AOC Association of Oregon Counties

Oregon Coalition of Local Health Officials

ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

May 1, 2018
Subject: CCO 2.0 Input

Dear Oregon Health Policy Board:

Thank you for this opportunity to weigh in on behalf of our constituents. While there are many aspects of the CCO model we applaud, there are some areas that could benefit from adjusting and others we want to ensure are considered in the "second look" at CCOs. The Association of Oregon Counties, and our partners at the Coalition of Local Health Officials and Association of Oregon Community Mental Health Programs, collectively represent every citizen in the state of Oregon. We offer, for your consideration, the following comments.

We recommend you guard against a watering down of the original vision of Oregon's CCOs as community based, locally governed entities with the ability to continue to innovate and achieve the triple aim. We are concerned a consolidation of existing CCOs could undermine key innovations in the areas of behavioral health, public health, as well as negatively impact critical CCO-community partnerships including coordination with local public judicial and public safety systems, housing providers, social service providers, schools and other entities. We fear this could negatively impact the social determinants of health.

Secondly, please look to increasing specific mechanisms in CCO contracts addressing behavioral health parity, including parity in the behavioral health workforce. CCO 2.0 contracts should emphasize and expand the roles of behavioral health and public health as cornerstones of future CCO success. Areas of opportunity include more inclusive governance, alignment of planning and system coordination efforts with Local Mental Health and Local Public Health Authorities, and incentive pool metrics. At least one specific behavioral health and one specific public health metric should be added to the incentive pool.

Specifically related to behavioral health, we ask the state to define, in contract, a methodology for tracking expenditures in "buckets" (e.g., ED, labs/imaging, BH, PH, primary care, specialty care, inpatient, etc.) consistent across CCOs and requiring CCOs to report expenditures for each category. This would include defining, in the transformation plan, which buckets CCOs want to increase or decrease and then tracking progress. Additionally, we would like to see a requirement to study: 1) total investment in Public Health (PH) and Behavioral Health (MH) as a PMPM pre/post CCOs and 2) penetration rates and access to care as related to CCO investment into core community MH/PH services. Finally, we suggest a transformation summary during CCO certification, including social determinants, housing, use of peer workforce, innovation, etc. and also strengthening MOUs between CCO's and local Mental Health Authorities.

Specifically related to public health, we would like to see the addition of a Local Public Health Administrator to the governing boards of CCOs. We also strongly believe that a social determinants of health, multi-sector approach is a huge opportunity for CCOs. Our Local Public

Health Administrators can help provide CCOs with critical skills and knowledge in the arenas of health equity, partnership development, policy creation and epidemiology.

We also suggest you require CCOs to develop, financially invest in, and implement shared Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) with Local Public Health Authorities and local Hospitals. CHAs and CHIPs not only save money, but ensure a system wide, collective impact approach for community health improvements. A population-based health equity model can help us meet the needs of all communities in Oregon.

Further, we believe in requiring one percent of the CCO global budget be invested in the LPHA for community-based prevention and evidenced based strategies targeting:

a. reducing rising obesity rates;
b. reducing adult tobacco use and preventing youth from getting addicted;
c. reducing the number of low-birth weight babies and supporting infants and children; for growth and development; and
d. reducing opioid and other substance abuse misuse disorders.

Annual Oregon Medicaid expenditures in tobacco and obesity related illnesses are almost $700 million annually. Reducing obesity rates and improving physical activity and nutrition can reduce health care costs through fewer doctor's office visits, fewer prescriptions, lower emergency room costs and reduced admissions to the hospital.

In summary, we believe that promoting the health and wellness of all Oregonians is our primary duty. We urge you to use this window of opportunity to improve and strengthen Oregon's CCO model to pursue the triple aim, with a specific attention to key progress we can make in the both behavioral health parity and expanded investments in public health.

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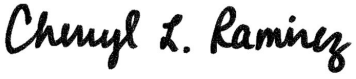

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