



2025 Child-Level Metric Focused on Issue-Focused Interventions
Addressing Young Children's Social Emotional Health:
OPIP's Recommendations to Metrics and Scoring
on Benchmarks for this Metric



Oregon Pediatric Improvement Partnership (OPIP)
Colleen Reuland & Lydia Chiang
OPIP email: opip@ohsu.edu

How many children need CCO Covered Issue-Focused Interventions?

Continuum of CCO Covered Social-Emotional Services Represented by Specific Claims

30-40%

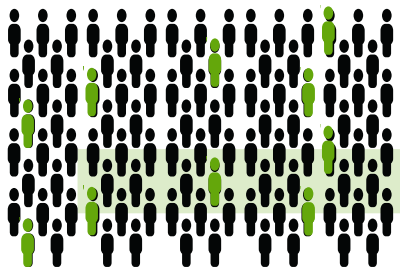
Of Children Have Social Complexity Experiences that Could impact SE Development and Likely Benefit from Brief Interventions

12-17%

Of Children Will Have a Diagnosis that Would Warrant Treatment Services

Issue-Focused Intervention & Treatment Services

Children with Identified Issues (Delays, Behavior Concerns, Risk for Problem Behaviors)



Brief Intervention



Treatment Service



Why a Benchmark that Requires Improvement is Needed: Parents Enrolled in CCOs and with Lived Experience via Public Comment to Metrics and Scoring Committee



- “My middle son was kicked out of preschool and then again from kindergarten due to behaviors that no one knew what to do with. We were bounced around multiple systems experiencing layer upon layers of trauma... If there was a metric that supported upstream services for my son, I believe that not only would the cost of long-term services have been less for the involved systems, but my son would not carry the stigma, trauma and historical marginalization that he lives with today because of these experiences.” (Tammy Paul, mother of three)
- “When young children are showing signs of mental and emotional health problems, the lack of a metric focused on social emotional wellness effectively denies access. It closes the door to help, and it forces families into more intensive, more costly, and more life altering treatment downstream... if it’s not measured and financially incentivized, it’s not likely to happen.” (Carol Dickey, mother of five children adopted through foster care)
- “For the last decade, we’ve been fighting an uphill battle to secure the necessary supports for them in the care provided in our CCO.When he finally got an evaluation and received a diagnosis, I was just given a list of providers, who all said they didn’t see young children or they had enormous waitlists, or they didn’t exist. Even the behavioral health coordinator through our CCO has told us there are no services for us.” (Karra Crane, mother of two living in Douglas County)
- “From the time my second daughter was in a relief nursery, we noticed behaviors and were really worried. It’s really a terrible feeling when you know something is needed. ...I feel strongly the health care system has a stigma against providing behavioral health services for young children. Instead, we had to wait until my child was in school and facing bigger behavioral problems.” (Krystal Bachman, mother of 5)

All 16 CCOs Have Met the System-Level SE Metric in 2022 and 2023: Therefore Contributing to their Incentive Metric Pool and Helping to Meet the Challenge Pool in 2023



2022 incentive measure performance overview

	Advanced Health	AICare CCO	Cascade Health Alliance	Columbia Pacific	Eastern Oregon CCO	Health Share of Oregon	InterCommunity Health Network	Jackson Care Connect	PacificSource—Central	PacificSource—Gorge	PacificSource—Lane	PacificSource—Marion Polk	Trillium South	Trillium North	Umpqua Health Alliance	Yamhill Community Care
<ul style="list-style-type: none"> CCO achieved BENCHMARK CCO achieved IMPROVEMENT TARGET * Top performing CCO in each measure <p>^ challenge pool measure † can pass either element for incentive ‡ must pass both elements for incentive</p> <p>Bold indicates CCO earned 100% of Quality Pool</p>																
Assessments for children in ODHS custody			*													
Child and adolescent well-care visits (ages 3-6) [^]									*							
Childhood immunization status: Combo 3			*													
Cigarette smoking prevalence (EHR)									*							
Depression screening and follow-up								*								
Diabetes care: HbA1c poor control											*					
Health equity: Meaningful language access [^]		*														
Immunization for adolescents: Combo 2									*							
Oral evaluation for adults with diabetes									*							
Prenatal and postpartum care: Postpartum care								*								
Preventive dental or oral service utilization ^{†^}																
Ages 1-5		*														
Ages 6-14											*					
System-level social emotional health [^]																
SBIRT [‡]																
Rate 1								*								
Rate 2		*														
SUD treatment [‡]																
Initiation										*						
Engagement			*													



2023 incentive measure performance overview

	Advanced Health	AICare CCO	Cascade Health Alliance	Columbia Pacific	Eastern Oregon CCO	Health Share of Oregon	InterCommunity Health Network	Jackson Care Connect	PacificSource Central	PacificSource Gorge	PacificSource Lane	PacificSource Marion Polk	Trillium North	Trillium South	Umpqua Health Alliance	Yamhill Community Care	# CCOs met (out of 16)
<ul style="list-style-type: none"> CCO achieved BENCHMARK CCO achieved IMPROVEMENT TARGET <p>* Top performing CCO ^ Challenge Pool measure ‡ Must meet both elements</p>																	
Assessments for Children in ODHS Custody	*																11
Health Equity: Meaningful Language Access (Component 1) [‡]																	15
Health Equity: Meaningful Language Access (Component 2) [‡]									*								4
SDOH: Social Needs Screening and Referral																	15
System-Level Social Emotional Health [^]																	16
Child and Adolescent Well-Care Visits Ages (3-6) [^]									*								13
Childhood Immunization Status: Combo 3					*												4
Immunization for Adolescents: Combo 2									*								8
Postpartum Care [^]	*																14
Diabetes Care: HbA1c Poor Control (EHR)					*												15
Cigarette Smoking Prevalence (EHR)															*		14
Depression Screening and Follow-Up (EHR)									*								15
SBIRT Rate 1 (EHR) [‡]									*								16
SBIRT Rate 2 (EHR) [‡]														*			12
SUD Treatment: Initiation [‡]			*														7
SUD Treatment: Engagement [‡]			*														10
Oral Evaluation for Adults with Diabetes									*								10
Preventive Dental or Oral Health Services (Ages 1-5) [‡]		*															16
Preventive Dental or Oral Health Services (Ages 6-14) [‡]										*							16
# measures met (out of 15*)	10	11	8	10	11	11	9	12	13	14	10	11	9	9	12	13	



Overview of OPIP's Parameters Informing Benchmark & Improvement Target Recommendations (Area of Significant Input)

1. **Benchmarks** should be informed by **EPSDT clinically-aligned** recommendations, population information, and learnings from improvement projects.
 - Population-based metric of issue-focused interventions, denominator includes ALL children (Goal will never be 100%)
 - Metric is driving system-level transformation and behavioral health work force investments, which takes time.
 - As we consider the benchmark, we should examine the baseline data for every CCO and ensure that the resulting improvement targets align with learnings from the System-Level Metric implementation and other improvement efforts and represent what high performing CCOs have been able to achieve. (**Strong Agreement**)
2. The **“Target floor”** should be **informed by data** from the previous two years (2022 & 2023), recognizing we expect greater improvements in 2024 given CCO Action Plans anchored to required focus on issue-focused interventions
 - In 2025, this will likely not be an issue given where most CCOs are starting.
3. We want **Benchmarks** to be **aspirational and drive transformation, while also yielding improvement targets that are reasonable to expect based on previous**, so that CCOs do the important system transformation work and long term investments needed.
 - *Note: Heard significant feedback in the input sessions about needing to make improvement targets attainable so that CCOs will lean into the multi-year work needed and to create a safe space to learn and work on the multi-year solutions needed.*
 - *Note: Heard significant feedback in the input sessions –across sectors- that CCOs do have to prioritize their resources, and if the benchmark (or resulting improvement target) is too high and unattainable, they will not prioritize this metric. This is especially true since it is not a challenge pool metric, given the quantitative data since 2013 showing CCO are significantly more likely to meet challenge pool metrics.*

- **Start Lower in 2025, Examine and Reassess and Learn from Implementation of this Transformative and Upstream Metric, [Raise Benchmark in Future Years](#)**
- **Benchmark**
 - OPIP recommends a benchmark that will encourage all 16 CCOs to lean into the multi-year work needed to transform the system and make a difference for children and families.
 - This means that the benchmark will yield improvement targets for each CCO.
 - And that these improvement targets are reasonable to expect if the transformative work is started.
 - **OIPs Benchmark Recommendation: 10.5-11%**
- **Target Floor**
 - **OIPs Target Floor Recommendation: 0.5%**

Input Sessions: Request that OPIP conducts this process annually and provides feedback to Metrics and Scoring informed by:

- Learning from data and data findings
- Input sessions about what is being learned
- Understanding change able to occur each year and change that may be possible in first year, versus change that is possible when current capacity is filled.

Looking Forward

Received significant feedback that OPIP will provide to OHA on topics such as the following examples:

- Role OHA needs to play in addressing global issues impacting all CCOs.
 - Behavioral health work force that serves young children (collaborative supports and state investments)
 - Policy barriers to the codes and OHA clarifications.
 - Policy and payment barriers to the codes.
- Concerns about how the benchmarks will be used by CCOs and assistance and monitoring by OHA to address concerns
 - CCOs will apply benchmarks (instead of the CCO-specific *improvement target*) to contracted providers when it is an aspirational goal and most will meet the metric in 2025 by meeting improvement target (not the benchmark)
 - Concern that CCO will apply benchmark rate to primary care contracts alone (not a primary care metric alone)
- Technical assistance needed for CCOs.
 - Technical assistance needed on what rates to expect from each sector in the metric
 - ✓ Specialty behavioral health
 - ✓ Primary Care
 - ✓ Community Based Organizations
 - Technical assistance on APMs for Specialty Behavioral Health and models to expand network adequacy and capacity
 - Technical assistance to CCOs on understanding and addressing network adequacy