

# Health Share of Oregon

## Strategic Framework Assessment



health

share

Health Share of Oregon



# April 2021 to April 2022 Lookback: What has happened

**In April 2021, Health Share's Board adopted a Strategic Roadmap to guide the work of the Health Share Collaborative focused on eliminating health disparities.**

The goals focused on three areas of impact: racial equity, early life health, and behavioral health. Across those areas of impact, the Collaborative had two focus areas – Social Determinants of Health and Integration.

The overarching goal within the Social Determinants of Health focus is to ensure that communities have access to essential services that impact health such as housing, education, transportation, and food. When it comes to Integration, our goal is that health systems, public health, and community-based organizations work collaboratively to improve health outcomes by ensuring that members have coordinated primary, specialty, behavioral health, and dental care that is accessible, and culturally and linguistically appropriate.

What follows are key accomplishments the Collaborative has made working towards these collective goals over the last year.



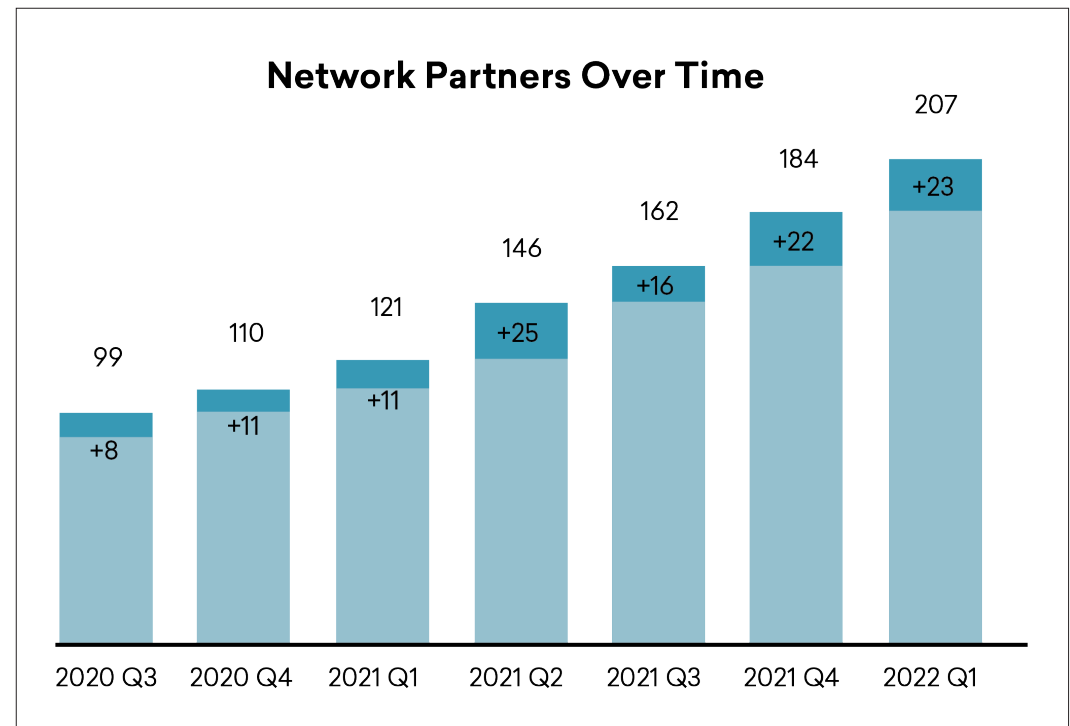
# Social Determinants of Health

## Goal #1

**Engage with Community-Based Organizations and other key social service providers to understand and meet the health-related housing and social needs of members**

In this first year, Health Share focused on engagement, and developing relationships with Community-Based Organizations (CBOs) to understand where we align on interests and priorities. Partner organizations also aligned to increase access to Health-Related Services (HRS) for priority populations, and developed a centralized HRS request process to pilot with CBOs. In addition, our Traditional Health Worker (THW) Advisory Group developed a shared vision, and the Collaborative increased the number of THWs serving Health Share members by 40 percent.

Health Share's partners have started to use Connect Oregon (a closed-loop community social resource referral system) to explore key use cases, and distribute funding to support delivery of key services.



**Since April 2021, over 1,200 referrals have been made to community partners using Connect Oregon, for much-needed COVID wraparound services to maintain quarantine or isolation. 92% of these referrals were accepted and resulted in service delivery.**



# Social Determinants of Health

## Goal #2

### Ensure access to supportive housing by integrating with health systems, counties, the state, and housing providers

Health Share's Board supported launching an 18-month demonstration pilot to design and test a housing benefit package for members. During the demonstration period, the focus is on assisting members through eight high-risk transitions into housing with the support of county and CBO partners in the tri-county area. The benefit emphasizes connecting low-income persons with health challenges living in homelessness, or at risk of homelessness, to affordable housing options that include the services they need to remain stable and housed. The Regional Supportive Housing Impact Fund Steering Committee meets regularly to ensure that Health Share's housing efforts are grounded in racial equity, community voice, and strength-based, flexible, adaptive, and emergent practice.



\*1 icon=10 housed seniors

**Over 390 seniors  
were housed  
through Metro  
300, a partnership  
between health  
systems,  
community-based  
service providers,  
and counties.**



# Integration

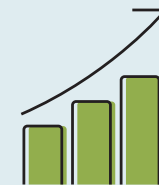
## Goal #3

### Ensure equitable access to COVID-19 vaccines for members

Health Share was the highest performing Coordinated Care Organization in the state with regard to getting our members vaccinated. We worked with our health system partners and the counties to prioritize equity in decision making around vaccine distribution. Every one of Health Share's partners, hundreds of providers, our local public health partners, and numerous community organizations worked together to ensure every Health Share member got information and access regarding testing, vaccinations, and treatment related to COVID-19.



**Together, we developed culturally and language-specific approaches for both vaccinations and testing.**



**Health Share members had the highest vaccination rate of all CCOs.**

# Integration

## Goal #4

### Optimize the integrated care model for members with Substance Use Disorder

To increase access to evidence-based substance use treatment, Health Share partners designed the Substance Use Disorder and Medications for Opioid Use Disorder (MOUD) Emergency Room pilot, to increase MOUD prescriptions and access to OUD treatment in the acute care setting. We also funded the expansion of easy to access medication for OUD clinics to ensure more members have fast access to life-saving medication. The expansion will include culturally specific peer support services. With our coordinated efforts, we achieved the Initiation/Engagement/Treatment metric and built partnerships with peer Community-Based Organizations to help serve our members. These efforts increased the number of MOUD prescribers and prescriptions. In addition, we refined alcohol use screening practices (SBIRT) for providers.



\*1 icon=10 providers

**Over 200 providers attended an Alcohol Use Disorder learning collaborative series to expand evidence-based treatment in primary care, specialty behavioral health, and Community-Based Organizations.**

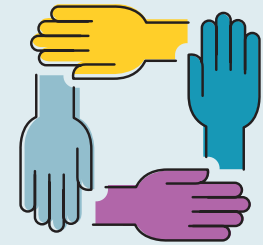


# Integration

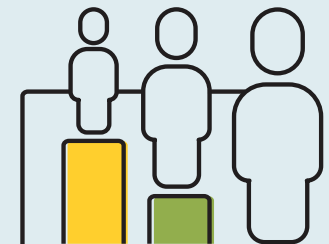
## Goal #5

### Optimize the integrated care model for children and youth with complex needs

The Health Share Collaborative continued our focus on supporting children and youth in a variety of ways. We convened the network of eleven EveryStep clinics, facilitating monthly meetings with the EveryStep Leadership Council. We also continued to fund two DHS Medical Liaison positions that provide vital navigation to support the health care needs of youth in foster care. We initiated a pilot for increased access to infant and early childhood mental health consultation in the region, helping to fill a longstanding gap. In addition, we recieved an OHA grant to develop a pilot program using a multi-generational approach to support Latinx families on TANF in Clackamas County access behavioral health and developmental supports. Health Share continued to lead and facilitate the regional Children's System of Care committee structure to align child-serving system partners and address community barriers to care for children, youth, and families. Finally, we continued to fund and expand the Help Me Grow system across the region, providing a centralized access point for a triaged menu of services and supports for families.



**In 2021, Help Me Grow had 12,429 contacts with families to support developmental and behavioral health.**



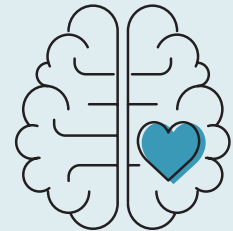
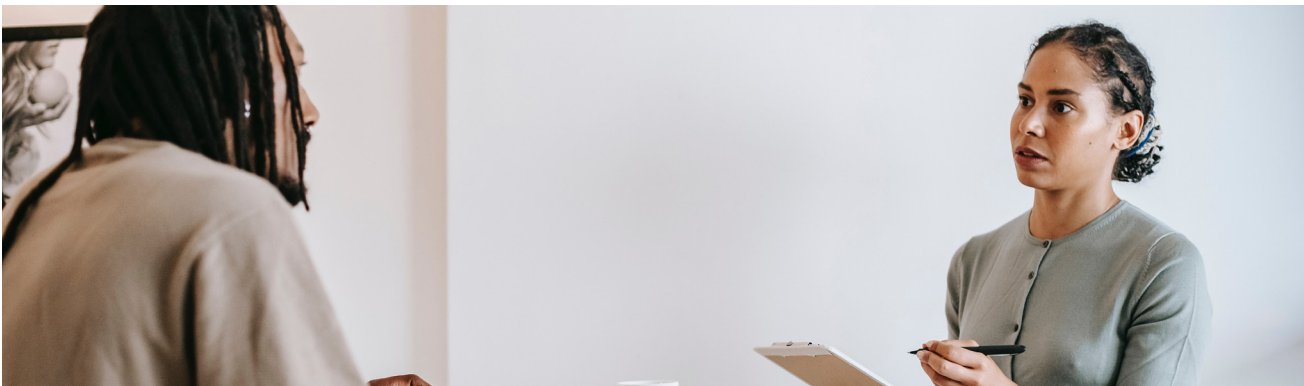
# Integration

## Goal #6

### Expand access to Integrated Behavioral Health Services

Expanded access to integrated behavioral health services is vital to our members. Across the Collaborative, we identified models of behavioral health integration that are embedded within medical providers and assured that all integrated behavioral health providers are meeting the Patient-Centered Primary Care Home program standards for integrated behavioral health. We tested an integrated billing pilot to capture and reimburse providers for the behavioral health services provided in primary care. 4,486 members received one of these services in the first seven months of the pilot and we anticipate continued growth in access to these services. Integrated behavioral health services are now built into physical health rates in the 2022 global budget.

In October 2021, Health Share's Board approved a set of recommendations from the Behavioral Health Workforce Taskforce to address key workforce gaps in our service area. In addition to increased funding, we are collaborating with providers to more efficiently manage caseloads, advocating for regulator reform at the State level, improving the discharge process from acute inpatient psychiatric facilities, and enhancing cooperation between primary care and specialty behavioral health providers. Additional opportunities to expand the workforce via telehealth, clinician recruitment, and investing in education programs are also underway.



**Health Share allocated additional funds to Behavioral Health in the global budget process designed to increase wages of front-line clinicians and address the sustainability of the Behavioral Health network.**



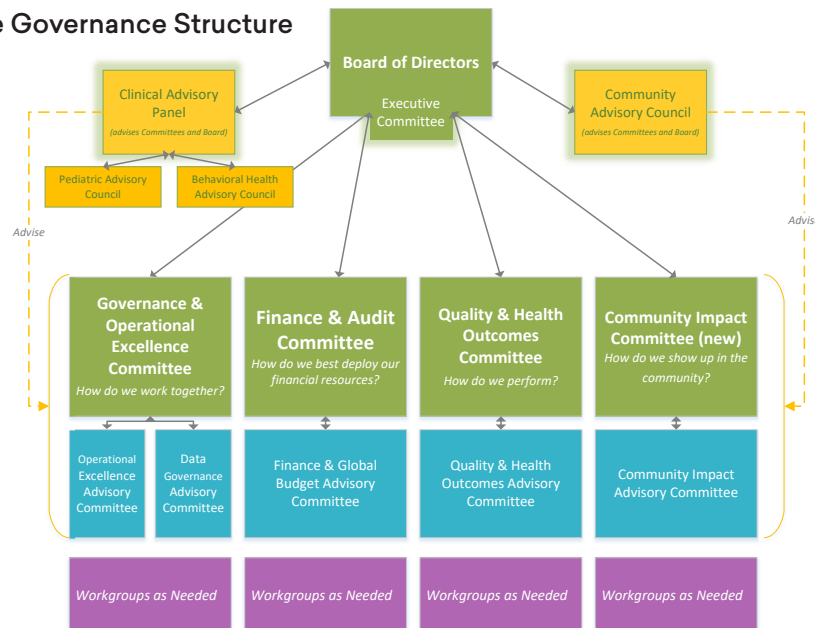
# CCO 2.0 Operations

## Goal #7

### Refine governance structure and policies to ensure goals around collaborative work and leading with race are operationalized

The Health Share Board passed a resolution on our commitment to lead with race and adopted use of tools to help center race in our decision-making and strategic planning. In addition, our All:Ready network spearheaded a regional training with multiple CBOs, counties, and health plan partners centered on anti-racism. We completed the first governance structure Collaborative survey and we continued to refine the incorporation of the Member Organization Advisory Committees (MACs) into our decision-making processes. Health Share also reviewed our policies to ensure that Traditional Health Workers (THWs) and social needs are integrated into existing policies.

Health Share Governance Structure



**We led an All:Ready training series with multiple CBOs, partners, and executive coaches centered around anti-racism.**

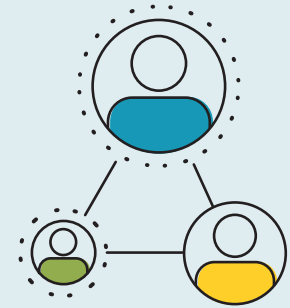


# CCO 2.0 Operations

## Goal #8

### Develop and refine capability for efficient oversight, monitoring, and delivery of CCO 2.0 reporting

Health Share worked with OHA and other CCOs to advocate for improved reporting on Non-Emergency Medical Transportation, the Delivery System Network (DSN), Behavioral Health, and Care Coordination, and automated and refined data for both our DSN capacity and PCP Clinic Rollup reports. We also completed a state assessment across our health plan partners on language access, and worked to increase language access among pharmacies. In response to our External Quality Review Process, we leveraged existing workgroups to increase our monitoring and oversight capability and revised the delegation oversight policy to be more transparent about inadequate performance and non-compliance. Finally, we also worked with CCO Oregon to launch an Operations and Compliance Workgroup to collectively advocate for changes on operational improvements with other CCOs.



**We launched an Operations and Compliance Workgroup to collectively advocate for operational improvements, in partnership with CCO Oregon.**

