Hello, I am the Director of the Oregon Pediatric Improvement Partnership.

The focus of my public comment today is behavioral health and key opportunities for OHPB to explore.

We are deeply concerned that as Medicaid considers how to adjust to reduced budgets and you all focus on addressing the gaps in the state's behavioral health system, there is largely a focus only on high-cost adults and youth , while the federally required set of EPSDT services needed for children remains unprovided.

There is CCO-reported and clinical service encounter data clearly demonstrating that there is not **an adequate network of behavioral health providers** to provide EPSDT services for young children . The solutions proposed for achieving a more robust system for adults do NOT work well for low acuity children. In fact, recent policy shifts by the largest insurer of behavioral health in our state are likely to make this situation even worse for insured childred.

In Oregon, the crucial context to consider is that since 2013, so for a dozen years, a global budget has been gone out to CCOs on the basis of network adequacy. There are structural issues contributing to the lack of network adequacy we see:

- CCOs have little financial incentives to address behavioral health network adequacy for children since the consequences of unmet EPSDT needs in childhood don't always result in immediate high healthcare costs.
- The "downstream" metrics that Metrics and Scoring is currently legislatively required to pick include metrics focused on behavioral health, but largely within the the primary care and physical health setting.
- Lastly it appers there are not enough mechanisms to ensure that global budget dollars allocated for children are actually directed toward services and networks that serve them.

Three opportunities for you consider:

#1: Ensure there are robust state investments in a behavioral health workforce to specifically focus on upstream outpatient behavioral health services for young children. This aligns with the Early Learning Council's recent meeting focused on the significant gaps and needs for behavioral health workforce investments and EPSDT requirements.

#2: In support of the Governor's directive to align health system metrics with the state's health equity goals, consider working with policy makers to revise the current legislation requiring Metrics and Scoring to pick downstream metrics from the CHIPRA Core set, specifically for metrics that assess behavioral health and dental services.

#3: Consider strategies in the next Waiver & CCO 3.0 to ensure that global budget funds ear-marked for children are provided to child-serving providers in all three sectors.