Oregon Health Authority
Capitol Street, NE Room 350 City, State, Zip Salem,
Oregon 97302
Attention: Tammy L. Hurst OCAC, OPBC, SPEC
E-mail: rfa.cco2@dhsoha.state.or.us & Allyson Hagen: Allyson.hagen@state.or.us

January 12, 2019

CC: Patrick Allen, Director OHA
Jeremy Vandehey, Director of Health Policy and Analytics

RE: Public Comment on COORDINATED CARE ORGANIZATIONS 2.0 DRAFT
Request for Applications (RFA) RFA OHA-4690-19
Date of Issue: January 25, 2019

Dear Ms. Hurst and RFA-draft Review Committee:

The Alliance for Culturally-Specific Behavioral Health Providers (The Alliance) represents six experienced culturally-specific behavioral health providers in Clackamas, Multnomah and Washington counties. We have worked closely with County Local Behavioral Health Authorities (LMHAs) in the Portland Metro Area, who are directly accountable to public and behavioral health, the highly diverse constituencies in their districts, and those receiving Medicaid. Communities of color and non-English language speakers on Medicaid, have benefitted significantly from existing referrals and partnerships now well established between the Counties and culturally-specific behavioral health providers. Much of our focus is on reducing health disparities through care models that have a public-health focus, are trans-disciplinary, recovery-oriented, trauma informed and pursue health care integration. The Counties are uniquely placed to partner with us in this effort and offer a well-established vehicle for transparency, public input and accountability to diverse and underserved communities living in the tri-county metro area of Portland.

We are encouraged to see the OHA-CCO 2.0 RFA draft's steadfast commitment to health equity and a scope of services that includes Behavioral Health Services and Social Determinants of Health (SDOH-HE) for underserved minorities and communities of color. We especially value your commitment to increase transparency, community engagement and accountability in this process.

We would therefore like to use this opportunity to offer our support for the continued commitment illustrated in the CCO 2.0 draft RFA that strengthens health policy goals, implementation models, and best-practices research that value existing partnerships and referral systems to culturally-specific service providers as the most efficient delivery model for behavioral health and systems navigation for communities of color and non-native English-speaking immigrants and refugees. Engaging and serving health needs in these communities requires clear and respectful communications, positive outreach, sustained member engagement, and services are tailored to cultural, health literacy, and linguistic needs for patients. The Alliance members' staff share cultural and linguistic competencies with clients, thus can side-step fiscal inefficiencies and inconsistencies that can arise from using paid interpreters, particularly in the complex system within which behavioral health services are nested. While we are encouraged by the discourse of the RFA around SDOH-HE, we are concerned about the lack of specificity in the proposed partnerships, revenue streams and language recognizing and valuing culturally-specific behavioral health services.

We therefore offer our ***input and editorial suggestions (in bold, italic)*** on a few sections of the DRAFT RFA-4690-19 before the public input period ends on Monday, February 14, 2019. Our goal is to align the language in the RFA, specifically with SDOH-HE and Behavioral Health for culturally-specific communities with OHA's broader goals of reducing health disparities and leveraging existing partnerships for services that are necessarily accountable to *all* residents in our communities.

Section 2.2 Authority, Overview and Scope
a. Improving Health, Improving Health Care and Reducing Cost:
"In alignment with 2018 House Bill 4018, contracts awarded through this RFA will include additional focus on addressing the Social Determinants of Health and Health Equity (SDOH_HE), requiring CCOs to direct a portion of spending on SDOH-HE and to ensure their work with community partners is designed to address community priorities."

Please consider the question of how community priorities are identified? And, ensuring that a portion of funding is directed toward community partners who have existing relationships, demonstrating proven track records, and direct accountability to the public, including diverse communities of color and limited English- proficient clients.

Section 5.7 Readiness Review and Notice to Proceed: Under Operations and Administration,

- Community support and Engagement, demonstrated by strong community partnerships. ***Please add, "including culturally-specific providers."***

Section 5.8 C. Choice Area:

The Alliance would like this section to include a discussion of enrollment barriers common to non-English language speakers. We are concerned that a high proportion of our culturally and linguistically diverse communities will not select a plan or provider that meets their unique needs, and will fall into Undecided Member category, resulting in the Member being "assigned randomly to any available Contractor". We are deeply concerned about how this access to care methodology will disproportionately and negatively affect our culturally specific communities.

Attachment 7 – Provider Participation and Operations Questionnaire
Section 1.d. Agreements with Relation to Behavioral Health Services

We are concerned about the vague language with respect to community mental health programs (please include culturally-specific providers).

It is the Alliance's experience that Local Mental Health Authorities (LMHA) play a critical role in serving the Medicaid population; especially with regard to providing a safety net and addressing public health and population-based Social Determinants of Health (SDOH-HE). We believe that strong partnerships with public health and local mental health authorities are crucial. Instead of "develop a Memorandum of Understanding (MOU) or contract" we would like the RFA to require an established contractual relationship with LMHA LPHA that describes roles and services. The contract needs to also include a commitment to accountable investments in culturally specific services and programs that reduce health disparities.

Section 2. b. Member Engagement and Activation
Bullet No.2

- Engage Members in culturally and linguistically appropriate ways (***add: and offer referrals to culturally specific providers when needed).***

- ***Under the next 4 bullet points, top of page 3 of 15, please consider adding; Culturally Specific Traditional Health Worker resources.***

Section 4. Network Adequacy

(2) How does the Applicant intend to establish the capacity of its provider network, ***(please add: "…including culturally and linguistical capacity to serve diverse communities").***

Section 4.b.(2) Hospital and Specialty Services

Please include culturally-specific behavioral health services as a Specialty Service, especially for patient-centered primary care homes.

Section 12. Standards Related to Provider Participation ***Please include language in a. Standard #1 that adds "a provider's ability to refer patients to culturally-specific service providers, if needed."***
On page 11 of 15, the list of bullet point services or times: add a bullet point to highlight culturally and linguistically specific health and behavioral health providers.

Attachment 8 – Value Based Payment Questionnaire

Data Reporting: 2022-2024

Section 2.c. "Rationale for approach (including factors used to determine the rate such as rural, urban, or social complexity" ***(please modify to "social, cultural and linguistic complexities").***

Attachment 10 – Social Determinants of Health and Health Equity

Section A. 1.b.

"Applicant will submit a plan via the RFA Community Engagement Plan for engaging key stakeholders including OHP consumers, community-based organizations that address disparities and social determinants of health, providers, local public health authorities, Tribes, ***(please add: culturally-specific behavioral health providers)***, and others, in its work."

Section B. 1.a.Informational Questions

"Does Applicant currently hold any agreements or MOUs with entities that meet the definition of SDOH-HE partners, including housing ***(please add: and culturally-specific provider)*** partners?"

Section F. Traditional Health Workers (THW) Utilization and Integration, page 4 of 5.

1. a.& b. fine, but ***please add c. Does the Applicant currently utilize culturally-specific THWs? Please describe how they are utilized, how performance is measured and evaluated, and linguistic diversity of this workforce.***

Attachment 11 – Behavioral Health Questionnaire

Section C. MOU with Community Mental Health Program (CMHP)

"Applicant will enter a MOU with Local Mental Health Authority that will be enforced and honored."
Please clarify: Is an MOU that is 'enforced and honored' the same as a contract?
"Improved health outcomes and increased access to services through coordination of safety net services, Medicaid services, and ***(Please add: culturally-specific services***)."

Section C. 1.

"Describe how Applicant plans to develop a comprehensive Behavioral Health plan for Applicant's service area. Please indicate dates, milestones, and community partners, ***(please add: including culturally-specific behavioral health services providers***").

Section C. 2. & 3. "Describe how the Applicant plans to collaborate and coordinate with Local Mental Health Authority" ***(please add, as well as LMHA's network of established partnerships with culturally-specific behavioral health providers).***

Section C.6 "What outreach and/or collaboration has Applicant conducted with tribes and/or Indian health care providers (***please add, as well as other culturally-specific providers***) in Applicant's service area to establish plans for coordination of care, coordination of access to services…."

The Alliance for Culturally Specific Behavioral Healthcare Providers thanks you for your consideration of our input for the Draft OHA-RFA 4690-19. In our experience, the collaboration we've established with the Local

Mental Health Authorities is the most efficient way to ensure accountability, inclusion, and sustainable revenue streams to providers that serve and reduce barriers to care and health inequities for communities of color, immigrants and refugees. We welcome your questions and feedback.
Sincerely,

The Alliance Co-Chairs,

Holden Leung, CEO, Asian Health & Service Center (AHSC)

Holden Leung

Dr. Pierre Morin, Clinical Director, Refugee Health, Lutheran Community Services Northwest (LCSNW)

Dr. Pierre Morin

Jacqueline Mercer, Executive Director, Native American Rehabilitation Association (NARA)

Jacqueline Mercer