Coordinated Care Organizations (CCOs) and Behavioral Health Services

Oregon State Legislature House Committee on Behavioral Health

October 1, 2025

CCO 101

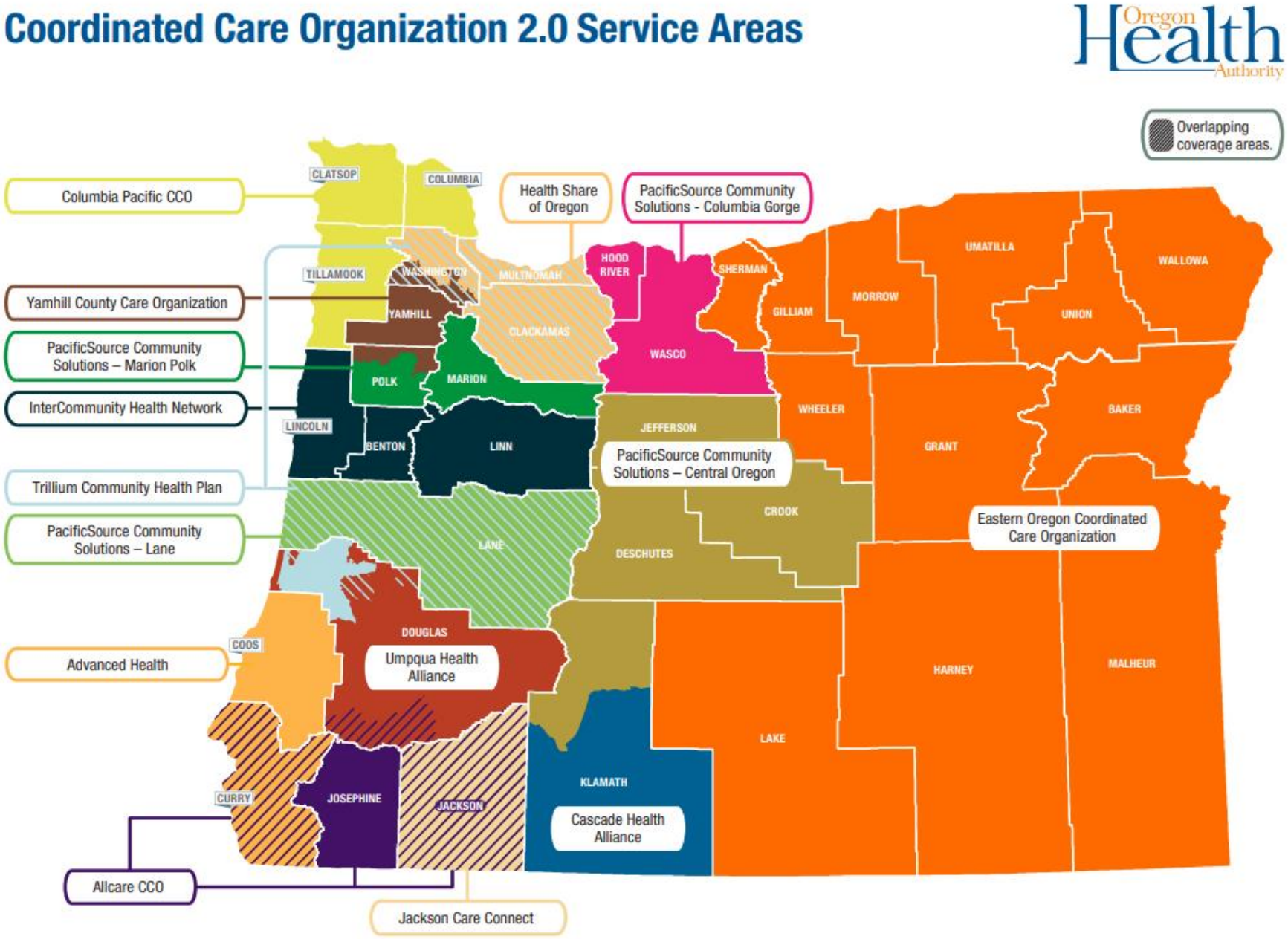
Jeremiah Rigsby, Chief of Staff

Care Oregon

CCO 101

- CCOs contract with the Oregon Health Authority to coordinate delivery of the Oregon Health Plan benefit
- Hub and spokes model
- Established networks at the regional level
- Community-lead decision making
  - Community Health Improvement Plans (CHIPs) and Community Health Assessments (CHAs)
  - Community Advisory Councils (CACs)
- Quality Improvement Program
- Maintained cost of care growth rate of 3.4%
- Decreasing avoidable emergency department (ED) visits and hospital admissions for people with chronic disease

Current CCO service areas



Coordinating care across the behavioral health system

Rick Blackwell, Government Relations Director
PacificSource Community Solutions

CCO 2.0 behavioral health goals (some)

- CCOs to be fully accountable for the Oregon Health Plan behavioral health benefit and not fully contract-out the benefit to another entity
- Require CCOs to ensure care coordination for members with certain mental health disorders, in foster care, and those in medication assisted treatment
- OHA to address integration billing and policy issues to integration including increased technical assistance to CCOs and providers
- Ensure access to evidence based practices that allow children to remain with primary parent, support providers in assessing for ACEs and trauma, ensure access to behavioral health services post-partum, prioritize access to Substance Use Disorder (SUD) services for pregnant women, parents, families, and children

Care coordination and integration across CCOs

- Annual Comprehensive Behavioral Health Plan (CBHP) in collaboration with regional stakeholders – first plan is due July 2021
- Memorandum of Understandings (MOUs) between Community Mental Health Programs (CMHPs) and CCOs; Collaborate on implementation planning and the CHIP
- PCPCHs: Patient Centered Primary Care Homes
- Behavioral Health Homes
- CCBHCs: Certified Community Behavioral Health Centers
- IIBHT: Intensive In-home Behavioral Health Treatment
- Wraparound and Systems of Care
- Peer Support Services and other Traditional Health Workers types

Additional challenges to delivering care

- Fee schedules and reimbursement
- Complicated rules for piece meal programs
- Behavioral Health Directed Payments (BHDPs) complexity
- Social determinants, such as housing and transportation
- Lack of an overall system and statewide plan; CCOs are one part
- Complicated guidance and rules
- Care continuity across acute care and the corrections system
- Balancing accountability and provider reporting burden

Meeting the challenge of the moment: Doing more with less

Todd Jeter, Associate Vice President, Health Equity & Member Advocacy
InterCommunity Health Network CCO

A Pivotal Moment

Converging Crises

- Pandemic inheritance of open networks and an anemic workforce
- Mink/Mossman court decisions, Oregon State Hospital, and downstream acuity
- Crisis stabilization centers and the acute care continuum
- Telehealth, access over quality, and runaway costs

Common sense solutions for timely and high impact

- **Aim policy at the anchors**
  - Keep prioritizing Certificate of Approval (COA) agencies and CMHPs, the clinics that take on the toughest cases, the night-and-weekend calls, and the rural drives.
  - Finalize associate-billing rules. Support associates that bill within supervised, team-based settings (COAs/CMHPs). This protects clients and rebuilds a stable workforce pipeline.
  - Fund crisis-center operations.
- **Cut the fat from the system to invest where it matters**
  - Put guardrails on telehealth without losing the good it offers.
  - Protect CMHP sub-cap per member per month. Prevent balancing budgets on the backs of CMHP sub-cap payments. These are the dollars that keep the safety net standing, especially in rural and coastal Oregon.

Opportunities ahead

Courtney Johnston, Sr. Director, Government Relations & Communications

Trillium Community Health Plans

Needed community investments

- Move more funding into community-based behavioral health services
- Must address social determinant impacts, especially housing
- Funding better care and infrastructure across the system
- Strategically braid current funding opportunities from 988, the opioid settlement, Measure 110, etc

§1115 Medicaid demonstration waiver renewal

- Populations in jail / detention, Oregon Youth Authority (OYA), and the Oregon State Hospital (OSH)
  - Maintain OHP and CCO enrollment during pre-adjudication for those in jail / detention
  - Create a care coordination only plan or enrollment category for CCO members
  - Ensure jail are utilizing PreManage and that files remain open across Medicaid data systems, such as ONE and MMIS
- Peer support services
  - No longer require service request be tied to a treatment plan
  - Revisit requirement for clinical supervision for providers that are part of a care team
  - Remove barriers created by Certificate of Approval (COA) processes
  - Ensure community-based organizations (CBOs) are eligible for contracts

How CCOs can help

- Behavioral health is now a core principle of the coordinated care model
- CCOs convene regional care delivery partners and stakeholders to identify system gaps and needs
- Years invested have fostered regional relationships and increased shared knowledge
- Local, community-based decision making
- State leadership and innovation always necessary for aspects of the system

Questions?

Thank you!

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