To: Chair Zeke Smith and Members of the Oregon Health Policy Board
From: Blue Mountain Early Learning Hub; Children First for Oregon; Children's Institute; Early Learning Multnomah; Eastern Oregon Community Based Services; Fight Crime: Invest in Kids; Frontier Early Learning Hub; Lane Early Learning Alliance; Marion & Polk Early Learning Hub, Inc.; Multnomah County Health Department; Oregon Association of Relief Nurseries; Oregon Community Foundation; Oregon Public Health Institute; ReadyNation; Social Venture Partners; South Central Early Learning Hub; South Coast Regional Early Learning Hub; Yamhill Community Care Organization
Date: September 10, 2018
Re: Early Childhood Priorities and Recommendations for CCO 2.0

Thank you for your vision and leadership overseeing the delivery of high-quality, outcome-driven, coordinated health care. Oregon has made significant progress on improving population health outcomes through our innovative coordinated care model, and we have a great deal of work ahead. We are grateful for all of the thoughtful planning underway for CCO 2.0 and are eager to share our priorities and recommendations for how CCOs can best meet the needs of young children and families moving forward.

We represent organizations from across the state that directly serve or work on behalf of Oregon's youngest children. Together we seek to advance policies and investments that can improve the lives of young children in need by providing them a strong foundation for lifelong health and educational success.

As you know, early childhood is a time of immense brain development. Young children's early experiences, environments, and relationships shape their development and lay the foundation for their future health and learning. Given that CCOs provide essential health care services to nearly half of all children in Oregon and are responsible for improving community health, we firmly believe CCOs belong at the table with fellow early childhood advocates.

This memo outlines what we see as the opportunities in CCO 2.0 to make significant improvements in early health and learning outcomes for young children. We believe much of the time, early childhood programs will return cost savings for CCOs and in the cases where they will not, CCOs can lead by identifying programs for public investment that will provide tax payers a healthy return on their investment. We will highlight our support for some of the policy options that have emerged through the CCO 2.0 planning process, as well as additional urgent priorities that we would like to bring to the attention of the Oregon Health Policy Board.

Support for CCO 2.0 policy options

- Require or incentivize CCOs to invest resources to address the social determinants of health. Social determinants such as housing instability and food insecurity require greater investments from CCOs to mitigate harmful long-term effects. Addressing the poverty and structural racism affecting the lives of young children and their families will require changes

in policy and service delivery. CCOs are well-positioned to reduce health and educational disparities by targeting health-related services and community benefit initiatives at upstream investments in young children. The implementation of House Bill 4018 presents another important opportunity to target resources to address social determinants of health at investments with the greatest potential to yield long-term benefits—those delivered in early childhood.

- Require stronger cross-sector representation on Community Advisory Councils (CAC) as well as stronger cross-sector collaboration on the development of CCO Community Health Improvement Plans (CHIP). Specifically require that early childhood community partners are engaged in the CAC and CHIP development, since early learning and family support programs and CCOs often serve the same children. Early childhood organizations, including regional Early Learning Hubs, are uniquely positioned to contribute data, stories, and a deep understanding of young children and their needs. At least one CAC member should be a Hub representative, or an early learning partner selected by the local Hub. CCOs should also participate on governance committees of their regional early learning partner organizations.

- Prioritize behavioral health services and prevention for young children. Intervening early to support the social-emotional development and mental health of young children is critical. CCOs must provide internal behavioral health services, as well as comprehensive referrals to and coverage of infant and early childhood mental health interventions for young children and their parents and caregivers. The early learning community across the state is experiencing a crisis with the prevalence of child trauma, social and emotional disorders, and the behavioral issues they cause. There are currently far too few services to address the substantial need. CCOs must reduce billing barriers while increasing services.

- Expand the use of value-based payments for maternity care and children's health. Deepen partnerships with community-based organizations to work collectively to improve maternal and child health. Focus on making progress on CCO metrics such as rates of prenatal and postpartum care, child immunization, well-child visit, developmental screening, and any additional metrics for young children and their parents and caregivers. Prioritize eliminating racial and geographic disparities in maternal and child health outcomes with effective community driven strategies, including the use of traditional health workers.

Additional urgent priorities for CCO 2.0

- Take a multi-generation, family-centered approach to serving young children. Parent and caregiver health and well-being, as well as family stability, have profound impacts on a child's health and development. While CCOs are often effective at identifying patients who need additional services and supports, they are not effective at family-centered approaches nor multi-generation policies. Whenever possible, CCOs should seek to understand the health and social needs of families as a critical component of providing comprehensive health care

to children. They must also partner with and refer families to community-based programs that address those needs.

- Standardize and expand partnership practices. Programs serving young children and their families across the state, including home visiting, parenting education, Relief Nurseries, preschool, and beyond are interested in deepening partnerships with CCOs. In addition, regional Early Learning Hubs understand the landscape of early childhood programs and services and could help coordinate and align partnerships throughout the community. The lack of standard partnership practices poses a significant barrier, as it is difficult to know how to build a partnership with a CCO, what types of partnerships could be explored, or what to expect. There is an opportunity to develop clear guidance and policies across CCOs for partnering with community-based organizations.

We are very grateful for this opportunity to provide input on the important work underway to plan for CCO 2.0. Given that more than 20,000 Oregon children are born every year eligible for the Oregon Health Plan, we believe CCOs should not be a passive observer of their development when advocates already know of effective programs and policies to improve the lives of the next generation of Oregonians. We would be happy to discuss our recommendations with you further, if helpful. Thank you for your consideration of our input.