

SORH Capacity and Engagement for the Future

Region C

Teryl Eisinger, CEO, NOSORH

Dr. Chris Salyers, Education & Services Director, NOSORH

Engagement and the Future

- ▶ Why is engagement important for NOSORH and SORH?
- ▶ What are the core proficiencies and results of latest benchmarking report?
- ▶ How does Region C compare with national proficiencies scores?
- ▶ What resources do SORH need to build capacity in the lowest-ranked proficiencies areas?
- ▶ What's next for the SORH proficiencies efforts?
- ▶ How can we best engage SORH to share their accomplishments and challenges?

Appreciation first!

FORHP and NOSORH volunteer leaders & Board members



John Barnas (Policy Analysis & Response Committee Liaison) **MI**



Julie Casper (Regional Rep) **IL**

Margaret Brockman (Regional Rep & Awards Committee Co-Chair) **NE**



Crystal Barter (President-Elect) **MI**



Kathryn Miller (State Office Council) **WI**

POWER OF RURAL - STRATEGIC PLAN

2019-2022





SORH engagement is our secret weapon of success!!

- ▶ Officer nominations are wide open for the President-Elect and Secretary nominations due August 14th
- ▶ NOSORH award nominations are open 3 have been received, deadline is August 7th
- ▶ Areas of expertise by July 30th
- ▶ State profiles



Power of Rural & National Rural Health Day

November 19, 2020

Community star nominations

goal is one for every state,
deadline is August 7th -



16 million
On
twitter
in one
day!

National IMPACT

Engaging a broad national audience of policymakers, program funders, partners, practitioners and the press to share and understand the importance of healthy rural communities

» Members of US Congress
» State Legislators
» Governors
» Agency Leaders

» CDC
» HRSA
» USDA
» Veterans Health
» RWJF
» Helmsley Charitable Trust

» AHA
» Chartis Center for Rural Health
» NRHA
» RHHub
» RME Collaborative

POLICYMAKERS

PROGRAM FUNDERS

PARTNERS





Primary Care Focus

- ▶ Thanks for response about SORH TA work - 74% response rate
 - ❑ Top provider types: RHC, FQHC and look-a-likes
 - ❑ 75% are interested in more in-depth capacity building
 - ❑ No knowledge and/or resources in the following areas: revenue cycle (billing & coding), payment models/Medicaid/APMs, substance use services within primary care
- ▶ Tiered Technical Assistance - **thanks Nebraska!**
- ▶ Expanding support for RHCs COVID-19 testing - **BIG campaign** with the National Association of Rural Health Clinics
- ▶ Survey of primary care providers will assist NOSORH and SORH to support primary care providers across the country - **60% of Region C states have responses - due date for response is July 31st**




Program Analysis and Response Committee (PARC) “Where some cool cats hang out!”

- ▶ HPSA comments
 - ▶ SORH listening session to be held: 8/7/20 at 2:00pm ET
- ▶ Maternal Care Health Profession Target Areas (MCHPTA)
 - ▶ Held listening session (great feedback!)
 - ▶ Draft set of recommendations to be circulated
- ▶ [NOSORH COVID-19 Data Tool](#)

SORH Core Proficiencies Benchmarking Report (2018-2020)

<https://nosorh.org/sorhproficiencies/>



National Organization of
State Offices of Rural Health

SORH Capacity Building

Core Proficiencies Benchmarking Report 2018-2020

NOSORH
44648 Mound Rd, #114
Sterling Heights, MI 48314-1322
TEL 586-336-4627 | FAX 586-336-4629
www.nosorh.org

Results

A total of 39 (78%) of SORH met the inclusion criteria for participation in the benchmarking report. Mean scores were calculated using a three-point scale, ranging from 1.0 to 3.0, and all responses included an N/A option that would remove the element from the scoring. Rankings were determined by analyzing scores within one standard deviation of the Mean.

Score	Response Category
1.99	Needs Assistance (NA)
2.69	Competent (C)
3.0	Proficient (P)

Response Area	M	NA	C	P
Organizational Capacity	2.28	18%	64%	18%
Grants Management	2.34	16%	60%	24%
Funding	2.41	5%	75%	20%
Information Dissemination	2.42	13%	54%	33%

Highest Ranked Elements

Element	Mean	% P
Funding — 4.3: Organizational personnel, policies and procedures for sub-mission	2.62	65%
Grants Management — 4.3: Monitoring of contracts	2.63	63%
Information Dissemination — 3.3: SORH as trusted source of information	2.63	68%
Grants Management — 4.2: Development of requests for proposals (RFPs)	2.65	65%
Information Dissemination — 3.2: Leveraging of state partners	2.66	68%

Lowest Ranked Elements

Element	Mean	% NA
Organizational Capacity — 2.1: Environmental scan of state's rural communities	1.92	27%
Funding — 3.1: Expansion of base funding beyond grant and match dollars	1.94	42%
Organizational Capacity — 4.1: Sustainability of community-based initiatives	1.97	26%
Grants Management — 3.2: SORH reporting on FORHP-required PMS measures	2.05	8%
Funding — 4.1: Identifying appropriate funding opportunities	2.08	19%

The highest-ranked elements are provided in the chart above, from low to high. The third column identifies the percentage of SORH who recorded a Proficient response for the elements. The lowest-ranked elements are in the chart below, with the third column identifying the percentage of SORH who recorded a Needs Assistance response.

Additionally, SORH reported Information and Grants Management as their lowest ranked areas. Approximately 95% of SORH reported that they were Competent or Proficient in Grants Management target area. Funding and Information Dissemination are areas that are part of the benchmarking report. 93% were ranked as proficient, 5% as competent, and 7% ranked as needs assistance.

Proficiencies Benchmarking Report 4

Proficiency	Needs Assistance	Competent	Proficient	Aggregate Score
Development of requests for proposals (RFPs)	Contracts identify a general scope of work with no outline of fiscal responsibilities, milestones, or collection of data	Contracts identify a schedule of deliverables, required collection of data and end of period reporting requirements	A mechanism and timeline for easily tracking the schedule of deliverables, payment dates and all reporting requirements are in place for every SORH sub-contract to ensure contractor performance	2.65
3. Monitoring of contracts	Office relies solely on outside expertise to develop all RFPs	Office can compile a draft RFP, with assistance from organizational experts, for critiquing by others within organizational structure	Office can develop a full RFP for distribution, according to organizational policies and procedures	2.63
3.2: Monitoring of contracts	Office does not have a process for monitoring contractor responsibilities or assigned staff person for monitoring	Office requires submission of contractor reports, which are tied to a payment schedule, by the end of the reporting period	Assigned staff review contractor progress according to the established timeline and address any deficiencies to ensure the highest level of contractor performance	2.41

Grants Management Resources

- Public Budgets: Governance Structures, Norms, and Organizational Practices
- Effective Use of Performance Budgeting
- DHS Grants Policy Statement
- HRSA Grants Management Resources
- Developing Program Goals and Measurable Objectives
- NOSORH's Rural Health Data Institute
- NOSORH's Performance Measures Tool and Recommended Measures (2017)
- NOSORH Performance Measures User Guide
- Tools for existing TruServe users
- Information for potential TruServe users
- Monthly TruServe learning communities and trainings
- North Carolina Data Dictionary (SORH Example)
- Developing a Request for Proposal
- Brief 22: Public Procurement
- Connect with individuals in your organization to identify a fiscal point of contact to learn organizational fiscal policies and procedures.
- Connect with individuals in your organization to identify a point of contact and learn organizational procurement policies and procedures.

SORH Capacity Building | Proficiencies Benchmarking Report 6

Demographic and Baseline Information

	Survey Respondents	Total Possible
Total Responses		
State identified	37 (95%)	50 (74%)
Anonymous	2 (5%)	-
Regional Responses		
A	22%	62%
B	14%	63%
C	22%	80%
D	19%	78%
E	24%	90%

Range	Category
1.0 - 1.99	Needs Assistance (NA)
2.0 - 2.69	Competent (C)
2.7 - 3.0	Proficient (P)

Target Area	# Abstaining
Funding	47
Information Dissemination	12
Grants Management	11
Organizational Capacity	6

Aggregate and Regional Analysis

		% by Response Category		
Target Area	M	NA	C	P
Organizational Capacity	2.28	18%	64%	18%
Funding	2.34	16%	60%	24%
Grants Management	2.41	5%	75%	20%
Information Dissemination	2.42	13%	54%	33%

Mean Regional Scores, by Target Area

Target Area	Region A	Region B	Region C	Region D	Region E	<i>National</i>
Grants Management	2.43	2.22	2.35	2.47	2.52	2.41
Information Dissemination	2.48	2.47	2.31	2.42	2.53	2.42
Organizational Capacity	2.35	2.19	2.11	2.34	2.36	2.28
Funding	2.41	2.44	2.09	2.39	2.53	2.34

Celebrate Region C Accomplishments!

- ▶ Only region with F:1.1 ranked!
 - ▶ Roundtable session tomorrow
- ▶ Leveraging state partners in information dissemination.
- ▶ Well versed in grants management practices.

Highest Ranked Elements	Mean	National
Grants Management – 1.2: Adjusting spending as needed	2.63	N/A
Grants Management - 1.3: Organizational fiscal policies and procedures	2.63	N/A
Information Dissemination - 3.2: Leveraging of state partners	2.63	2.66
Funding - 1.1: Available matching funds for programs	2.88	N/A

Brainstorming Solutions

- ▶ Only region to align with all four elements.
- ▶ Discussion questions:
 - ▶ What makes these things so challenging?
 - ▶ What resources would be helpful in building your capacity?
 - ▶ Are there any existing resources or partners we should target?

Lowest Ranked Elements	Mean	National
Funding - 4.1: Identifying appropriate funding opportunities	1.50	2.08
Funding - 3.1: Expansion of base funding beyond grant and match dollars	1.50	1.94
Organizational Capacity - 4.1: Sustainability of community-based initiatives	1.63	1.97
Organizational Capacity - 2.1: Environmental scan of state's rural communities	1.86	1.92

Next Steps

Timeline

Fall 2020 - Topical Rubric Self-Assessment Open

Winter 2021 (Jan./Feb.) - Topical Rubric Benchmarking

Fall 2021 - Core Rubric Self-Assessment Open

Winter 2022 (Jan./Feb.) - Core Rubric Benchmarking

Target Area: PRIMARY CARE INTEGRATION

7.x.x	NEEDS ASSISTANCE	COMPETENT	PROFICIENT
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Rationale: The NOSORH Proficiencies workgroup envisions that this primary care integration rubric and accompanying self-assessment will be used by SORH who are engaged with the development and/or strengthening of the rural primary care safety net providers in their state, with a focus on integrating primary care services to address a more comprehensive approach to the wellness needs of their patients. The key components of this rubric should not be construed as a requirement of the Federal Office of Rural Health Policy (FORHP) or supersede any directive provided by a Federal Project Officer, other federal, state or local requirements. SORH may opt to only assess their office on certain components of this rubric, selecting the 'N/A' option in the self-assessment to opt out of a particular component.

1. Integrating Services in Primary Care

1. Clinic compliance with requirements for implementation of integration activities	SORH doesn't have a basic understanding of the needed clinic infrastructure to successfully integrate non-traditional primary	SORH has a basic understanding of the needed clinic infrastructure to successfully integrate non-traditional primary care services	SORH has the internal capacity to deliver the technical assistance necessary for developing a sustainable clinic infrastructure that supports successful integration efforts.
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Target Area: Communicating SORH Value

6.x.x	NEEDS ASSISTANCE	COMPETENT	PROFICIENT
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Rationale: This rubric offers an overarching framework of how a SORH can best plan, analyze, communicate and disseminate information on the value of their efforts. The contents contained herein are should not be construed as a requirement of the Federal Office of Rural Health Policy, or supersede any directive provided by a SORH's project officer. When assessing your SORH, consider each of these components in light of the rubric topic and not in your overall SORH operations. SORH may opt to only assess their office on certain components of this rubric, selecting the 'N/A' option in the self-assessment, or may skip the entire rubric if necessary.

1. Planning

1. Office analyzes PIMS data to ensure equal distribution of resources	SORH does not have a plan to review PIMS data	SORH reviews PIMS data to ensure equal distribution of state resources to areas of need	SORH overlays PIMS data with other data to identify areas of highest need
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Target Area: Health Professions Workforce

5.x.x	NEEDS ASSISTANCE	COMPETENT	PROFICIENT
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Rationale: This rubric offers a foundation for SORH to engage with the development, recruitment and retention of a strong rural health workforce in their state by connecting with the right partners and programs and offering support to the state's workforce efforts. For some SORH, a detailed workforce strategy may have been incorporated into your SORH or Flex grant as an optional activity. The components contained herein should not be construed as a requirement of the Federal Office of Rural Health Policy (unless otherwise indicated in **bold**), or supersede any directive provided by a SORH's project officer. SORH may opt to only assess their office on certain components of this rubric, selecting the 'N/A' option in the self-assessment, or may skip the entire rubric if workforce efforts are not undertaken in the office.

1. Partners

1. Engage with the state's Primary Care Office (PCO)	SORH does not engage regularly with the PCO in their state	SORH conducts regular meetings with the state Primary Care Office and disseminates relevant information on their behalf	SORH and PCO develop joint strategies to assess and address workforce needs in the state using available data from the PCO
2. Engage with the state's Primary Care Association (PCA)	SORH does not engage regularly with the PCA in their state	SORH conducts regular meetings with PCA and disseminates relevant information on their behalf	SORH and PCA collaborate to strategically target facilities that would benefit from available resources
3. Engage with the state's network of Area Health Education Centers (AHEC)	SORH has a point of contact at the AHEC program office and with each regional office, and disseminates relevant information on their behalf	SORH and AHEC office collaborate to develop workforce programs that improve the supply and distribution of the rural health workforce	SORH operates as an AHEC program office or regional site, or has a formalized MOU with the AHEC system to improve the supply and distribution of the rural health workforce
4. Engage with the state's Department of Labor	SORH does not have a point of contact for the state's Department of Labor or disseminate relevant information on their behalf	SORH has a point of contact at the state's Department of Labor and disseminates relevant information on their behalf	SORH partners with Department of Labor to strategically allocate resources targeted at rural communities
5. Knowledge of local and state workforce advisory committees or workgroups	SORH identifies and can articulate the purpose for of the local and state-based workforce advisory committees or workgroups	SORH is a member of at least one local or state-based workforce advisory committees or workgroups	SORH coordinates at least one state-wide advisory committee or workgroup focused on rural health needs of the state

publicly presents their progress program goals and updates it on a regular basis. SORH has a singular workplan for all programs, with shared goals and objectives.

SORH maintains sociodemographic data and aligns it with health outcomes to articulate the needs of specific populations.

SORH identifies the Return on Investment for all programs individually and collectively.

SORH has its own method of assessing rural community need by existing boundaries based on similarities.

SORH has the internal capacity to deliver the technical assistance necessary for the successful integration of sustainable behavioral health services into the primary care setting.

SORH has the internal capacity to deliver the technical assistance necessary for the successful integration of sustainable oral health services into the primary care setting.

SORH has the internal capacity to deliver the technical assistance necessary for the successful integration of other sustainable

State Offices of Rural Health (SORH) SORH Engagement

Mikael Redmond, MS and Suzanne Stack, MS
SORH Project Officer
Federal Office of Rural Health Policy
Health Resources and Services Administration



SORH Engagement

- **SORH Regional Meetings**
- **SORH Listserv (FORHP)**
- **FORHP Weekly Updates**
- **SORH Orientation**
- **SORH and Project Officer Check Ins (NOA & Progress Report Calls, Other)**
- **SORH Quarterly Phone Calls**



SORH Quarterly Calls

- HSD Update
- CMS Update
- ORO Update
- RHHub Update
- NOSORH Update
- SORH Regional Rep Update
- SORH Updates



SORH Quarterly Calls - SORH Updates

- **Opportunity to share innovative and promising practices**
- **Learn from other SORHs with similar issues and challenges**
- **Identify opportunities for technical assistance, networking and best practices**
- **Other?**
- **Feedback?**





**Thanks for
all you do!**