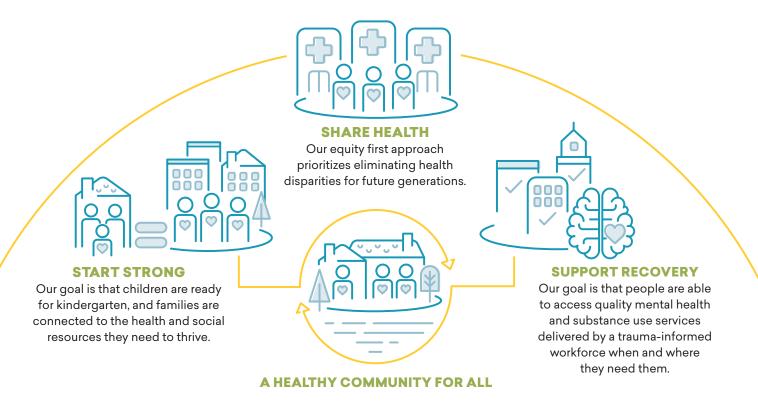
Ready+Resilient

Through regional investments, Health Share tackles issues that impact the health of our community.



From health disparities to diabetes control, Health Share is taking on some of health care's biggest obstacles—ensuring everyone has the opportunity to live well.

Ready + Resilient is Health Share's 3-year strategic investment plan. Through this investment, we are creating a long-term roadmap to support the wellbeing of children, families and communities through prevention (start strong), support for recovery and focused investment in health equity (share health).



Development & Funding

Ready + Resilient's focus on early life health and behavioral health are interconnected; when we build resilience and address trauma early in life, we help prevent substance use among adults. In turn, when we support recovery, we help create thriving families who provide healthy beginnings for children.

Health Share relied on an extensive environmental scan, as well as data from internal and external sources to develop Ready + Resilient, which is supported through Quality Incentive Funds earned in the 2015 performance year.

Goals, Strategies & Outcomes

The goals of Ready + Resilient are outlined in the Start Strong, Support Recovery, Share Health approaches of the plan. They work in tandem with Health Share's Community Health Improvement Plan and the contractually required Quality Improvement Plan. Wherever possible, the goals, strategies, outcomes and tactics within Ready + Resilient link with Health Share plan partners' priorities and initiatives, and many of the strategies align directly with the Quality Incentive Metrics measured by the state, supporting our efforts to achieve those metrics.

Start Strong

Health Share's goal is that children are ready for kindergarten, and families are connected to the health and social resources they need to thrive.

Children will have a strong start to life when we build a prevention-focused system of care that connects health care, community partners, and caregivers. We know that when we invest in early life health, we prevent bigger issues down the road. We also know that every child's needs are different, and many children are falling through the cracks of the current fragmented system.

Together, we are working to build resilience and give every child the best possible start through three main strategies:



STRATEGY 1

Improve quality and quantity of screening for women and children in health care and community settings.

- Percent of PCPCH and women's health care providers administering preventive screening will increase.
- Racial, linguistic, and cultural disparities in developmental screening will be reduced.
- More women will be screened for family planning services and connected to desired services.



STRATEGY 2

Build and enhance clinical and community interventions and referral systems.

- Community referral systems will be in place to respond to needs identified from screening, including social determinants of health.
- Providers will be better equipped to address the developmental, behavioral, and social needs of the families they serve.
- Families with developmental, behavioral, or social resource needs will be able to access community and culturally specific supports.



STRATEGY 3

Improve systems of care for populations with complex needs.

- Health Share data analytics and communications will increase partner focus on addressing health disparities.
- Children in foster care will have access to a coordinated system of health assessments and foster care medical homes.
- Our community will establish regional Collective Impact approaches for kindergarten readiness and foster care.

Support Recovery

Health Share's goal is that people are able to access quality mental health and substance use services delivered by a trauma-informed workforce when and where they need them.

People's health is impacted by what has happened to them, and nowhere is this clearer than through the trauma and disparities we see in our state's opioid and mental health crises. Turning the table on these significant community-wide challenges will require a coordinated approach that starts by addressing fragmentation, under-investment and inequities that have plagued Oregon's behavioral health system. **Health Share's efforts begin with the below strategies:**



STRATEGY 4

Strengthen the behavioral health workforce.

- The retention rate of staff who work directly with our embers will increase.
- More providers will reflect the culture and language of our members.
- Culturally specific communities will increase their use of behavioral health services.



STRATEGY 5

Improve the substance use disorder (SUD) system of care.

- Members will be served by providers who endorse and adopt best practice treatment guidelines.
- More members will have access to Medication Assisted Treatment services.
- Fewer children will enter foster care due to parental substance use.
- Pregnant women with SUD will have access to high-quality treatment and maternity care.



STRATEGY 6

Improve the availability of information across care settings.

- Improve the availability of information across care settings.
- Providers and health plans will have access to health information and analytics in order to decrease disparities and improve integrated care for members.
- Data literacy among behavioral health providers will be improved to positively impact our members.

Share Health

Health Share's equity first approach prioritizes eliminating health disparities for future generations.



Our members face significant disparities in health and health care. An equity first approach means that all of our strategies and tactics include explicit efforts to eliminate these disparities and ensure that everyone has access to high quality health care. These tactics are driven by data, show demonstrable impact on reducing disparities, and include adequate resources to be successful.

Specifically, as a result of using an equity first approach in our initiatives, systems of care will show:

- Improved access to care generally for historically marginalized communities
- Fewer disparities in access among special populations
- Increased culturally and linguistically effective and appropriate services

- More integration of culturally specific peer supports with payment models to support them
- Decreased barriers to integration of substance use treatment, primary care and maternity care
- Better communication between behavioral health treatment and primary care