Rural Health Transformation Program (RHTP)
Rural Health Coordinating Council Update

7/17/26

Disclaimer

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Agenda

- Welcome
- Background
- Catalyst Awards Update
- Projects in Community
- RHCC Advisory Scope and Role
  - Discussion and Feedback

Picture of Wallowa Mtns by Rick Vetter

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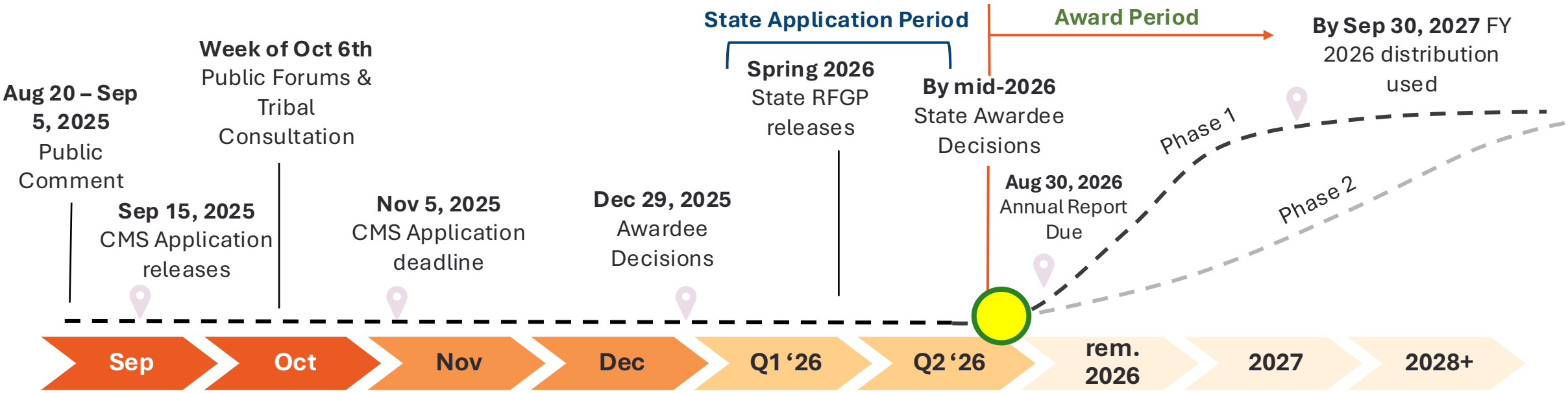
RHTP Background

Oregon's Timeline and Phases



Application Development

Intragovernmental coordination and external engagement to develop rural health strategy

Program Design

Operational planning, resource alignment, and ongoing external engagement to prepare applicants for RFAs

Program Preparation

Undergo RFGPs for state applicants and build core operational infrastructure and process for state program

Phase 1: Fast-Track Deployment (FY 2026-7 Focus)

- Support ready-to-launch projects for immediate impact and timely funding

Phase 2: Sustain and Grow (FY 2028+)

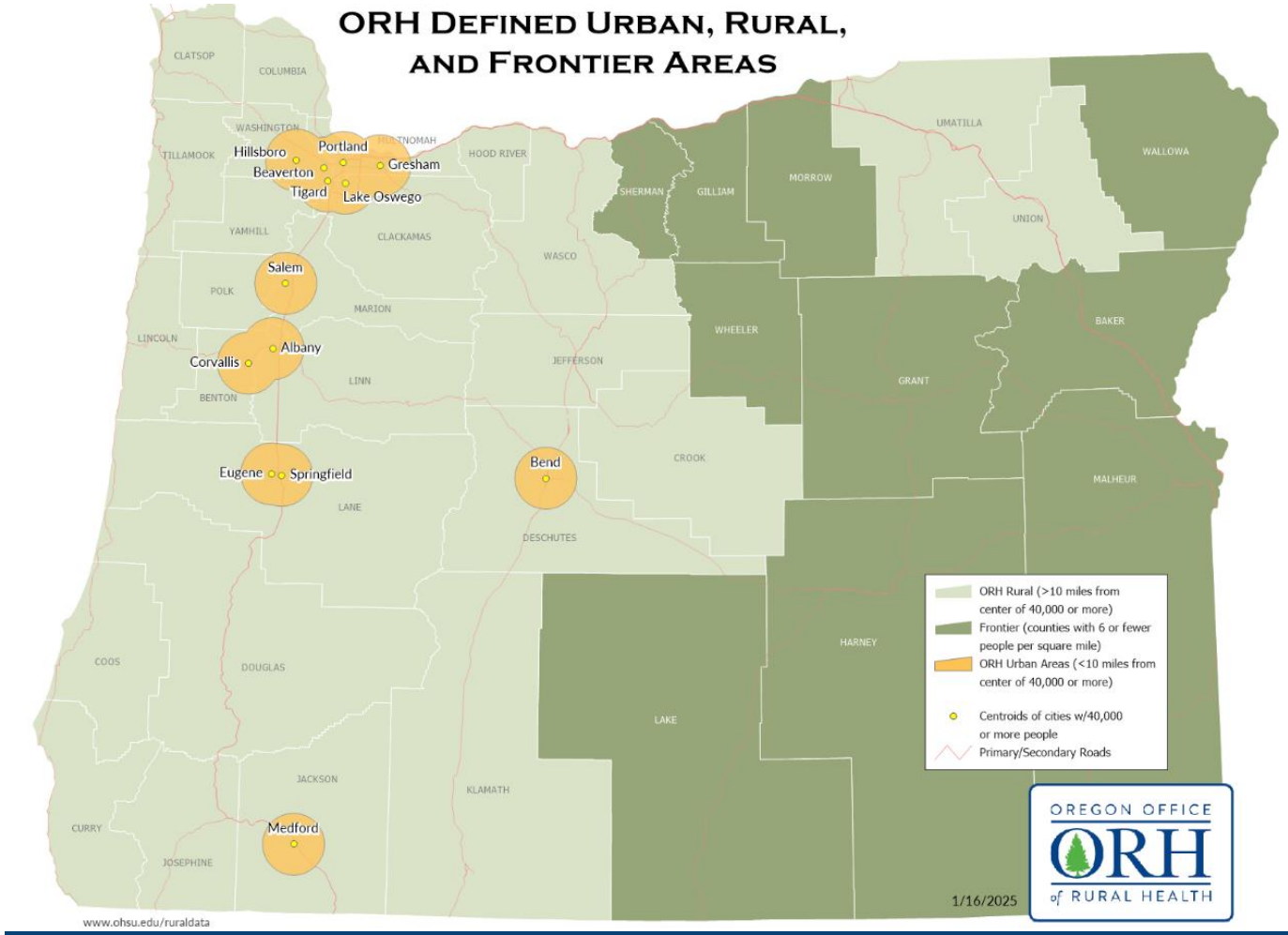
- Invest in longer-term, regionally-driven efforts for sustainable transformation

*All dates are proposed and contingent on CMS award decisions.

Oregon's Five Initiatives

Regional Partnerships & System Transformation	Healthy Communities & Prevention	Workforce Capacity & Resilience	Technology & Data Modernization	Tribal Initiative
Focus on building rural regional networks and shared services to accelerate long-term sustainable strategies	**Focus on scaling successful delivery models and creating new health access points to rural counties**	**Focus on developing a broad workforce from training to professional development programs**	**Focus on expanding and connecting rural health systems to needed technologies and data infrastructure**	**Focus on supporting the Tribes with improving health access and outcomes**
Example Use of Funds: • Regional convenings & collaboratives • Hub-and-spoke models • Investment in Critical Access Hospitals • Learning collaboratives • Shared infrastructure, workforce, data • Maternity care coalitions • EMS modernization • Standby Capacity Payments	**Example Use of Funds:** • Expanding access points • Social health services • Behavioral health integration • Non-traditional models of care (e.g., digital tools and mobile vans) • Chronic disease prevention	**Example Use of Funds:** • Rural residencies and fellowships • Rural k-12 pathway programs • Tele-mentoring and e-consults • Training and certification of non-physician providers • Recruitment incentives and family assistance	**Example Use of Funds**: • Health IT system investments • AI-enabled tech solutions • Community-information exchange & closed-loop referrals • Cybersecurity • Technical assistance for IT implementation	**Example Use of Funds:** • Strengthen Tribal Health Systems • Facility & Infrastructure • Behavioral health expansion • "Grow Your Own" workforce programs • Consumer-facing tech tools for managing chronic disease • IT support and EHR upgrades

How is Oregon defining “rural” communities?



Oregon is using the definition of “rural” used by the Oregon Office of Rural Health, which is defined as **areas greater than 10 miles away from a population center of 40,000 or more people.**

All funds will be directed to rural and remote/frontier areas, with specific exceptions for only if funds will specifically advance rural health transformation (e.g., new medical residency programs).

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Catalyst Awards Update

Oregon's Phase 1 (FY26 – FY27)

Initial phase will focus on three pathways for implementation.

1. **Catalyst Awards:** Through a Request-for-Grant-Proposal (RFGP) process, organizations will be expected to apply across initiatives for ready-to-go projects that can be implemented within the first two years of the RHT Program. $160 million available in funding across two budget periods.
2. **Immediate Impact:** Direct awards (non-competitive) for a select set of aligned opportunities identified by the state (not through an application process). Strategic investments will be made to independent rural hospitals, critical access hospitals, and rural health clinics to stabilize essential services and build readiness for Phase 2.
3. **Tribal Initiative:** Direct awards (non-competitive) to the Nine Federally Recognized Tribes of Oregon under the RHTP Tribal set-aside.
4. **Regional Planning and Innovation:** Partner with the Office of Rural Health to facilitate regional convenings and technical assistance to eligible entities as they form or further develop their regional partnerships, shared infrastructure plans, and build capacity to apply for Phase 2 funding.

Eligible Organization Types

Organization types eligible to submit proposals include but is not limited to:

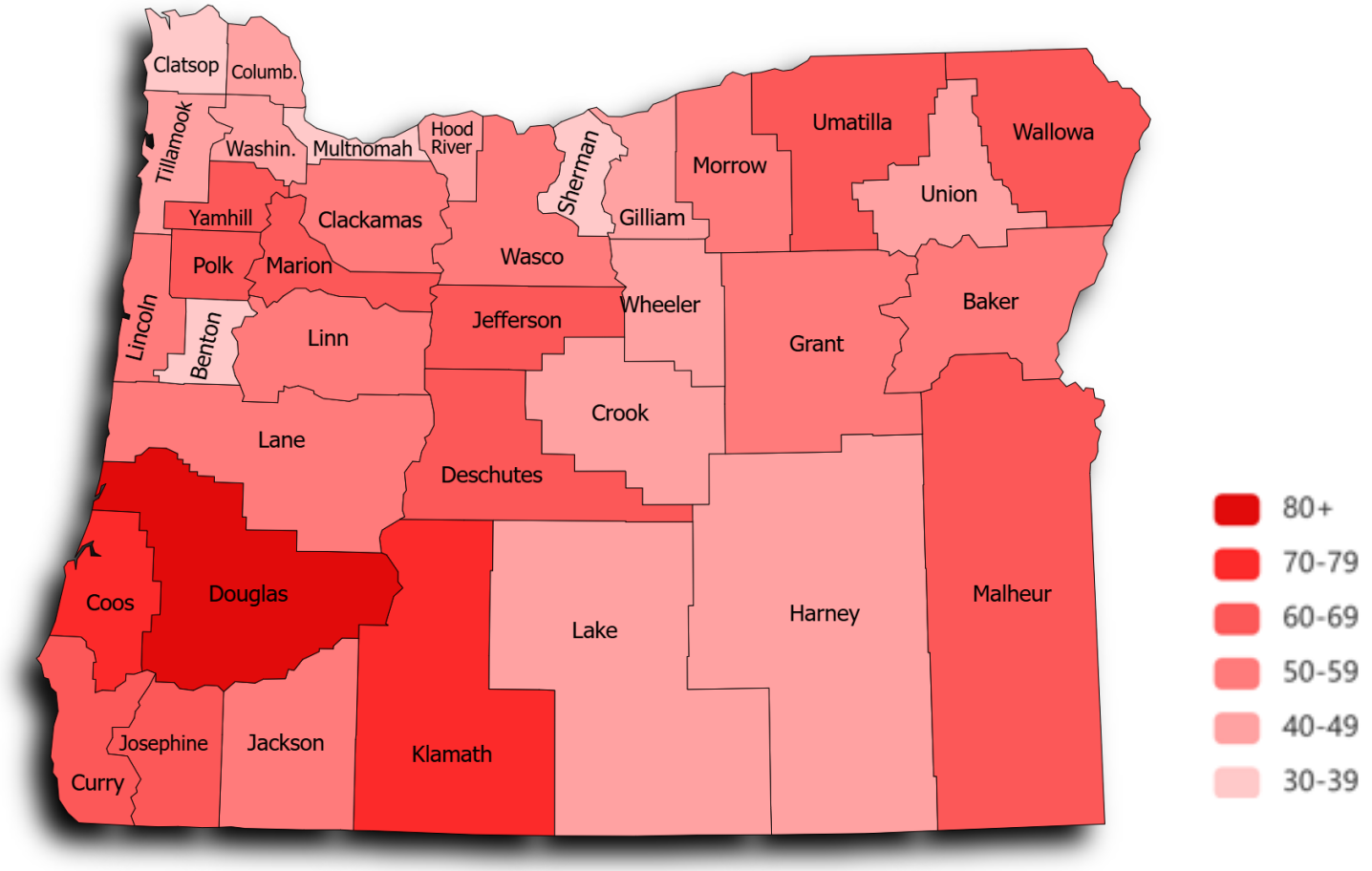
Health Care Providers	Academic & Workforce Partners	Public Sector & Federally Recognized Tribes	Community, Nonprofit, & System Partners
• Rural Health Clinics (RHCs) • Federally Qualified Health Clinics (FQHCs) • Hospitals & Hospital Systems • Behavioral Health Clinics • Dental Clinics • Emergency Medical Services (EMS) Organizations	• Universities • Community Colleges • Education Service Districts • School Districts	• Local Public Health Authorities • Local Governments • Federally Recognized Tribes	• Social Service & Community Based Organizations • Professional Associations • Non-Profit Advocacy Organizations • Coalitions • Coordinated Care Organizations

Selection Process

- Final Catalyst Award selections made by OHA Catalyst Award Selection Panel pursuant to RFGP Section 9.1
- Process included evaluator scores as well as consideration of:
  - Geographic distribution of projects
  - Balance across project outcomes and targets
  - Available funding
  - Total number of awards
  - Overall alignment with goals and outcomes of the RFGP and Oregon's RHTP

Application Volume by County

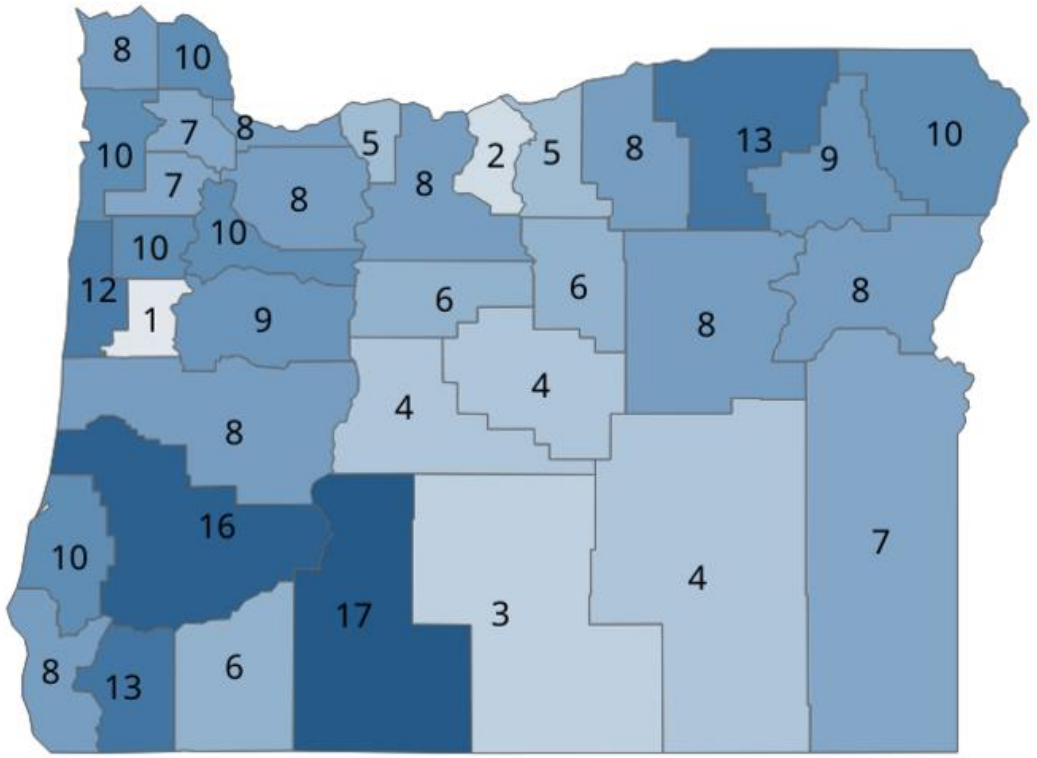
- OHA received a total of **585** projects for the Catalyst awards.
- A total of **103** projects (**17.6%** of all applications) were funded.



Catalyst Awards – Geographic Distribution

Number of projects serving each county.

An additional **16** projects serve all counties statewide (not shown in counts below).



- Some projects serve multiple counties

https://www.oregon.gov/oha/HPA/HP/Pages/rhtp-awards.aspx

Awards by Initiative Categories

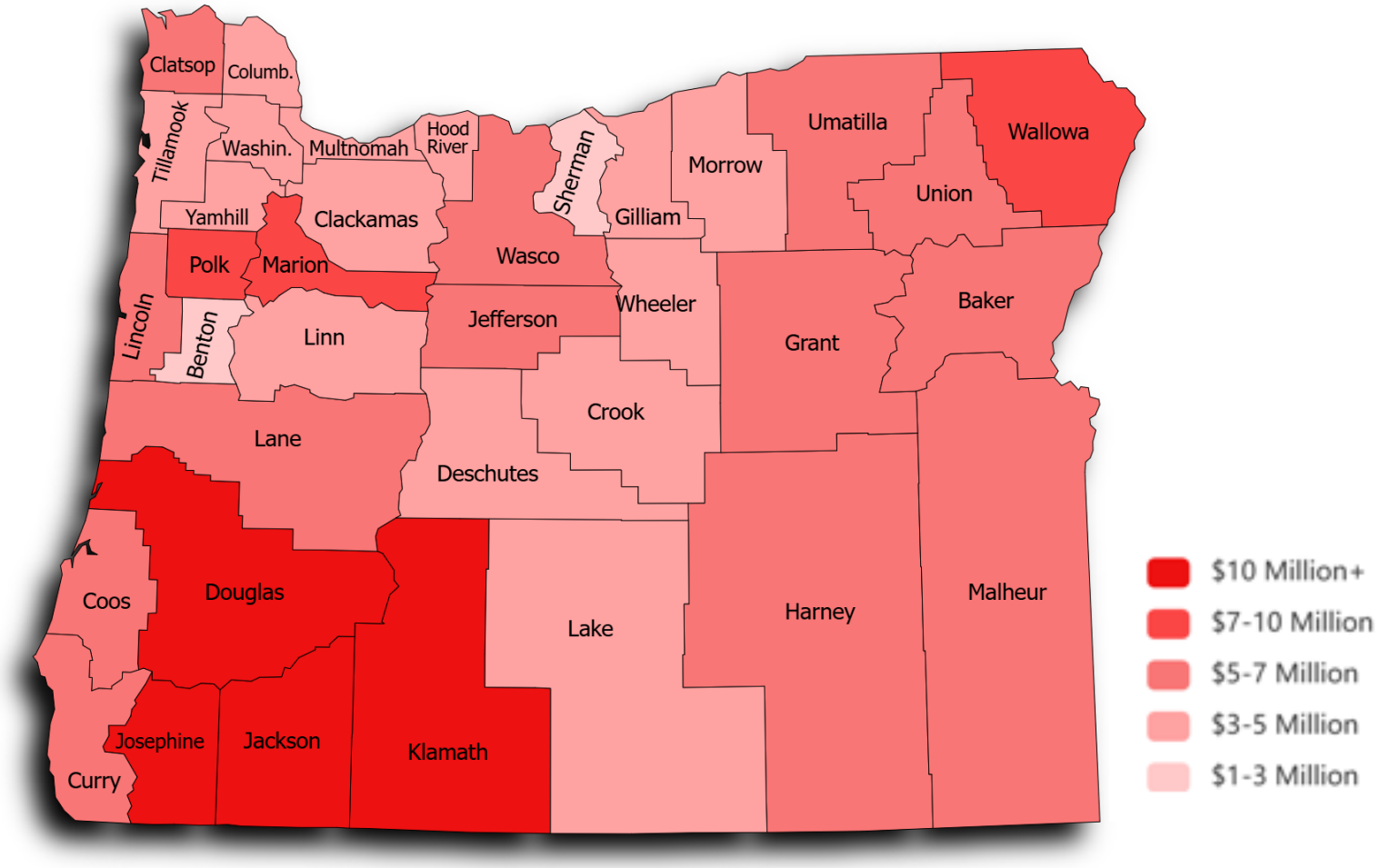
Initiative	Number of Projects Funded	Amount of Funds Distributed
Healthy Communities and Prevention	54	$39.2M
Regional Partnerships	8	$6.4M
Technology and Data Modernization	21	$19.1M
Workforce Capacity and Resilience	20	$15.4M
Total	**103**	**$80.1M**

Distribution of Funds by County

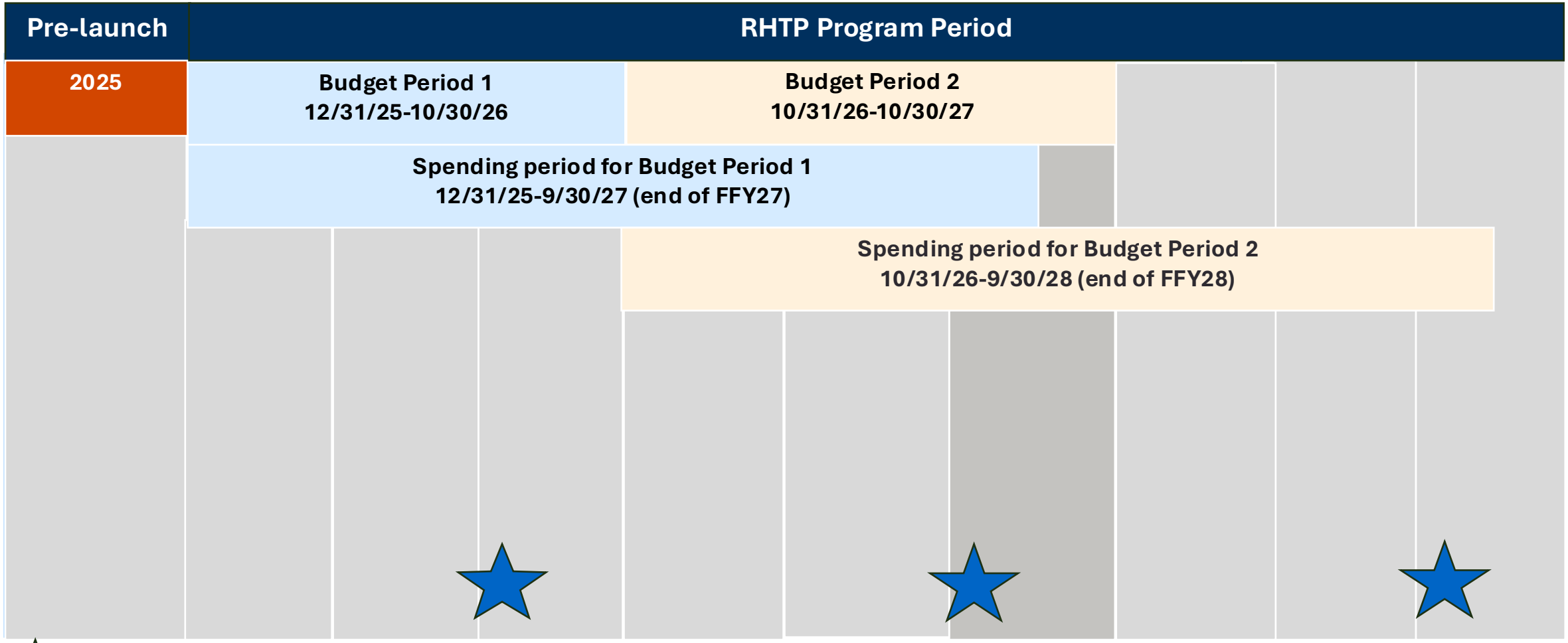
To calculate amounts for this graphic:

- Projects covering multiple counties have their funds evenly distributed between said counties.
- Projects considered “Statewide” have their funds evenly distributed among all Oregon counties.

Total awarded value is an estimate only and does not reflect the true distribution.



RHTP Spending Timeline: Catalyst Award RFGP



Catalyst Awards Discussion

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Projects in Communities

Healthy Communities

- Reduce access gaps by delivering healthcare beyond clinic walls
  - Home visiting program expansion: in-home emergency; acute and behavioral health services; maternal child health services including behavioral health and care navigation supports; clinic-to-home models supporting older adults and chronic disease monitoring
  - Mobile health expansion including: multidisciplinary, coordinated mobile services such as pharmacy, oral health (tele-dentistry), vision services, behavioral health and care navigation services
- Expansion of behavioral health and substance use services
  - Strengthening partnerships for coordinated behavioral health services across sectors (e.g., DHS, schools, healthcare)
  - Ambulatory and inpatient detox expansion focused on youth and families and maternal SUD; overdose prevention and reversal and community recovery support programs
- Strengthen and expand care delivery through
  - School health service models: school nursing, behavioral health supports and school-based health centers
  - Upgraded hospital and clinic equipment
  - Support for Local Public Health Authorities to address community driven priorities including CHW expansion, community-based care and culturally specific health promotion

Workforce

- Training existing clinical workforce to expand skills and competency
  - Obstetric simulation unit and Emergency Medical Services simulations to bring training to rural providers so they do not have to travel
  - Additional training on Adverse Childhood Events (ACEs) for providers to better meet needs of their patients and introduction of an obstetric specific substance use disorder advice line for rural providers to access specialists
- Incentives for providers and trainers
  - Incentives for preceptors who provide hands on training to clinical workforce students
- Workforce pipeline initiatives
  - K-12 pathway programs including expansion of day and residential camps for high schoolers and development of a medical assistant training program
- Training for THWs and other allied health professions, including employment & supervision supports
  - Expansion of doula, lactation and other THW training programs

Technology

- Foundational infrastructure investments in EHRs and increased connections to collect and share health information, including behavioral health information exchange in remote eastern Oregon
- Use of AI including scribes, data analytics, and AI-enhanced monitoring of hospital patients for fall risks/adverse events
- Expansion of remote patient support, such as provision of cellular monitoring devices to patients, devices for blood stick and imaging used by peers to decrease time to treatment through telemedicine for patients with a Hepatitis C diagnosis, and drones to provide emergency medicine such as Naloxone
- Technology and Data Modernization health IT and cybersecurity self-assessment:
  - Tool and technical assistance to support awardees in reviewing their current health IT and cybersecurity status. Required for certain awardees and available for all.

Regional Partnerships

- Rural maternal & newborn health initiatives, including perinatal collaboratives
  - Statewide SUD perinatal partnership with hospitals, Nurture programs, CCOs, OHA, and data infrastructure steward. Enables access to evidence-based clinical guidance, quality improvement support, and peer learning. Goals include increase # of rural perinatal SUD programs participating in quality improvement, develop statewide perinatal SUD surveillance strategy, & build prescriber capacity
- Emergency Medical Services modernization, enhanced equipment
- Regional partnerships focusing on workforce training, creating pathways
- Improving health outcomes through new partnerships: school districts, community orgs, clinics
  - First 1,000 Days Project to increase immunizations and preventive dental/primary care visits across 3 rural counties (Umatilla, Morrow, and Union). Collaborative effort between early childhood education partners, housing organizations, public service agencies, and a CCO.
- OHA partnering with the Office of Rural Health to convene regional meetings to plan, share infrastructure, and encourage collaborative efforts in Years 2-5 and beyond.

Immediate Impact Milestones

Immediate Impact Awards Milestones

- Direct “Transformation Fund” grant awards offered to ALL Rural Health Clinics, Rural Hospitals, and Local Public Health Authorities
- Wave 1 Immediate Impact Awards (IIA) announced in April
  - Supporting multiple behavioral health projects, SUD/OUD services and others aligned with the Behavioral Health Talent Council recommendations
  - Other projects include home visiting for seniors, chronic disease management training, school-based nursing pilot, and more
  - IIA decisions were made specifically to demonstrate milestones by September to optimize our position for future year funding
- Wave 2 Immediate Impact awardees announced in July

Discussion

- Questions on Projects in Communities and Immediate Impact Awards?
- RHCC – assist in building framework for Budget Year 2?

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Regional Convenings

Timeframe and Regions

- One in-person convening will be held in each region in August or September 2026
- Between January and July 2027, the ORH will host four additional in-person meetings in each region
- Counties have been grouped based on geographic proximity and existing partnerships and may evolve

Region 1: Columbia, Clatsop, Tillamook and Lincoln counties.
Region 2: Hood River, Wasco, Sherman and Gilliam counties.
Region 3: Wallowa, Union, Umatilla, Morrow, Grant and Baker counties.
Region 4: Jefferson, Wheeler, Crook and Deschutes counties.
Region 5: Lake, Harney and Malheur counties.
Region 6: Curry, Coos and the Northwestern portion of Douglas counties.
Region 7: Douglas, Josephine, Jackson and Klamath counties.
Region 8: Lane, Linn, Benton, Polk, Marion, Yamhill, Washington and Clackamas counties.

Regional Convenings

- Developing shared messaging from ORH and OHA as level-set for regional meetings
- Regional partners drive conversations, priority-setting, and planning, not OHA
- Regional convenings inform future OHA RHTP directions
- **Any other strategic considerations?**

Appendix

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RHCC Advisory Scope and Role

RHCC Scope and Role

- **General Purpose**:
  - Advisory body for RHTP
  - Increase transparency of RHTP planning and implementation through public meetings
  - Rely on rural expertise of RHCC members to inform direction of RHTP
  - Create a pathway for ongoing public engagement
  - Strengthen partnerships (state, local, regional)
  - Utilize existing RHCC to meet CMS requirements

Conflicts of Interest

- What if an RHCC member could directly benefit from advising the Rural Health Transformation Program?

"A public official is met with a conflict of interest when, acting in their official capacity, they participate in making a decision or recommendation or taking an action which would (actual conflict of interest) or could (potential conflict of interest) result in a financial benefit or detriment for the public official, a relative of the public official, or any business with which the public official or their relative is associated."

Source: Oregon Govermment Ethics Commission - https://www.oregon.gov/ogec/about-us/Documents/Commission%20Newsletters/2022_Vol_3_Issue_4_Fall%20Edition.pdf

Conflicts of Interest

Disclosing all conflicts of interest will be important as RHCC members advise the Oregon Health Authority

Appointed officials must notify their appointing authority, in writing, of the nature of the conflict and request that authority dispose of the matter giving rise to the conflict. The appointing authority shall designate an alternate to dispose of the matter or direct the official to dispose of it in a manner specified by the appointing authority. [ORS 244.120(1)(c)]

Source: Oregon Govermment Ethics Commission - https://www.oregon.gov/ogec/about-us/Documents/Commission%20Newsletters/2022_Vol_3_Issue_4_Fall%20Edition.pdf

Engaging with the RHCC

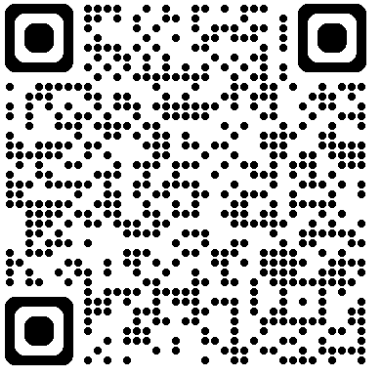
- OHA will provide **regular updates** to the RHCC about RHTP development
- Hold **iterative discussions** with RHCC about how members will advise RHTP
- RHCC could recommend to OHA the **principles** that OHA should use in determining which projects receive Phase 2 funding
- RHCC could ensure RHTP-funded projects are **coordinated among and across communities**
- RHCC could create a summary of **communities' input** about what is and is not working well regarding RHTP
- If requested, a RHCC member present to the **Oregon Health Policy Board (OHPB)**

Discussion and Feedback

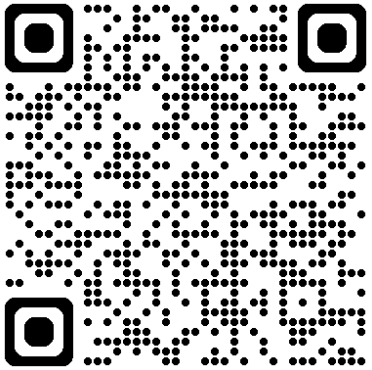
- Initial reactions to the activities & RHCC's advisory role?
  - Expand or remove any of these?
- Feedback and reactions on our engagement so far?
- What are you most concerned about, and do you have any ideas to help us address those?

Communication

Newsletter



- Visit our home page: https://www.oregon.gov/oha/hpa/hp/pages/rural-health-transformation.aspx



- Sign up for bimonthly newsletter: https://public.govdelivery.com/accounts/ORHA/subscriber/new?topic_id=ORHA_209

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Thank You

Website: https://www.oregon.gov/oha/HPA/HP/Pages/rural-health-transformation.aspx?
Email: rhtp@oha.oregon.gov