Dear members of the Oregon Health Policy Board,

We thank you for the opportunity to provide comments on the CCO 2.0 Policy Recommendation Straw Proposal presented to the Oregon Health Policy Board.

Cascadia Behavioral Healthcare has been serving Oregonians of all ages experiencing mental health and addiction challenges, trauma, poverty, and homelessness for more than 35 years. From prevention to healthy lifestyle education to intensive treatment when needed, our services encompass a systemic approach to health management for the adults, children, seniors and families we serve.

Operating in over 75 locations, our integrated mental health and addiction treatment, primary care, and housing services support over 18,000 Oregonians each year. This work is accomplished by the dedication of over 900 Cascadia employees. As a 501c3 nonprofit, we work closely with our partners in the community to deliver these services including our counties and CCOs.

As a summary, the CCO 2.0 draft policy options, in a very thorough manner, consider how CCO 2.0 can more fully address behavioral health and social determinants as key drivers of overall health outcomes, and how an integrated care model can support delivering high quality care while reducing costs of care. The specific emphasis on the development of the integrated behavioral health home is very promising given the evolution of Cascadia’s care delivery model to that of a whole health care, medical home model. With this in mind, there is no specific mention of SAMHSA’s Certified Community Behavioral Health Clinic demonstration (CCBHC) as the statewide and national model for this. CCBHCs are the demonstration of the behavioral health home model. This speaks to the need for greater conversation about the CCBHC model at the local and state levels. Alternative payment models for behavioral health are described, though not with the same emphasis as for physical health, likely because value-based models for physical health are further ahead than behavioral health in this regard. It would be useful for this conversation to develop during this process.

Specific comments:
Recommendations 10, 11, and 32: We support the development of incentives for achievement of behavioral health and substance use disorder outcomes to parallel incentive programs for physical health outcomes, using Value-Based Payments (VBPs) for the mental health home model in parallel to VBPs for Primary Care Patient Centered Homes (PCPCH). This will be new to the behavioral health environment and will incentivize the delivery of positive outcomes. A VBP for behavioral health would be transformative.
Recommendation 21: It is important to consider a tool that can be used across a system and continuum of care. Cascadia is leading this effort by the implementation of tools to understand the improvement of clients with treatment over time. Consider implementation of the DLA-20 or Duke Health Screen. These outcomes can be measured within integrated care settings: Physical health, mental health, substance use disorder management, and social health. We would advocate for a workgroup on measurement of integration with Cascadia at the table.

Recommendations 22 and 36: The behavioral health home model has the potential to transform an approach to care for individuals with complex medical and mental health concerns, and in doing so, to reduce the cost of care. With this in mind, specific notation of CCBHCs is not referenced. It is critical to recognize CCBHCs in Oregon as the pathway to achieving the integrated behavioral health home model. This could read, “Promote and expand the Certified Community Behavioral Health Clinic model created to develop the behavioral health home model within Oregon.”

Recommendations 23 and 28: Workforce issues are significant for behavioral health providers. The demand for services far exceeds the supply of providers to deliver them. This affects the ability for clients to access services, which is a major systemic concern across the state. Utilization of telehealth is one key way to more fully address both workforce and access concerns.

Recommendation 24: Social disparities result in tragic results for individuals. For example, the rate of morbidity and mortality, and lack of access to services, in the African-American population is more significant than the Caucasian population. Culturally specific programs and services can improve outcomes and reduce disparities.

Recommendation 29: A trauma-informed approach is critical across the continuum of care. Individuals who have experienced early childhood and/or adult trauma have greater co-existing medical, mental health and substance use concerns. A trauma-informed, integrated approach to care provides a system in which individuals can feel safe and understood, leading to greater engagement in care and better health outcomes.

Recommendations 41, 42, and 43: The development of a collaborative, shared infrastructure for a data warehouse that integrates parameters and considers total health status – including physical health, mental health, substance use disorder, social determinants (housing, employment status), and claims data – will lead to great overall gains for clients and for the healthcare system at large. When you understand the needs of clients most fully, you have the opportunity to design approaches to care and create partnerships that solve the real problems faced by individuals. This improves health outcomes and results in cost reductions with the reduced need for expensive services.

Recommendation 47: Emphasis on transitions of care and warm handoffs across the system and continuum of care is an outstanding addition to this document. The risks of having a complex healthcare system is that individuals in need fall through the cracks when moving from one type of care to another.
Despite the clear need for this, it is rarely funded. We strongly support this recommendation and will work as a partner with other organizations to provide care for individuals with complex needs.

Thank you for the opportunity to weigh in on these recommendations. We look forward to partnering with the Oregon Health Authority in the implementation and roll out of CCO 2.0.

Sincerely,

Jeffrey Eisen, MD, MBA
Chief Medical Officer, Cascadia Behavioral Healthcare