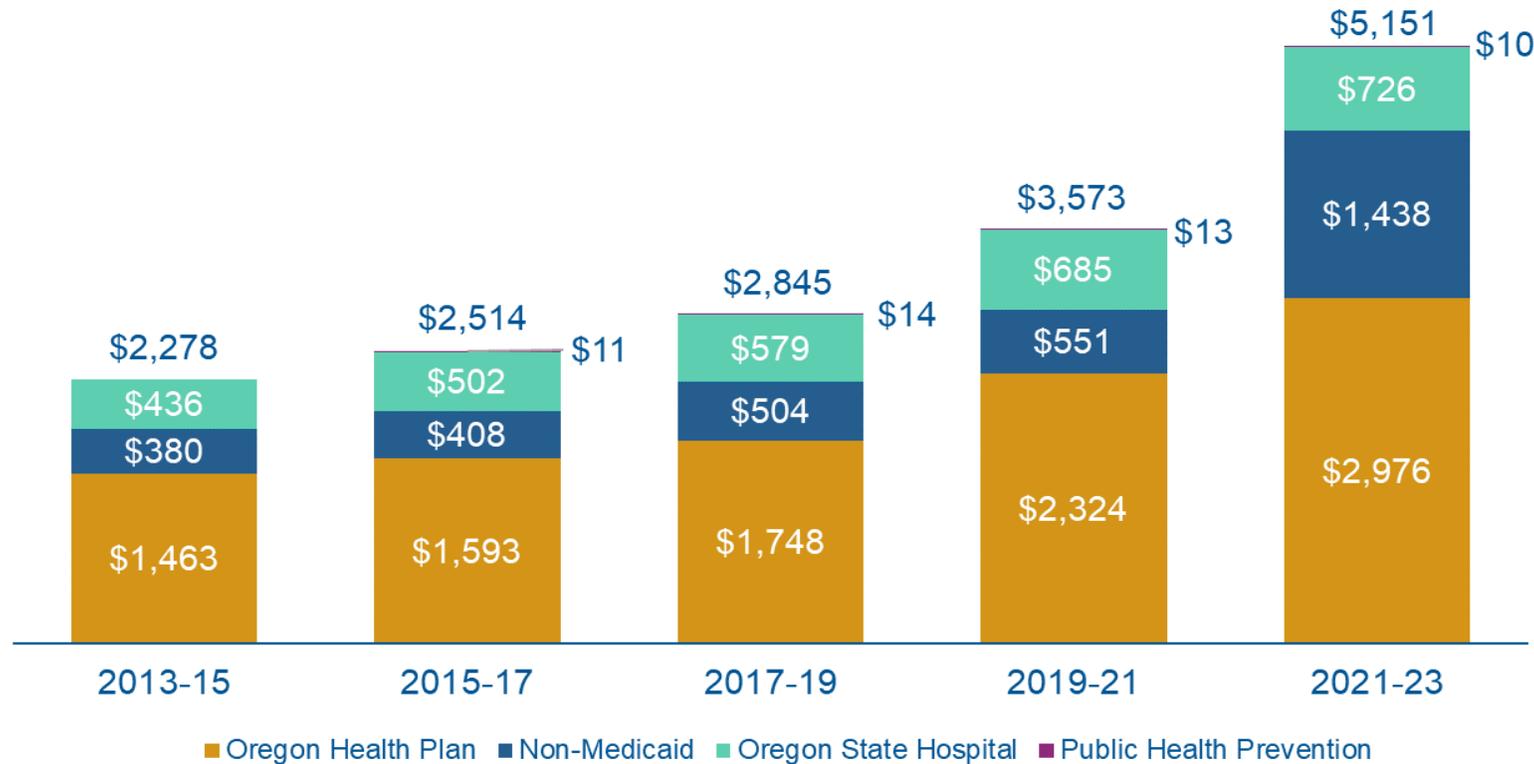
- Many private and public partners are involved in every segment of this continuum
- OHA's role varies greatly from segment to segment



OHA Behavioral Health Spending

- OHA addresses behavioral health through many programs and services

Oregon Health Authority
Behavioral Health Spending
 by Program in millions

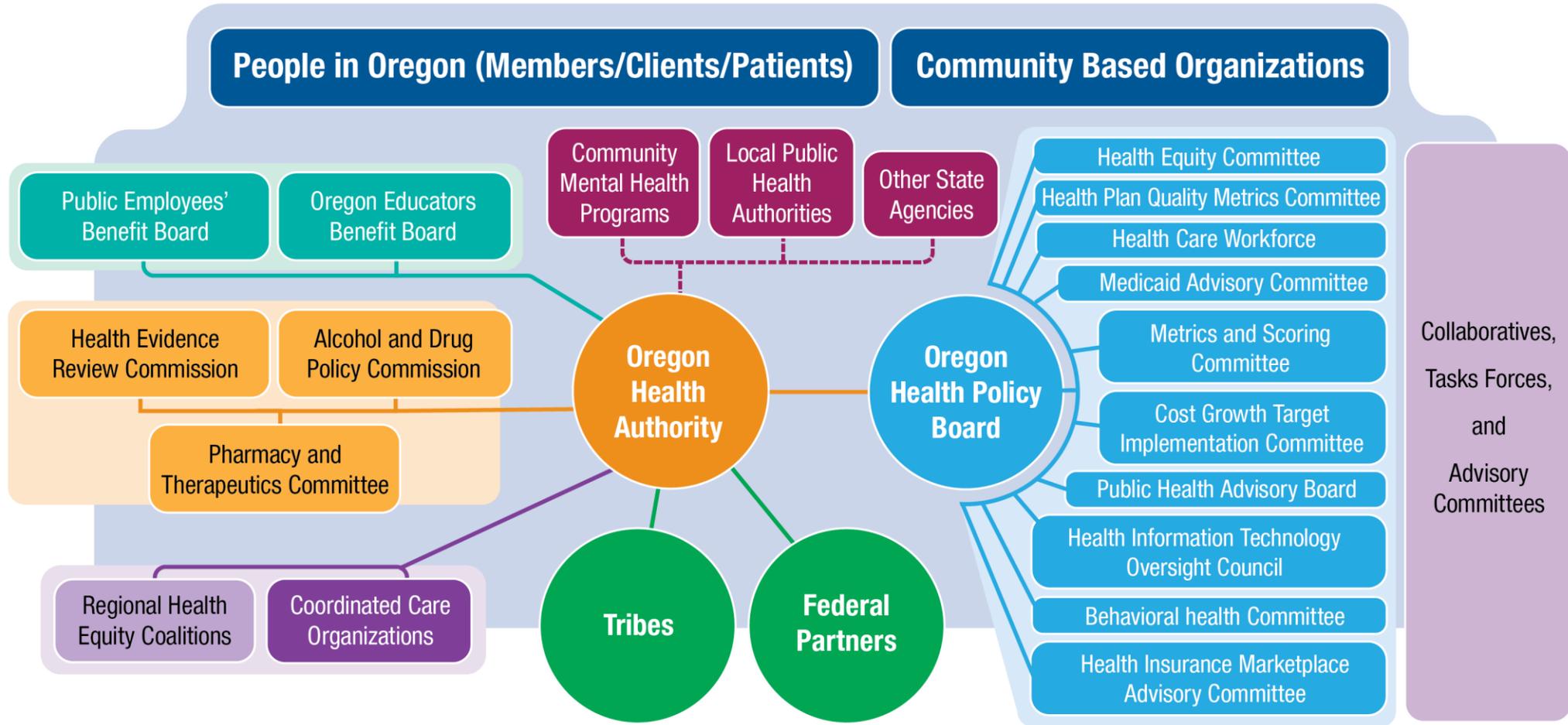


Oregon's Public Health System

- OHA is one of many partners working together for a comprehensive public health system

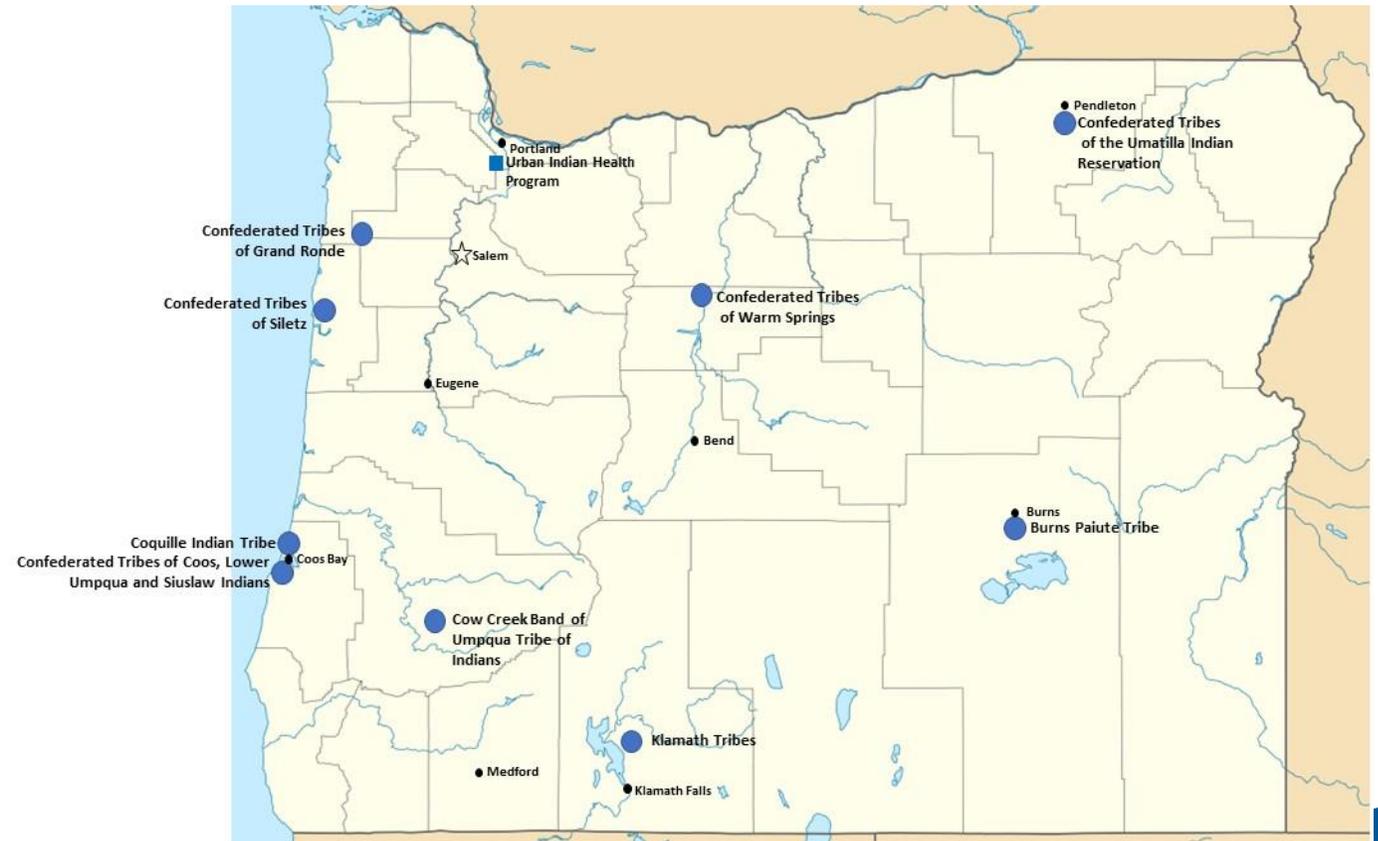


OHA Partnerships



Nine Federally Recognized Tribes of Oregon

- OHA honors the government-to-government relationship between the state and the Nine Federally Recognized Tribes of Oregon
- OHA's Tribal Affairs Director and tribal liaisons across the agency work to support Tribal Health Programs by providing resources for improving programs and services to best meet their needs



Partnerships with Community

- Collaboration with community partners is critical to:
 - Meet community health needs, as defined by the community
 - Advance an equitable, responsive health system
- OHA's hundreds of community partners include:
 - Community advocacy groups
 - Faith-based and charitable organizations
 - Local health clinics
 - Regional health equity coalitions
 - Local and tribal public health and social service agencies



Collaborations with Other Public Entities

- Oregon Department of Human Services – Integrated social and health services
- Oregon Department of Education – Student health
- Housing and Community Services Department – Healthy homes
- Department of Environmental Quality – Environmental health
- Department of Consumer and Business Services – Private insurance oversight
- Oregon Department of Veterans' Affairs – Veterans' health
- Oregon Youth Authority – Health of incarcerated youth
- Department of Corrections – Health of incarcerated adults
- Department of Revenue – Tobacco retail licensing
- Counties/local public health agencies – Public health
- Independent health professional licensing boards – Patient protection

Why OHA
OHA's Values
OHA's Work
Challenges
Proposed Budget



Protecting Health Coverage

- With the end of the Public Health Emergency, starting April 1, Oregon is required to redetermine whether each of the 1.4 million OHP members is still eligible
- Somewhere between **90,000 to 300,000** people are expected to no longer be eligible for OHP coverage
- Without steps to ensure access to other coverage, this could be the largest collective loss of health coverage in Oregon history
 - Lack of coverage is associated with worse health outcomes and higher longterm costs

Implementing the 1115 Medicaid Waiver

- Some elements of the waiver begin in 2023
- Benefits to address health related social needs begin in January 2024
- OHA continues to negotiate with the federal government on:
 - Tribal requests
 - Pre-release coverage for justice-involved populations and state hospital patients

Building Health Equity Infrastructure

- Meeting OHA's strategic goal of eliminating health inequities by 2030 requires the most ambitious transformation in health care systems and delivery in the nation
- Extensive need for:
 - State workforce trained to in how to practice equity in their jobs every day
 - Culturally and linguistically responsive and community-centered outreach and engagement strategies
 - Integrating equity-centered feedback back into agency decisions
 - Enabling community coalitions to address health equity issues in culturally specific and effective ways
 - Technical assistance and training to build CCOs' and providers' capacity around health equity and the social determinants of health

Getting to Data Equity

- Currently OHA receives demographic data from health providers and insurers through 31 data systems
 - Only five of these systems comply with REALD standards
 - Only one consistently receives REALD data from providers
 - The data are largely limited to race and ethnicity
- Poor data infrastructure and lack of investment for collecting REALD & SOGI data
- Lack of understanding by provider staff about how best to collect demographic information
- Lack of compliance with legislative requirements for REALD and SOGI

Meeting Unmet Behavioral Health Needs

- Recent investments must be tracked to ensure results
- Behavioral health services need to be more available and accessible across Oregon
 - Acute psychiatric facilities in the community
 - Substance use disorder facilities and recovery centers
 - Children’s psychiatric residential treatment capacity
 - Residential detox, inpatient treatment, and recovery community centers
 - Reduced preventable deaths associated with opioid use
- Culturally and linguistically responsive services are essential in order to serve everyone and reduce behavioral health inequities
- The 988 crisis line provides access to services, and further stabilization is needed.
 - Call volume is expected to increase, impacting response times
- Workforce to provide these services is critical

Managing the State Hospital Population

- Oregon State Hospital is now primarily a forensic facility
 - Large and growing number of patients are individuals deemed unable to aid and assist in their own defense
 - Federal court order limits restoration timelines
- Faster discharges, yet still growing demand
 - Increased wait times for patients
 - Increased patient acuity
 - Change in treatment focus
 - Greater need for discharge coordination
- At the same time, the state hospital – like other hospitals – faces staffing resource shortages and challenges

Expanding Public Health Capacity

- COVID-19 exposed gaps in the public health system
- Important to engage with community-based organizations
- Critical need for language access and culturally responsive care
 - Public health statistics shows high degrees of health inequities
 - Geographic gaps in services
 - OHA's standard is to translate public-facing message into 13 languages
- Need for greater collaboration and capacity to prevent communicable diseases
 - COVID-19 and other respiratory diseases
 - HIV and sexually transmitted infections
- Increased demand for highly-skilled research, evaluation, epidemiology, and other staff
- Worsening effects of wildfires and extreme heat events

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OHA's Values
OHA's Work
Challenges
Proposed Budget



OHA Budget Priorities

- Reducing health disparities and advancing health equity
- Protecting health coverage
- Implementing the 1115 Medicaid waiver
- Addressing unmet behavioral health needs
- Supporting Oregon State Hospital
- Sustaining and expanding public health capacity

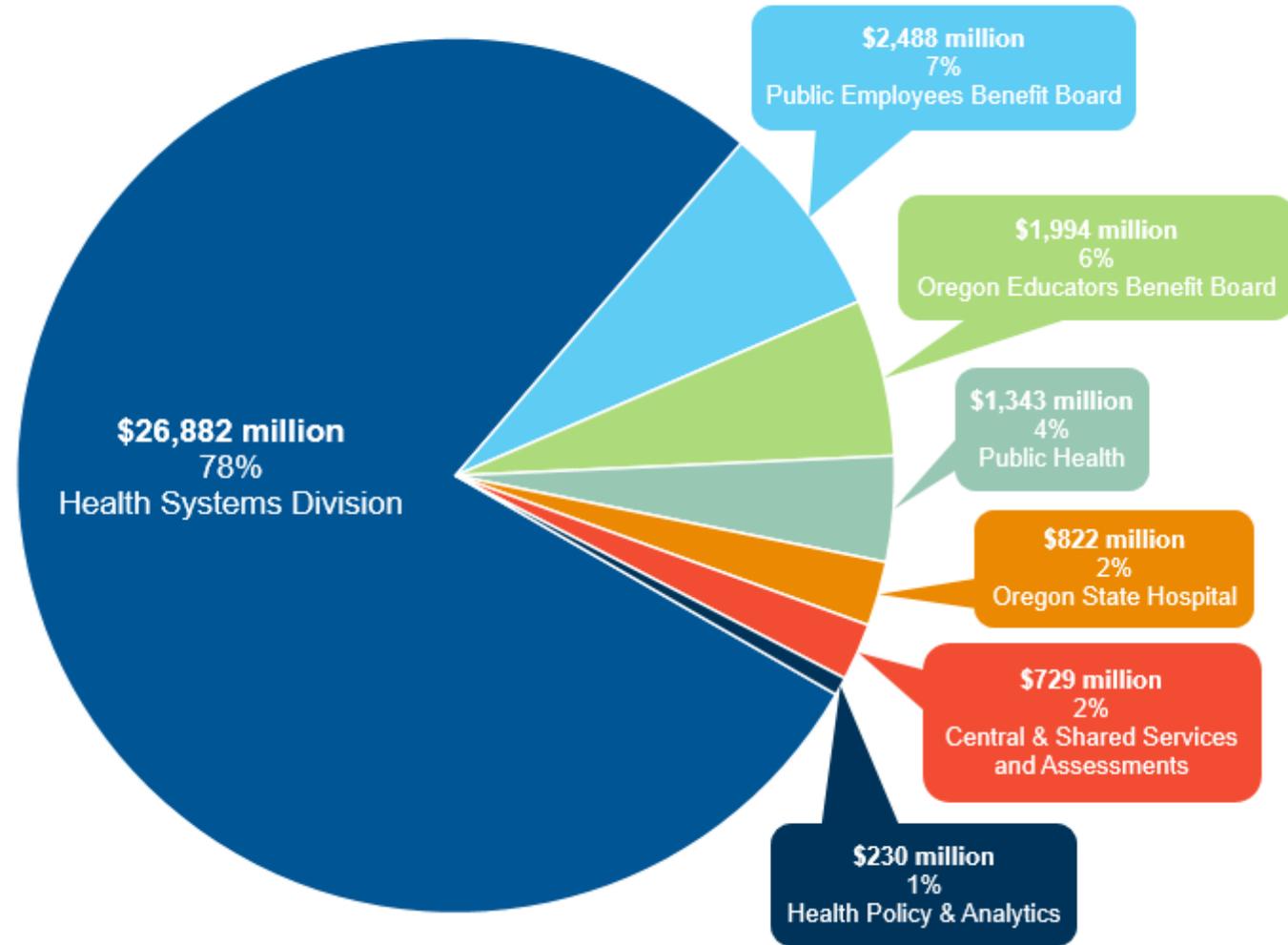
Budget Development

- Consistent attention to advancing health equity
- Recommendations from Racial Justice Council
- Weaving together input from community groups and other partners
- Discussions with Nine Federally Recognized Tribes of Oregon
- Staff expertise in how to achieve the identified goals

2023-2025 Governor's Budget

\$34,488 million Total Funds

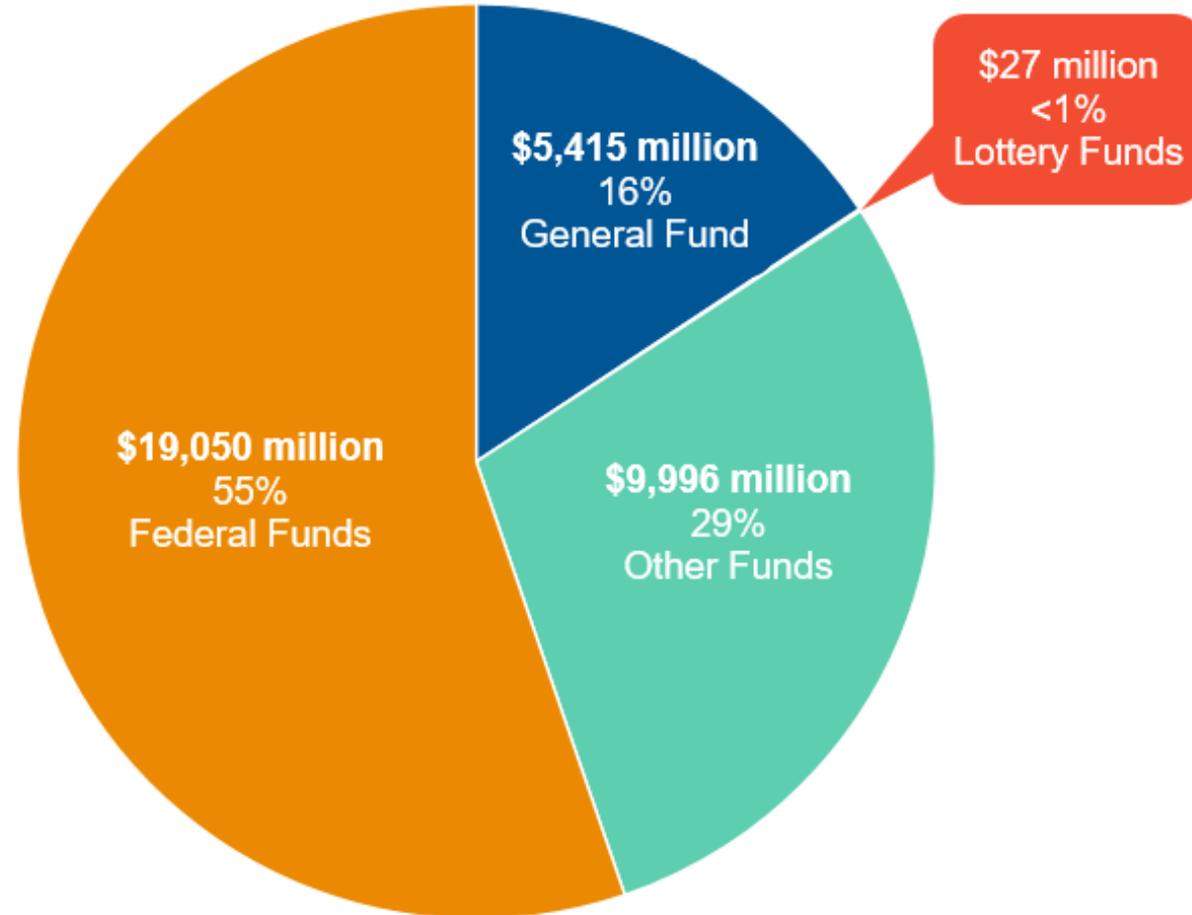
- By Division



2023-2025 Governor's Budget

\$34,488 million Total Funds

- By Fund



Upcoming OHA Presentations

- Central Services and State Assessments & Enterprise-Wide Costs (SAEC)
- Health Systems Division – Oregon Health Plan
- Health Systems Division – Behavioral Health
- Public Health Division
- Health Policy & Analytics Division, Public Employees' Benefit Board, and Oregon Educators Benefit Board
- Oregon State Hospital
- Agency Wrap Up

Thank You

Oregon
Health
Authority