Healthier Together Oregon

DRAFT IMPLEMENTATION PLAN – YEAR 1

Equity & Justice

Priority	Strategies	Considerations and activities	Short term measures
Economic Drivers of Health	Ensure state agencies engage priority populations to co-create investments, policies, projects and agency initiatives.	• Identify state agencies that have active policies regarding engaging priority populations. • Identify state agencies that regularly track and monitor engagement of priority populations.	To be determined
Adversity, trauma and toxic stress	Ensure accountability for implementation of anti-racist and anti-oppression policies and cross-system initiatives.	• Hold community-level trainings on conflict resolution and bullying prevention. • Hold institutions accountable for implementing anti-racist policies – prioritizing schools, child welfare and criminal justice system (including police, court systems and incarceration). • Address the unique health education needs of transgender children and youth.	To be determined
Adversity, trauma and toxic stress	Require all public facing agencies and contractors implement trauma informed policy and procedure.	• Focus on agencies named in House Concurrent Resolution 33 (HCR33): State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections. • Prioritize health care (including hospitals and treatment facilities). • Address impact of vicarious trauma.	# of HCR33 agencies with trauma informed policy (Trauma Informed Oregon)

		• Ensure ongoing training, quality assurance, technical assistance and evaluation for policy implementation. • Consider healing centered engagement as a model.	
Institutional bias	Declare institutional racism as a public health crisis	• Ask state agencies to use anti-racism as the frame for their strategic plans. • Identify the protocol for making declaration of a public health crisis.	Racism as a public health crisis is declared by December 31, 2020
Institutional bias	Ensure State Health Indicators (SHIs) are reported by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.	• Collect gender data beyond male/female binary • Collect data on preferred language. • Ensure data is readily available to public. • Use data to inform policy and public health interventions.	% of SHI analyzed by race/ethnicity, disability, gender, age, socioeconomic status, sexual orientation, and geographic location (Oregon Health Authority – Public Health Division)
Institutional bias	Require state agencies to commit to racial equity in planning, policy, agency performance metrics and investment to Black, Indigenous, people of color, and American Indian/Alaska Native people (BIPOC-AI/AN)	• Address state contracting processes. • Develop policies and procedures to ensure BIPOC-AI/AN communities are represented in agency boards and commissions.	To be determined

Institutional bias	Reduce legal and system barriers for immigrant and refugee communities, including people without documentation.	• Support policy changes that allow people without documentation to access the social safety net. • Increase the number of sanctuary cities. • Expand CAWEM and CAWEM+ health care coverage. • Outreach to and co-develop activities with community-based organizations serving immigrant and refugee communities. • Provide legal support for low-income Oregonians in health care and other settings.	To be determined
Behavioral health	Build upon and create BIPOC-AI/AN led, community solutions for education, criminal justice, housing, social services, public health and health care to address systematic bias and inequities.	• Recruit representatives from education and law enforcement to Coordinated Care Organization Community Advisory Councils (CAC). • Conduct local assessments (e.g. Community Health Assessments) for disparities in education and law enforcement and develop solutions based on assessment.	#/% of CACs with representation from education and law enforcement (OHA- Transformation Center)

Healthy Communities

Priority	Strategies	Considerations and activities	Short term measures
Economic Drivers of Health	Invest in workforce development and higher education opportunities for priority populations.	• Support easily accessible job training and continuing education opportunities for prioritized populations. • Increase financial supports for students to address both the cost of living and cost of higher education. • Increase access to free job skills training programs and workforce preparation programs. • Increase access to accredited trade programs through affordable online platforms. • Expand access to more flexible work opportunities such as telecommuting and job sharing. • Provide academic credit to community health workers to eliminate barriers and allow professional advancement in public health and social work sectors. • Invest in community workforce development programs and initiatives with a focus on communities of color and disability communities.	% of community college students completing certificate or degree (Oregon office of community colleges and workforce development)

Economic Drivers of Health	Strengthen economic development, employment and small business growth in underserved communities.	• Increase access to capital in support of local small businesses, and entrepreneurship in rural communities. • Develop cross-sector business groups to promote collaboration and shared learning on business development. • Improve access to employment for people with disabilities through job carving/splitting. • Develop incentives to encourage private investment in underserved communities coupled with First Source agreements to increase local availability of quality jobs. • Connect rural communities to urban markets for selling of goods.	% of jobs created statewide that meet Business Oregon's definition of "quality" (Business Oregon)
Economic Drivers of Health	Enhance financial literacy and access to financial services and supports among priority populations.	• Increase SSI/SSDI enrollment assistance programs for people with disability, for example SSI/SSDI Outreach, Access, and Recovery (SOAR) and State Family PRE-SSI/SSDI Program. • Develop education programs the earned income tax credit, Individual Development Accounts and free tax preparation services. • Ensure paid family leave. • Increase educational programs and support for BIPOC-AI/AN communities who have been targeted by predatory payday lending practices. • Increase financial literacy training in K-12 education.	% of eligible families who received the Earned Income Tax Credit (Internal Revenue Service)

Economic Drivers of Health	Increase affordable access to high speed internet in rural Oregon.	• Increase dollars invested by public and private sectors for infrastructure development. • Increase state and private investment for broadband infrastructure, especially to the end-user.	Residential fixed internet access service connections per 1000 households (Federal Communications Commission)
Economic Drivers of Health	Build climate resilience among priority populations.	• Implement community adaptation projects that build climate resilience. • Complete climate adaptation and mitigation investments. • Collect data quantifying the burden of water insecurity and impacts to communities in order to support water insecurity prevention policy development.	# of Community Based Organizations that PHD, tribal and local public health authorities have meaningfully partnered with to build community resilience (OHA Environmental Public Health)
Economic Drivers of Health	Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods.	• Adapt activities to reflect community engagement. E.g. Department of Land Conservation and Development (DLCD) how-to-guide for suggestions on how local jurisdictions might measure community engagement. • Request DLCD collect this demographic data from local land use planning commissions. State body should require collecting this information. • Urge the state to establish requirements for membership on planning commissions. • Create zoning laws that include transportation connectivity, access to affordable housing, education, healthy foods and health care, safety,	% of full-voting representation of BIPOC-AI/AN communities on state rule making and grants advisory committees (DLCD)

		and benefits BIPOC-AI/AN and low-income communities. • Increase affordable housing stock through state appropriations and housing development programs in neighborhoods with active transportation choices, access to schools, jobs, transit, services, goods, and community amenities. • Invest in planting trees, community gardens and other natural spaces in low income communities. • Reduce density of tobacco and alcohol retail outlets in low income communities.	
Adversity, trauma and toxic stress	Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.	• Create joint-use agreements between governmental agencies to efficiently utilize existing facilities and amenities. • Host programs in convenient neighborhood locations. • Activate community areas so that they are in use during the day and in the evenings. • Enable partners to share the cost of maintenance, upgrades and improvements. • Focus on covered, outdoor spaces for COVID-19 recovery. • Provide culturally/linguistically responsive outreach about community spaces. • Increase access to community gardens.	% of population with a park within a 10-minute walk from their home (Trust for Public Land)

Adversity, trauma and toxic stress	Expand culturally and linguistically responsive community-based mentoring and peer delivered services.	• Expand intergenerational mentoring programs. • Promote family focused interventions such as Strengthening Families and The Incredible Years. • Connect youth to caring adults and activities through school-based mentoring and after school programs. • Fund community mentoring programs and drop-in centers. • Provide sustainable funding for peer to peer services (e.g. new moms, immigrant/refugee communities). • Provide culturally/linguistically responsive outreach about peer to peer services.	% of peers who identify as BIPOC-AI/AN (OHA Office of Equity and Inclusion)
Adversity, trauma and toxic stress	Develop community awareness of toxic stress, its impact on health and the importance of protective factors.	• Support faith-based awareness programs for the African American and Micronesian community. • Incorporate community involvement in the development and distribution of knowledge, tools, and resources. • Focus on positive attributes such as strong social networks, community connections, cultural supports, and consciously built environments. • Provide public service announcements, workshops and clinics to support and educate community members on how to prevent, cope, and resources to heal. • Provide culturally/linguistically responsive outreach about this information.	# of web visits (Trauma Informed Oregon)

Adversity, trauma and toxic stress	Enhance community resilience through promotion of art and cultural events for priority populations.	• Ensure programs are accessible and relevant. • Respond to cultural, historic and social needs and changing demographics. • Increase programs for LGBTQ+, older adults, and other historically isolated groups. • Support use of sweat lodges, pipe ceremonies, & storytelling for AI/AN cultures. • Provide opportunities for storytelling, drama, music and art. • Provide culturally/linguistically responsive outreach about these events.	#/% of non-profits serving priority populations (Oregon Cultural Trust)
Access to equitable preventive healthcare	Co-locate support services for low income people and families at or near health clinics.	• Provide onsite childcare. • Co-locate housing assistance and food banks. • Ensure services and clinics are accessible by active transportation.	To be determined
Behavioral health	Expand programs that address loneliness and increase social connection in older adults.	• Fund Meals on Wheels. • Provide funding for and expand social support programs for LGBTQ+ elders, like SAGE Metro Portland. • Address transportation barriers, especially in rural areas. • Consider use of telehealth options for behavioral health services. • Connect with the AARP for practices on long-term care.	% of older adults who are able to talk to friends and family when they want to (National Core Indicators - Aging and People with Disabilities)

		• Look to lessons from Aging 2.0 report: A Snapshot of Global Innovation in Aging and Senior Care.	

Healthy Families

Priority	Strategies	Considerations and activities	Short term measures
Adversity, trauma and toxic stress /Economic Drivers of Health	Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving.	• Increase funding for childcare assistance for low income families. • Provide adequate training and compensation for childcare provider workforce. • Promote Employment Related Day Care. • Provide help for navigating childcare system. • Increase the capacity of the system (e.g., all counties are childcare deserts for infants). • Invest in universal access to pre-K care. • Support strategies put forward by Governor's Task Force on Child Care (2020) • Support use of Relief Nurseries. • Educate caregivers of older adults/people with disabilities about availability of compensation. • Expand compensation opportunities for other caregivers (e.g. children with special health care needs).	% of children aged 0-5 with access to a childcare slot (Early Learning Map of Oregon)

Adversity, trauma and toxic stress	Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.	• Support implementation of SB 526, Universally-offered Home Visiting. • Ensure culturally appropriate services by focusing on workforce training, use of traditional health workers from the community, and community engagement. • Build the support base for the Oregon Infant Toddler Mental Health Association.	% of eligible familes enrolled in a home visiting program (TBD)
Adversity, trauma and toxic stress	Build family resiliency through trainings and other interventions.	• Create/expand programs related to family attachments and resiliency skills. • Use a broad definition of family. • Focus on families coping with challenging behavior in children. • Provide culturally/linguistically responsive outreach about these training and services. • Support the Oregon Parenting Education Collaborative (OPEC) and their network of parenting hubs.	% of parents coping very well with the daily demands of raising children (National Survey of Children's Health)
Access to equitable preventive healthcare	Expand reach of preventive services through evidence based and promising practices.	• Use pharmacy partnerships to increase access to naloxone. • Expand community based and health system interventions to promote vaccination. • Expand syringe exchange programs.. • Promote Long Acting Reversible Contraception (LARCs).	% of CCOs meeting incentive metric for childhood immunizations (CCO incentive metrics report)

		• Increase utilization of the National Diabetes Prevention Program. • Adopt use of the mental health Screening, Brief Intervention and Referral to Treatment (SBIRT) in schools and clinics.	
Access to equitable preventive healthcare	Support Medicare enrollment for older adults through expansion of the Senior Health Insurance Benefits Assistance (SHIBA) program.	• Promote Medicare and Medicare advantage plans. • Address transportation barriers to enrollment.	% of low income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State. (Division of Consumer and Business Services)
Access to equitable preventive healthcare	Improve access to sexual and reproductive health services.	• Improve wrap-around services for those seeking sexual and reproductive health services. • Expand funding models for sexual health, including insurance coverage of pharmacist-delivered PrEP and PEP and Medicaid coverage for expedited partner therapy. • Ensure partner services for HIV/STI. • Provide access to long-acting reversible contraception and abortion services. • Destigmatize the need for sexual and reproductive health services. • Encourage pharmacists to prescribe and dispense contraception.	Gonorrhea incidence (Oregon Public Health Epidemiologists' User System)

Access to equitable preventive healthcare	Increase access to pre and postnatal care for low-income and undocumented people.	• Promote awareness of pre-natal care available for undocumented women through CAWEM+. • Expand Perinatal Care Continuum (PCC) model. • Strengthen access to doulas, especially doulas of color.	% of CCOs meeting postnatal care timeliness incentive metric (CCO incentive metric report)
Access to equitable preventive healthcare	Use healthcare payment reforms to support the social needs of patients.	• Use health care payment reforms such as CCO health related services and hospital community benefit spending. • Use regulatory levers such as health insurance and health system regulation, health care organization, and workforce licensure. • Create incentives and encourage flexibility to support access to food, housing and transportation.	Average CCO spending on health related services per member per month (OHA-Health Related Service Report)
Access to equitable preventive healthcare	Increase patient health literacy.	• Share health literacy trainings with providers. • Consider trainings available online, both live and recorded, tailored for different audiences, and for different position levels and with cultural considerations.	Health literacy score (Health Literacy Data Map)

Healthy Youth

Priority	Strategies	Considerations and activities	Short term measures
Adversity, trauma and toxic stress	Ensure and support all school districts to implement K-12 comprehensive health education according to state standards	• Support the already-convened Oregon Department of Education and OHA cross-agency team to ensure the implementation of the health education standards. • Ensure school districts are in compliance with state standards.	% of 11th graders reporting they learned about healthy and respectful relationships in school (Student Health Survey)
Institutional bias	End school related disparities for BIPOC-AI/AN children and youth through teacher training, monitoring of data and follow-up with teachers, administrators and schools.	• Address intersectionality related to disability, sexual orientation and gender identity.	Discipline data by race/ethnicity (Oregon Department of Education)

Institutional bias	Increase use of mediation and restorative justice in schools to address conflict, bullying and racial harassment.		% of students who report experience of bullying in school due to race/ethnicity, sexual orientation, or disability (Student Health Survey)
Access to equitable preventive healthcare	Expand recommended preventive health related screenings in schools.	• Expand currently offered screenings (blood pressure hearing, vision, dental, height, weight and, posture) to include mental health, social determinants and other chronic medical conditions.	% of school districts that meet the recommended student to nurse ratio (Oregon Department of Education – School Nurses Annual Report)
Access to equitable preventive healthcare	Increase access to dental care that is offered in schools, such as dental sealants and fluoride varnish.	• Utilizing mid-level dental provider. Current pilots in tribal communities and Willamette Dental. • Expand dental sealant and fluoride varnish programs in schools. • Consider use of mobile clinics, and opportunities to outreach to home-schooled or out of school students.	% of eligible schools serving 1-3 graders offering dental sealants (OHA Oral Health Program)
Behavioral Health	Provide culturally and linguistically responsive, trauma informed, multi-tiered behavioral health services and supports to all children and families.	• Use two generation approaches. • Start screening for mental health conditions in early education system. • Incorporate mental health education in school curriculum. • Consider needs of BIPOC-AI/AN youth, LGBTQ+ youth, and youth with special health care needs.	% of eligible children enrolled in CCO wrap-around services (CCO behavioral health reporting)

Housing and Food

Priority	Strategies	Considerations and activities	Short term measures
Economic Drivers of Health	Increase affordable housing that has close access to active transportation options.	• Utilize housing appropriations and housing development programs. • Mitigate barriers to housing. • Address zoning issues in rural areas. • Incentivize development in higher opportunity areas (close to transportation, jobs, education, etc.).	% of people who use active transportation to get to work (American Community Survey)
Economic Drivers of Health	Increase homeownership among BIPOC-AI/AN through existing and innovative programs.	• Create, expand and promote innovative programs such as the Oregon Bond Residential Loan Program, new manufactured housing, access to affordable first-time homebuying loan products, and individual development accounts.	Homeownership by race/ethnicity (Oregon Housing and Community Services)
Behavioral health	Require Housing First principles be adopted in all housing programs.	• Incorporate housing first language in funding agreements.	Homelessness (Point in time count)

Economic Drivers of Health	Maximize investments and collaboration for food related interventions.	• Connect community health assessments, tribal food sovereignty assessments, CCO Community Benefit spending, and other organizational strategic plans to identify opportunities for collaboration (stakeholders, capacity, and resources). • Ensure alignment to support interventions and policies that promote local food systems and food sovereignty.	% of Community Health Improvement Plans (CHIPs) that identify food as a priority issue. (OHA Transformation Center)
Economic Drivers of Health/ Access to equitable preventive healthcare	Increase access to affordable, healthy and culturally appropriate foods for people of color and low-income communities	• Expand community awareness of and access to available programs, like summer meal programs. • Ensure adequate food availability in underserved communities. • Support Student Success Act investment in hunger free school provisions for student breakfast and lunch programs. • Increase access to SNAP, WIC and other food supports.	% of eligible women who received WIC during pregnancy (OHA-WIC Program)

Economic Drivers of Health	Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities.	• Convene regional food policy councils to address food insecurity for prioritized populations. • Leverage collective purchasing power to increase the supply of healthier foods available in schools, correctional facilities, senior meal programs, hospitals, early childhood education centers, institutions of higher learning, emergency food services, homeless shelters, and through community supported agriculture programs. • Create and maintain a state-wide map of available local food resources and how to access resources. • Increase programing and financial support for local food production and consumption (e.g. creation of food hubs, community gardens, local Farm to Table programs, or locally sourced Food Rx programs). • Leverage existing infrastructure for co-located or mobile food services to increase food availability (e.g. farmers markets at community health centers). • Increase acceptance of SNAP by local production venues, and utilization of these benefits. Tailor SNAP outreach to seniors and their caregivers. • Support Tribal food sovereignty.	Food Environment Index (County Health Rankings)

Behavioral Health

Priority	Strategies	Considerations and activities	Short term measures
Behavioral health	Enable community-based organizations to provide culturally and linguistically responsive information about behavioral health to people they serve.	• Ensure community-based organizations have access to evidence-based information and referral hubs. • Fund queer & trans led organizations to teach about behavioral health, including substance abuse disorders and dual diagnosis related issues. • Disseminate information about the Behavioral Health Provider Directory.	Number of people by race/ethnicity who access services through the provider directory (OHA Behavioral Health Provider Directory)
Behavioral health	Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.	• Create broad-based marketing campaign applicable to different communities in the state, e.g. culturally specific and rural audiences, include social media component for youth. • Utilize students to help destigmatize mental health conditions. Implement programs similar to Headstrong, a program utilizing youth champions as peer educators. • Ensure public awareness campaigns are culturally responsive • Consider use of humor (campaigns are often too serious) and events (walks, etc.) that bring people together. • Expand social marketing/messaging campaign work around a message of "It's ok not to feel ok, and get help."	# of hits to behavioral health webpage (Brink Communications)

Behavioral health	Conduct behavioral health system assessments at state, local and tribal levels.	• Ensure assessment findings are widely reported back to community and stakeholders to drive implementation. • Enforce collection of assessments per contract • Align assessments with existing Community Health Assessments to ensure coordination. • Ensure there is alignment of behavioral health priorities between CCO and LPHA Community Health Assessments. • Investigate behavioral health related calls to first responders – use information to inform any mapping/assessment.	# of CACs with representation from county and tribal mental health programs (OHA Transformation Center)

Behavioral health	Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN.	• Ensure BIPOC-AI/AN are represented in partnerships. • Provide training for criminal justice system on bias and racism. • Support interventions like Crisis Assistance Helping Out On The Streets (CAHOOTS). • Convene formal partnership that includes state agencies identified in strategy. • Establish communication mechanisms between state agencies.	To be determined

Behavioral health	Improve integration between behavioral health and other types of care.	• Implement/support telehealth and telepsychiatry. • Require hospitals to have certified behavioral health specialist available 24 hours a day/7 days a week to facilitate referrals to appropriate level of care. • Disseminate information about the online recovery housing hub where a person in recovery can easily identify sober housing units. • Implement "step up, step down" protocol between primary care and behavioral health to support people in navigating behavioral health systems. • Integrate behavioral health screening and referral into existing programs (e.g., WIC). • Improve system of communication/warm handoffs 24/7 with crisis services (e.g., CAHOOTS). • Increase support for behaviorist model for primary care, oral health integration. • Improve information sharing through enhanced system integration. • Expand wrap services model beyond children/families in crisis. Apply model to other priority populations so people can integrate and share information and resources (dual diagnosis, etc.). • Support Certified Community Behavioral Health Clinics. • Expand FQHCs/tribal health center models that emphasize behavioral health integration. • Offer triage line to support people in crisis when FQHCs, other clinics are closed.	% of CCOs that met SBIRT incentive improvement benchmark (CCO incentive metric report)

Behavioral health	Incentivize culturally responsive behavioral health treatments that are rooted in evidence-based and promising practices.	• Support use of the following interventions
		  ○ Mindfulness-Based Cognitive Therapy for at-risk pregnant women to reduce the rates of post-partum depression and attachment problems in young mothers.
		  ○ Crisis Assessment and Support Team (CAST), a 24-hour mental health crisis service made up of clinicians specializing in mental health/addiction service.
		  ○ Crisis intervention and mental health first aid training for law enforcement in each county.
		  ○ Dialectical behavior therapy (DBT) services for persons with borderline personality disorder to improve care and reduce emergency room utilization.
		  ○ Eye Movement Desensitization Reprocessing (EMDR).
		• Educate professionals and public on Electroconvulsive Therapy (ECT) for patients with severe major depression or bipolar disorder that have not responded to other treatments.
		• Implement the Good Behavior game in school settings.
		• Support parent and family relationship programs, especially for rural areas.
		• Support tribal best practices.
		• Support diversifying behavioral health activities to include culturally specific practices that benefit mental health.
			# of AI/AN identified patients utilizing tribal mental health therapies (Medicaid claims data)

Behavioral health	Reduce systemic barriers to receiving behavioral health services, such as transportation,	• Create new middle criteria to ask for mental illness hold as imminent danger to self or when other criteria is hard to meet. • Address transportation related barriers and report results of Medicaid transport services (e.g. NEMT). • Report complaint data and target areas of deficiencies.	% of behavioral health providers that report using a language other than English with their patients (OHA

	language and assessment.	• Assess telehealth billing codes to monitor use and distribution. • Expand behavioral health services in other languages, including Spanish. • Reduce barriers to care for persons with disability. • Provide support groups and crisis services in different languages. • Establish sliding scale fees for mental health services. • Adopt Rapid Engagement model which allows provisional assessment to engage in treatment. • Systematically ask consumers about their experiences receiving care. • Consider dental access as part of the behavioral health service continuum. • Continue to support telehealth infrastructure and delivery.	Behavioral Health Workforce Survey)
Behavioral health	Use healthcare payment reform to ensure comprehensive behavioral health services are reimbursed.	• Create OHP codes for outreach and care coordination. • Explore alternative payment models in private insurance and Medicare. • Include telehealth services. • Enable ability to provide services without a diagnosis. • Report how often the new OHP codes for outreach and care coordination are used to identify gaps in use.	To be determined
Behavioral health	Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.	• Address enforcement at federal and state levels. • Assure equitable administrative requirements, payment, and access for behavioral health services. • Hold insurance companies accountable by publishing results of compliance and enforcement efforts.	% of CCOs compliant with mental health parity and addiction laws (OHA Mental Health Parity Report)

Behavioral health	Increase resources for culturally responsive suicide prevention programs for communities most at risk	• Implement bullying interventions to reduce suicide in youth. • Share information between schools and community mental health programs pertaining to suicide reporting. • Support LGTBQ+ intervention with faith-based groups to hold family acceptance trainings in churches. • Fund community suicide prevention programs beyond age 24. • Work with county epidemiologists to identify commonalities among those who have completed suicide and use this data to create relevant interventions. • Provide funding for LGBTQ+ persons to become suicide prevention advocates. • Use ceremony in tribal cultures after a suicide. • Establish "Alternatives to Suicide" groups.	# of calls to Lines for Life (Lines for Life)

Workforce Development

Priority	Strategies	Considerations and activities	Short term measures

Adversity, trauma and toxic stress	Require that all public facing agencies and contractors receive training about trauma and toxic stress.	• Focus on agencies named in HCR33: State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections.
		• Prioritize health care (including hospitals and treatment facilities)
		• Use HCR33 as framework for training, to include topics related to:
		  ○ Historical trauma specific to AI/AN (school boarding, foster care, settler colonialism, etc.). This training should be designed and led by tribal members.
		  ○ Vicarious trauma in the workforce.
		  ○ Neurobiology, Epigenetics, Adverse Childhood Experiences and Resiliency (NEAR) science.
		  ○ After-care for people who are triggered by trauma in media.
		• Ensure trainings are developed and led by affected communities.
		• Ensure trainings are conducted frequently (at least annually) and are mandatory.
		• Include use of Collaborative Problem Solving and Mental Health First Aid.
		• Identify funding for training.
		• Incorporate training requirements into licensing renewal process for providers.
			# of people completing TIO online modules (Trauma Informed Oregon)

Institutional bias	Expand human resource practices that promote equity.	• Focus on historically disadvantaged youth for public service career opportunities; market apprenticeship programs to disadvantaged groups; recruit at career fairs, community centers, and events that serve low-income and BIPOC-AI/AN communities. • Eliminate bias in hiring in state agencies. • Analyze voluntarily/involuntary terminations. • Consider opportunities for improvement in promotion, especially to leadership positions. • Conduct succession planning. • Diversify hiring panels.	% of state employees who identify as BIPOC at management and non-management level (Oregon Affirmative Action Report)
Institutional bias	Implement standards for workforce development that address bias and improve delivery of equitable, trauma informed, and culturally and linguistically responsive services.	• Develop and require a cultural competency training for medical providers and include in licensing renewal. • Include implicit bias training requirements. • Address intersectionality. • Update DAS policy for state employee training requirements.	% of OHA employees that completed required cultural competency training (iLearn)
Institutional bias	Require sexual orientation and gender identity training for all health and social service providers.	• Strengthen training requirements for licensing boards. • Conduct inventory of what trainings are available and required of health and social service providers. • Ensure trainings address intersectionality. • Connect training requirements with funding mechanisms and CCO/Medicaid contracts.	To be determined

Access to equitable preventive healthcare	Support alternative healthcare delivery models in rural areas.	• Leverage pharmacists, community health workers, mid-level dental providers, and other advanced practice providers to address provider shortages in rural areas. • Create health care teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists. • Utilize dental providers to offer blood pressure, A1c, and cholesterol checks. • Provide licensure for dental therapists.	To be determined
Access to equitable preventive healthcare	Increase the cultural and linguistic responsiveness of health care through use of traditional health workers and trainings.	• Improve payment mechanisms for traditional health workers. • Provide sexual orientation and gender identity trainings for different levels of clinic staff. • Expand cultural competency and culturally responsive trainings. • Expand Oregon Health Care Provider Incentive Program and Healthy Oregon Workforce Training Opportunities.	# of Traditional Health Workers employed by CCOs (OHA)
Behavioral Health	Create a behavioral health workforce that is culturally and linguistically reflective of the communities they serve	• Create incentives to educate, recruit, train and retain, especially through increased salaries. • Provide training for evidence-based practices • Increase resources for student loan forgiveness • Increase access to peer support certification and supervision training to increase utilization of peers in behavioral health • Increase payment parity • Include traditional health workers • Open up OHP panel to private providers. • Lower barriers for registered interns to provide services.	% of behavioral health care providers identifying as BIPOC-AI/AN (OHA Workforce Reporting Program)

Technology and Health

Priority	Strategies	Considerations and activities	Short term measures
Access to equitable preventive healthcare	Expand use of telehealth especially in rural areas and for behavioral health.	• Expand Project Echo. • Improve payment mechanisms for telehealth. • Use telehealth for health promotion programs.	% of OHP primary care services delivered via telehealth in rural counties (Medicaid claims data)
Access to equitable preventive healthcare	Improve exchange of electronic health record information and data sharing among providers.	• Ensure exchange between primary, specialty, oral and behavioral health and hospital care. • Ensure exchange between tribal health care and other health care systems. • Ensure exchange between correctional and community-based settings.	Rate of health information exchange (HIE) use for care coordination among contracted physical, behavioral, and oral health facilities (OHA Health Information Technology Report)
Access to equitable preventive healthcare	Use electronic health records to promote delivery of preventive services.	• Expand use of EHR alerts for preventive services, like immunizations, cancer screenings, etc. • Use EHRs for social need screenings as appropriate.	% of immunization records submitted by EHRs with race/ethnicity data (ALERT IIS)

Access to equitable preventive healthcare	Support statewide community information exchange to facilitate referrals between health care and social services.	• Ensure closed loop referrals. • Coordinate with 211 info as appropriate. • Use data to identify community needs and inform investments.	# of counties with a live CIE with an available closed loop referral mechanism (Oregon Health Leadership Council/Health Information Technology Commons)