

APRIL 2010 The Stakeholder

A monthly newsletter for stakeholders about the transition of Oregon health and human services



Get involved

Keeping stakeholders involved and informed is a priority as we move through the transition to improve the state's health and human services systems. Besides using our existing communications channels, we created some new ones to gather input from our stakeholders and share information.

The current boards and commissions for DHS and the other agencies involved in the transition will receive progress reports as part of their regular meeting agendas. We encourage our stakeholders to use their regular communications processes and contacts to request and share information.

A new advisory Transition Stakeholders Group is in place to help identify barriers to a smooth transition of business processes, and provide a forum for exchanging ideas and information. The group includes provider, consumer, advocate, county, employee union, tribal and other representatives.

The Stakeholder newsletter, a new publication, will be published monthly. We encourage you to share it with your colleagues.

Improving Oregon's health and human services system

Comments can be submitted through the transition Web site or by e-mail to HB2009.transition@state.or.us.

Check the transition Web site at www.oregon.gov/oha/transition.



Improving Oregon's health and human services systems

Helping Oregonians live independent, safe and healthy lives is a growing challenge for our state. Economic conditions are driving a spike in demand for human services programs and the cost of basic health care continues to rise. People are struggling to meet their basic needs and we're looking for new and better ways to help. One way the state is tackling this challenge is by creating the Oregon Health Authority (OHA).

In June 2009, the Governor signed House Bill 2009 into law to create OHA. The legislation moves most existing health-related state programs into OHA. The transition is to be complete by July 2011. OHA will:

- Improve the lifelong health of all Oregonians.
- Increase the quality, reliability, and availability of care for all Oregonians.
- Lower or contain the cost of care so it is affordable to everyone.

The transition brings new opportunities for the Oregon Department of Human Services (DHS) to accelerate the momentum it has built to improve services to Oregon's children, adults, families, seniors and people with disabilities.

Creation of OHA also launches a new model for state government. OHA and DHS are tightly connected because they share many clients. Three DHS divisions — Addictions and Mental Health, Medical Assistance Programs and Public Health — are transferring to OHA. Recognizing the importance of this relationship, OHA and DHS will operate as partners on a daily basis by sharing some centralized administrative services to save dollars, time and workforce. The two agencies also have located their executive leadership teams next to each other in the Human Services Building in Salem as one way to break down silos among state agencies and work together closely on shared programs and policies.

The transition is underway. While there will be changes in how agencies and programs are organized, there won't be changes in how people access the important health and human services they rely on. Oregonians will continue to get services such as food assistance or Oregon Health Plan coverage through field offices throughout the state.



Questions and answers

about the HB 2009 transition of DHS and OHA

Q: What are the missions of DHS and OHA?

A: The mission of DHS is to assist people to become independent, healthy and safe. OHA's mission is to help people and communities achieve optimal physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

Q: What improvements to Oregon health and human services does HB 2009 make?

A: The ground-breaking legislation created a new state agency, OHA. By moving most existing, health-related state programs under the OHA umbrella, the state will maximize purchasing and marketing power to improve access, affordability and quality of health care for all Oregonians.

The legislation also opened an opportunity for Oregon to create a unique, new model for state agencies to operate as partners on a daily basis. DHS and OHA will operate in a unique manner as two separate public agencies with shared administrative services as well as shared policy and program goals.



Bobby Green joins OHA as first director of local government affairs

To contact Bobby Green, please e-mail bobby.l.green@state.or.us or phone **503-947-2349**.

A new director of local government affairs, Bobby L. Green, Sr., now leads the Department of Human Services and the Oregon Health Authority efforts to provide Oregonians with more effective services by strengthening partnerships with local governments. He started his new position in February 2010.

Green is the primary DHS and OHA liaison to local governments. He is responsible for DHS and OHA department-wide policies and programs that support strong county relationships. He collaborates and problem-solves with local government leadership to ensure the DHS and OHA program goals and service requirements are met in areas where local entities provide client services on behalf of DHS and OHA.

"This is a critical time in our history as it relates to health reform and the ideal time to be in leadership," Green said. "I firmly believe the combination of state and local governments working constructively with all of our stakeholders is the core element for success. My long-term goal is to ensure that our shared constituencies at the local level benefit greatly from the seamless services delivery system that we are collectively accountable for and mutually provide."

Green most recently served as the legislative liaison for the Association of Oregon Community Mental Health Programs (AOCMHP). He was a Lane County commissioner for 13 years and served as chair three times. Green was also president of the Association of Oregon Counties (AOC) in 2007. He was a long-time Eugene city councilor for Ward 6 and has extensive involvement with community and state-level organizations.

Q: How will the transition affect DHS?

A: DHS made great gains in the past few years in improving its service delivery to clients during a time when demand increased dramatically. Transition brings opportunities for DHS to build on these efforts through a sharpened focus on improvement and innovation in the services it provides children, adults, families, seniors and people with disabilities.

Q: Will the transition be seamless to clients?

A: Yes. People will continue to access DHS and OHA programs in the same way they do today. It is a priority for all agencies and programs involved in the change to avoid disruption of services to clients during the transition.

Q: Why did the Legislature create a new public agency focused on health?

A: Health care is expensive and costs are going up, forcing too many people to do without it. Even those with health care insurance find their incomes shrinking because businesses are getting squeezed by providers and are passing costs to employees. We're paying more but we're not getting any healthier as a society. The Legislature wanted one agency with a laser-like focus on giving everyone access to quality, affordable health care and improving the health of all Oregonians.

Q: How will our approach to reforming health care match up with the federal effort?

A: Real health reform started in Oregon several years ago and has continued moving forward. The creation of the Healthy Kids program and expansion of the Oregon Health Plan to provide coverage for many children and adults without health insurance are two recent examples of state reform efforts. Our most significant example is the state legislature's creation of OHA in 2009 coupled with clear direction for the new agency to innovate, improve and rework the state health care system for three goals:

- Improve the lifelong health of all Oregonians.
- Increase the quality, reliability, and availability of care for all Oregonians.
- Lower or contain the cost of care so it is affordable to everyone.

Passage of the federal health reform legislation has accelerated our state's ability to meet these goals. About 95 percent of our population will have health care coverage when all the elements of the bill are in place.

Q: What is the role of the Oregon Health Policy Board?

A: The Oregon Health Policy Board (OHPB) was established through House Bill 2009. The nine-member board serves as the policymaking and oversight body for the Oregon Health Authority. The board is composed of citizens appointed by the Governor. It is responsible for improving access, cost and quality of the health care delivery system, and bettering the health of all Oregonians. It also has oversight of several committees — some established through HB 2009 and others launched by the board itself for specific purposes. To learn more about OHPB, visit its Web site at www.oregon.gov/OHA/OHPB.

Q: Where will DHS and OHA be located?

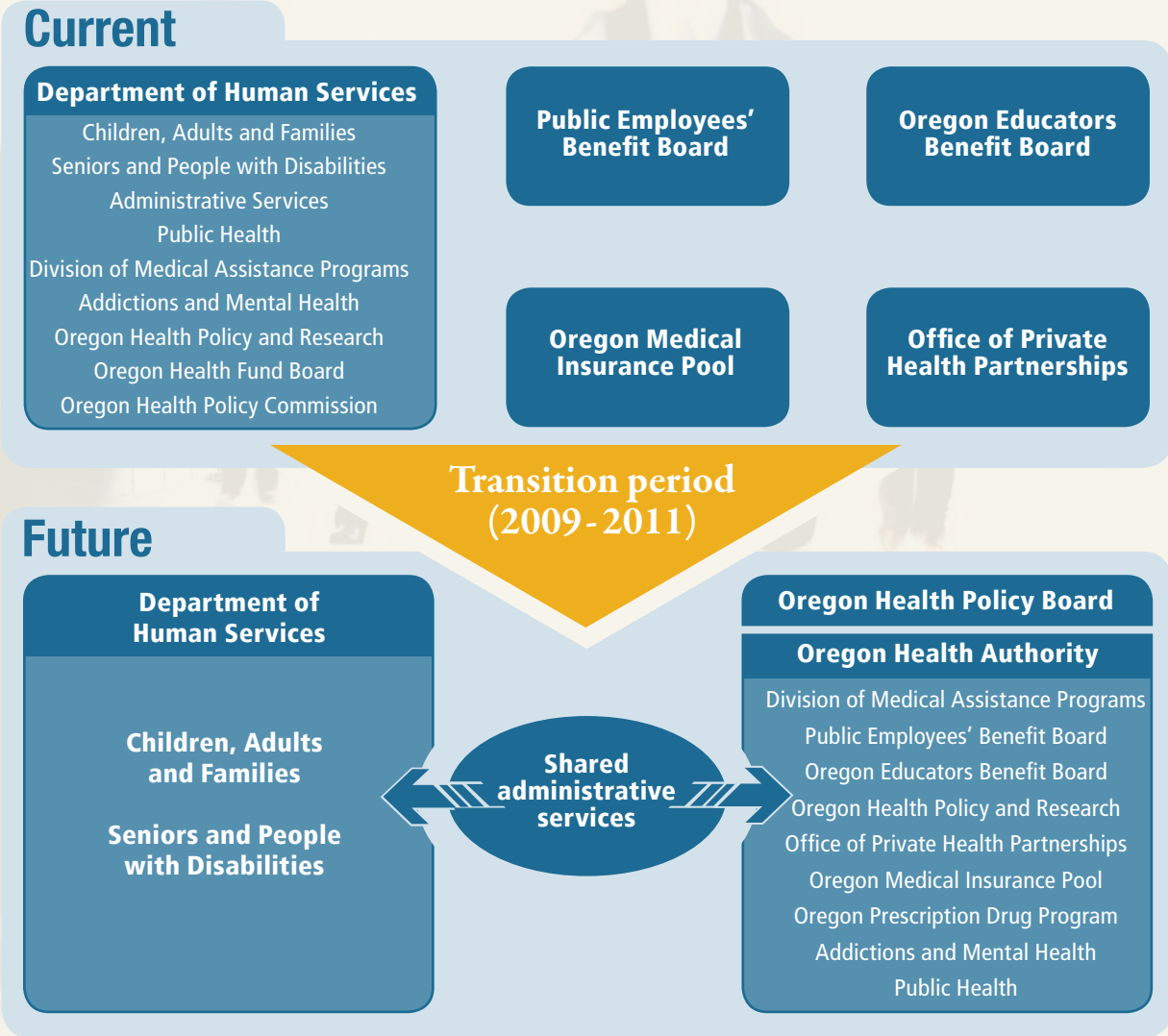
A: DHS and OHA employees currently work in more than 150 buildings around the state. DHS and OHA field staff will remain in their current locations. The Barbara Roberts Human Services Building at 500 Summer Street in Salem will serve as headquarters for both agencies, and DHS and OHA will locate their executive leadership teams on the same floor next to each other.

Q: How long will it take to transition into two agencies — DHS and OHA?

A: The law that created OHA, House Bill 2009, provided a two-year window to complete the transition. The transition period ends July 1, 2011. Today OHA exists as a legal entity but all functions will remain in the existing agencies until the transition is complete. In the meantime, intra-agency agreements are in place between the health authority and its members that establish the new relationships and enable everyone to work together easily during the transition period. We're still in the early planning stages of the transition and not many details are yet known. More information about our transition plan is available at www.oregon.gov/oha/transition.

Changing to meet Oregon's health and human services needs

DHS and OHA are—and will remain—connected. When the transition is complete, the Oregon Health Authority will be made up of most agencies and programs connected to health and health care in Oregon. The Department of Human Services will be comprised of the Children, Adults and Families Division and Seniors and People with Disabilities Division.



Transition timeline

