

Tina Kotek, Governor

March 11, 2026

To: Oregon Health Policy Board (OHPB)
From: Oregon Health Authority Ombuds Program

Dear OHPB,

In February 2026, the OHA Ombuds Program presented to the OHPB. [5. Ombuds OHP Presentation 2-3-2026 updated](#). The Board requested additional details about topical areas where the board might prioritize further attention in 2026. The Ombuds Program recommends further consideration be given to SUD residential network, prioritization of children's community based mental health services, robust network adequacy review of CCOs and Open Card, and enhanced attention to language access for all OHP members.

Below are additional details for each recommendation. Recommendations under each topic area are made in order of priority.

Substance Use Disorder network adequacy

2023 Ombuds report findings included that timely and accessible SUD providers is a significant challenge for OHP members. Ombuds found that individuals CCOs did not contract with most SUD residential facilities in the state. (an average of 9 per CCO). This means that OHP members in need of residential SUD treatment may face additional access barriers to care. Ombuds found insufficient statewide capacity for inpatient services, with member access further limited by CCO provider networks that may not work with all inpatient facilities willing to accept OHP members.

In 2026, in follow-up to the Ombuds February 2025 OHPB presentation, the Ombuds Program recommends that OHPB ask OHA to:

- Review and report on utilization of SUD services (broken out by inpatient and outpatient) per 1,000 members by CCO and Open Card Program.
- Review and report on of the number of contracted SUD providers (broken out by inpatient and outpatient) contracted with each CCO and OHA Open Card Program.

- OHA should utilize CCO and Open Card SUD [quality assurance metrics](#) for additional network adequacy monitoring specifically conducting QA for any CCOs that fall below the standard for the following metrics:
 - **Follow-Up After Emergency Department Visit for Substance Use Disorder: 7-Day (FUA).** Among members (ages 13 and older) with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, the percentage of emergency department (ED) visits with a follow-up visit for SUD within seven days.
 - **Follow-Up After Emergency Department Visit for Substance Use Disorder: 30-Day (FUA)** Among members (ages 13 and older) with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose, the percentage of emergency department (ED) visits with a follow-up visit for SUD within 30 days.

Children's mental health

2023 Ombuds report finding included that children's mental health services, particularly community-based services to support youth and families in their communities, are funded less than adult mental health services. There are less statewide investments and resources in children's mental health than adult mental health. In 2026, in follow-up to the Ombuds February 2025 OHPB presentation, the Ombuds Program recommends that OHPB conduct additional follow-up to recommends that OHA fund all levels of **children behavioral health - particularly outpatient and community-based care**

- In 2026, as OHA and CCOs work with in a resource strained environment, make network reductions, and consider reimbursement reductions, children's mental health services should not be proportionately reduced along with the adult network or reimbursement rates.
- Track and publicly report through a public dashboard the number of children held in emergency departments for more than one day because of mental health and health issues.
- Ombuds recommend that OHPB also seek to hear more from the OHA Child, Youth and Family Governance Group which has been working since early 2025 to provide overall OHA children's health strategy.

CCO and Open Card network adequacy.

OHA should establish network adequacy monitoring standards that go beyond time and distance standards. This should include:

- Measuring the wait time to see a provider after seeking or referral to care for:
 - Primary care
 - Specialty care
 - Children's behavioral health services
 - Adult SUD residential treatment
 - Adult SUD outpatient treatment
- Evaluating provider networks for providers in service area who speak a language other than English and are contracted with the CCO. (e.g. if 10 PCP in the CCO service region who speak Spanish, is the CCO contracted with some of these providers?)
- Collecting and utilizing qualitative data, particularly from community partners working with OHP members and helping OHP members navigate services.
- Utilizing Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data to conduct additional quality assurance monitoring with members report in CAHPS data limited access to a service (this should lead to additional support and oversight by the OHA Quality Assurance program for both CCOs and Open Card).
- OHA should utilize secret shopper surveys from provider directories to better understand CCO network adequacy from a member experience:
 - Children's mental health outpatient and outpatient
 - Adult mental health outpatient care
 - Residential SUD treatment
 - Outpatient SUD treatment
 - Provision of language access services, particularly when seeking to schedule an appointment.
- OHA should utilize CCO quality assurance metrics for additional network adequacy monitoring specifically. This analysis should be disaggregated by age so that agencies, CCOs and programs can better understand the local needs of children, youths and young adult with ED visit for mental illness or hospitalization for mental illness. OHA could conduct QA for any CCOs that fall below the standard for the following metrics:

- **Follow-Up After Emergency Department Visit for Mental Illness: 7-Day (FUM)**. Among members 6 years and older, percentage of mental illness-related emergency department (ED) visits with a follow-up visit to any practitioner within seven days.
 - Conduct this analyst disaggregated by age, so that agencies and programs better understand the local needs of children, youth and young adults with ED mental health visits
- **Follow-Up After Emergency Department Visit for Mental Illness: 30-Day (FUM)**. Among members 6 years and older, percentage of mental illness-related emergency department (ED) visits with a follow-up visit to any practitioner within 30 days.
- **Follow-Up After Hospitalization for Mental Illness: 7-Day (FUH)**. Among members 6 years and older, percentage of mental illness-related hospitalizations with a follow-up visit to a mental health provider within seven days.
- **Follow-Up After Hospitalization for Mental Illness: 30-Day (FUH)**. Among members ages 6 and older, percentage of mental illness-related hospitalizations with a follow-up visit to a mental health provider within 30 days.

Language access.

2023 Ombuds Report findings included that Healthier Oregon data, CCO incentive metrics data and ED boarding data respectively indicate potential disparate outcomes for individuals who prefer a language other than English and have been traditionally excluded from Medicaid, American Indian and Alaska Native (AI/AN) populations, and African American youth. While there are barriers to accessing mental health for all individuals in Oregon, OHP populations who are impacted by historical and contemporary injustices appear to be disparately impacted. Other Ombuds findings have included that members who prefer a language other than English are less likely to appeal when denied a service.

In 2026, in follow-up to the Ombuds February 2025 OHPB presentation, the Ombuds Program recommends that OHPB request additional information about:

- How OHA ensures language access in written communications to Open Card members members.
- OHA should conduct secret shopper (see recommendations above)
- Work OHA has done to routinely review member appeals in response to a CCO or FFS generated Notice of Adverse Benefit Decision (NOABD) by language, race and

ethnicity, to determine if members who prefer a language other than English or other populations are less likely to appeal NOABDs.

- Understand any auditing strategies done by OHA for Open Card and CCO compliance to ensure language access services are active and accessible across all medical provider offices including secret shopper surveys and surveys and network adequacy review of language services.

