7/18/2014 Public Comment before the OHA CCO Metrics and Scoring Committee

By Rachel Post, L.C.S.W., Public Policy Director, Central City Concern

CCC, a Portland area nonprofit serving those living in deep poverty and exiting homelessness serves an estimated 13,000 individuals each year. According to CareOregon, our FQHC, the Old Town Clinic service the highest acuity patient population in the state of Oregon. While the Old Town Clinic has just secured the NCQA Level 3 Classification for a Patient Centered Medical Home and the RWJ Foundation has recognized it as one of the top 30 Community Health Clinics in the country, we remain unable to promote optimal health for those still homeless or living in substandard housing conditions. As you are all painfully aware, housing is one of the most critical social determinants of health. Food security is another. According to the World Health Organization, 70% of health outcomes are attributed to behavior and environment.

Homelessness frequently contributes to a rapid and substantial deterioration of health. Unsafe and unstable housing can also have significant adverse health consequences. Stabile housing can mitigate the impact of stress and its associated conditions. Housing stability can help health plans maintain better contact with their enrollees and assure access to needed health care services. Repeated hospital admissions are often more related to lack of stable housing and supports than to the presence of chronic medical conditions.

Additionally, access to a sufficient supply of healthy food is imperative to maintaining health and preventing chronic conditions. Food insecurity has significant implications for health outcomes. It has been associated with delayed medical care and increased emergency department usage.

Central City Concern is just one of many supported affordable housing providers in the State that work to reduce hospital utilization by providing peer mentor and case management services. Current data indicate that 72% of those living in addictions recovery supported housing complete outpatient treatment, 68% move on to permanent housing and over 55% are employed at exit. A large majority of these individuals were previously clogging up community corrections beds, emergency rooms and detoxification centers. Our Permanent Supported Housing for those with serious and persistent mental health diagnoses cost far less than the combination of state hospital beds, psychiatric inpatient stays in community hospitals and emergency room visits.

If Oregon is to achieve the Triple Aim, the OHA and CCO must begin to measure housing status and food security and develop metrics that improve access to affordable, safe and sometimes supported housing and food security.

- Remarks include language and material referenced from the Association of Community Affiliated Plans June 2014 report titled "Positively Impacting Social Determinants of Health: How Safety Net Health Plans Lead the Way"