Written Public Comments of Support for the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services CCO Incentive Metric

Submitted to the Oregon Metrics & Scoring Committee

March-August 2024

May 4, 2024

Dear M&S Committee Members:

I am writing in support of the metric specifications for the Social-Emotional Health metric as outlined by the Oregon Pediatric Improvement Partnership. I further encourage the committee to consider including the SE Health metric in the 2025 challenge pool. As you are all well-aware, the behavioral health network has suffered from workforce shortages for many years now; this system-level metric places an appropriate focus on ensuring network adequacy for a critical age group. The focus on social-emotional health helps to ensure mental health prevention and promotion that can endure for a child's lifetime.

Of note, it's important that the metric includes the breadth of brief intervention and treatment services by behavioral health clinicians at all levels of care, including integrated behavioral health providers at the primary care level, specialty mental health, and community-based organizations including community health workers that often provide relational health supports to caregivers and children. We specifically support the inclusion of behavioral health assessments that are done by integrated behavioral health clinicians, because within primary care, these assessments include an element of intervention – caregivers leave the assessments with clear recommendations about how to address the problem that is being evaluated.

As the measurement evolves, it will be important to track the overall metric, but then stratify by both assessments and ongoing specialty mental health interventions. As stated, the initial assessments done within primary care generally include interventions, but an increase in assessments alone will not achieve the goals of improving access to evidence-based therapies in the birth to 5-year-old population. It will be an important learning for continuous system-level improvements to be able to differentiate if access to specialty mental health is improving through the focus on this metric.

There is still much work to do in primary care to actively promote healthy emotional development in children, but the current SE metric is a great step in the right direction toward supporting this critical age group.

Thank you,

R.J. Gillespie, MD, MHPE, FAAP

Pediatrician

The Children's Clinic, Portland, OR

CHILDREN'S HEALTH *alliance* CHILDREN'S HEALTH *foundation*

May 8, 2024

TO: OHA Metrics & Scoring Committee

FROM: Children's Health Alliance

RE: Child-Level, Coordinated Care Organization-Level Metric Focused on Issue-Focused Social Emotional Services (Behavioral Health) for Young Children

On behalf of the 150+ Pediatrician members of the Children's Health Alliance, we would like to offer our endorsement of the information presented by the Oregon Pediatric Improvement Partnership (OPIP) regarding the strong recommendation to add this important measure to the 2025 Coordinated Care Organization (CCO) Incentive Metric set:
Child-Level, Coordinated Care Organization-Level Metric Focused on Issue-Focused Social Emotional Services (Behavioral Health) for Young Children.

There has been a tremendous amount of research and input to develop a measure for this critical aspect of caring for the health of children and improving the trajectory of health in our population. As pediatricians, we can strongly validate the importance of social emotional health in the early development of children, and the need for behavioral health supports targeted towards the unique needs of this population. It is a strong step forward to adopt this metric aimed to increase access to issue-focused behavioral health interventions and treatment services for young children.

Thank you for your consideration of this measure for the 2025 incentive set, including the challenge pool.

Regards,

Resa Bradeen, MD,
Medical Director, Children's Health Alliance, and Chief Medical Officer at Metropolitan Pediatrics

Deborah Rumsey,
Executive Director, Children's Health Alliance

Julie Harris,
Senior Director of Population Health, Children's Health Alliance

Oregon Pediatric Society

A Chapter of the American Academy of Pediatrics. Incorporated in Oregon

DATE: May 14, 2024

TO: OHA Metrics & Scoring Committee Members

FROM: Julie Scholz, MBA, Executive Director of the Oregon Pediatric Society

SUBJECT: Support for New Social-Emotional Health Metric to Improve Issue-Focused Interventions for Young Children

The Oregon Pediatric Society (OPS) is the state chapter of the American Academy of Pediatrics (AAP). Our membership is committed to improving and protecting the health and well-being of all children in Oregon, as well as those who care for them. I am writing on behalf of OPS and the AAP to endorse the new Coordinated Care Organization, child-level, Social-Emotional Health (SEH) incentive and challenge-pool metric being considered for 2025 adoption. This very important next-step to the current system-level SEH metric has been carefully crafted by OPS' early childhood partners, showcasing our shared priority of improving and ensuring more specialty services will be available for Oregon's youngest children who need behavioral health interventions. The timing and need could not be more urgent.

The United States is in a state of emergency regarding behavioral health, especially so in Oregon and with children. Our state's recent last-place youth ranking by Mental Health America – meaning high rates of mental illness for young people and low rates of their access to care – is a shocking and distressing validation of what Oregon children and families have been experiencing before and after the pandemic. With nearly half of Oregon's kids getting publicly funded healthcare coverage, this first CCO metric to measure the access to and quality of issue-focused behavioral health services for young children could significantly shift that abysmal national ranking.

Fundamentally, Oregon pediatric providers want their patients who are experiencing behavioral health challenges to get needed resources and treatment as quickly as possible. What absolutely frustrates and worries clinicians? The huge bottleneck and long wait for kids with high risk factors getting these services. This proposed SEH metric—which includes integrated behavioral health services in primary care, specialty mental health, and community-based organization supports—would force change and accountability in our failing system of care.

Child health complexity data released by OHA estimates that 30-40% of Oregon kids are experiencing some social complexity and could benefit from interventions. Up to 17% of children will get a diagnosis that warrants treatment. Unfortunately, only 3.7% currently receive issue-focused intervention services covered by Oregon's CCOs. To help close the gaps and barriers to care, the State must effectively invest in and increase the behavioral health workforce, existing services, and new programs, as well as integrate the multiple systems and sectors of care.

Since CCOs receive global budgets to provide necessary enrollee services, they must do their part to lead the change. This SEH metric will further incentivize Medicaid health plans to invest prudently in behavioral health. OPS also recognizes that the economics of supply and demand has meant that many Oregon public service entities compete for the same limited, exhausted pool of behavioral health professionals.

School early intervention and special education programs provide crucial support for socially or developmentally complex kids, but that system comes after a child's first few years of life. The Oregon Health Authority has implemented numerous programs and policies so that kids will be ready for kindergarten. OPS is thrilled that Oregon recently joined all other US states in adopting EPSDT for comprehensive, preventative child health care services. Early and regular screening ("EPS") for social-emotional health is part of the AAP Bright Futures' guidelines for a child's first five years. OPS appreciates that the Metrics & Scoring committee has committed to kindergarten readiness through prioritizing oral, physical, and mental health measures for infants and children, as well as recognizing the social and equity drivers of health.

OPS' vision is that Oregon makes rapid progress in culturally responsive birth-to-age-five health programs. We also know that mental health is influenced by many factors *before* birth. Close and secure attachments start during pregnancy, so the earlier we can support pregnant mothers, families, and underserved communities with upstream socio-economic supports and mental health services, the better we all will be. We also need to bridge and integrate current programs outside of this metric that are already successful. Home visiting, infant mental health, and early learning programs reach the pre-kindergarten population, as does a centralized access point such as Help Me Grow. The HMG model focuses on linking families of children with developmental, emotional, and behavioral needs to early interventionists and community services. HMG also offers navigation, training, and Technical Assistance to child health providers.

Along with early learning and community services, primary care has an important role in building this early childhood scaffolding, since almost all kids engage in some part of the dozen-plus recommended well-child visits before starting kindergarten. Pediatricians embrace the science that early brain development and safe, stable, and nurturing relationships are crucial for building a child's lifelong health. Child health primary care providers can listen, screen, and provide anticipatory guidance to families, and many are willing to be trained to offer some brief behavioral health interventions during their all-too-brief patient and parent encounters. **However, pediatric providers and clinics cannot bear the burden of this metric.** Integrated clinical behavioral health services that diagnose and treat social-emotional delays (the "DT" in EPSDT) through issue-focused, evidence-based interventions can improve a patient's access to care, but these in-demand specialists are predominately tasked now with providing services to adolescents in crisis.

We need integrated solutions that won't overload an already stretched and stressed child primary care system. The AAP is exploring one promising and innovative initiative with the Oregon Pediatric Improvement Partnership (OPIP) through a federally funded program on Transforming Pediatrics for Early Childhood (TPEC). Through TPEC, OPIP is embedding early childhood development experts into primary care sites.

There is more to hear and consider about the data, mapping, planning, claims codes alignment, and adequate payments needed for system transformation. Good intentions and collaborative conversations alone are not sufficient. OPS urges this committee to adopt the child-level Social Emotional Health metric for the 2025 incentive set and challenge pool. This is a necessary next step. And for continuous quality improvement after the metric's implementation, the State must evaluate whether access to behavioral health services for young children, and population health outcomes, are improving.

May 14, 2024

Greetings, Members of The Metrics and Scoring Committee:

My name is Wendy Warren, and I am a Family Support Specialist with The Oregon Family Support Network/Reach Out Oregon and a parent with lived experience. I want to share with you just a few comments from parents I serve in my job:

- I've been on the phone all day. Literally, all day.
- I thought we had everything in place. Now they're telling us we can't have services. I cried on the phone. We're starting all over again.
- My son was kicked out of preschool. Preschool! He thinks the teachers don't like him, and I can't find services because of where we live.
- I don't work anymore. I can't. I'm raising my grandkids and trying to find services all the time. I'm almost out of money. Can you help us?

Every week, I hear statements like the ones above, along with pleas for help.

I am writing to urge the Metrics and Scoring Committee to include the child-level social-emotional health metric in your set and to make it a priority for CCO's to address.

On our warmline and in our support groups, exhausted parents and grandparents frequently express their distress at having health insurance yet no or limited access to services for their young children with higher-than-average social-emotional needs. As the children struggle, their caretakers struggle as well. Loss of income, adult health impacted by stress, frustration and, often, despair become all-too-frequent topics as early interventions remain out of reach.

Turned away from emergency departments, advised to take more parenting classes, told their children simply have behavioral problems, these dedicated biological and adoptive parents and devoted grandparents face barriers from a system that is not taking seriously enough the mental health of our youngest citizens.

I urge you to do all you can to help.

Thank you,

Wendy Warren

Wendy Warren, FSS Reach Out Oregon
She, her, hers
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"Great perils have this beauty, that they bring to light the fraternity of strangers."--Victor Hugo

Wendy
Warren

My name is Andrea Fawn Wright, I am the mother of 5 (adult) children. My children have all dealt with Anxiety, ADHD, Autism, Apraxia and depression in one form or another since their early childhood years.

As a mother, watching my children suffer has been excruciatingly painful emotionally. I have worked with the system as it is, and can tell you it failed my now adult children. Getting the care they required was impossible within the OHP (CCO) system. Long wait times of over a year, doctors who threw up their hands saying my children were too young to need counseling, or specialists who would do the bare minimum care to meet their 'state requirements', and also teachers who were overrun with students needing their special attention-this was what my children faced as early as 2 years old.

My son was diagnosed with Apraxia of speech at 2 1/2 years old, and thus began my long foray into attempting to get him the assistance he required. Finding teachers and doctors, speech therapists and behavioral technicians was like a needle in a haystack at times. He is now 22 years old and I can tell you that the lack of services from an early age has affected his adult life. He does not know how to act socially accurate, has no friends, and his life is spent working at Goodwill or playing video games with his younger brother. Had he been able to learn through services, such as the social emotional metrics described in this meeting, he may have had a chance at fuller & more complete adult life.

My 27 year old child was diagnosed Autistic at 3 years old. They went through many speech & behavioral therapists as well as several schools to help them have the best education possible given the diagnosis. However, social/emotional counseling was no where to be found as I searched for ways to assist them. They're now struggling through life as an adult, only able to make friends online, they cannot even go shopping without my assistance due to crippling anxiety attacks. Had my child received the services these metrics describe, their life also could be more fulfilling and complete.

As a society we are bound to future generations through our youth. The mental health of these young minds is of utmost importance to ensure a bright future for us all. The social emotional expectations of all children needs to be addressed immediately, as the children who are slipping through the cracks will one day be adults who cannot function in society.

I know this experience first hand, and the reality of it is bleak.

5.14.24

TO: OHA Metrics and Scoring Committee

FROM: Tonya Coker, Executive Director of Early Learning
Willamette Education Service District

RE: Child-Level Social-Emotional Health Metric (Kindergarten Readiness)

I urge the Metrics and Scoring Committee to adopt the child-level social-emotional health metric developed by the Oregon Pediatric Improvement Project (OPIP) as part of the 2025 metric set and include it in the "challenge pool." This metric, offers an assessment of children's social-emotional health, addressing a crucial aspect of overall development that significantly impacts academic performance, interpersonal relationships, and long-term mental health outcomes. Integrating this metric into the 2025 set is crucial to supporting kindergarten readiness, as social-emotional health is foundational for young children to successfully navigate the transition into school. By fostering skills such as emotional regulation, social interaction, and resilience, this metric ensures children are better prepared to engage in learning, adapt to new environments, and form positive relationships with peers and educators, ultimately setting the stage for lifelong success.

I operate Early Intervention, Early Childhood Special Education, Preschool Promise, and Infant Early Childhood Mental Health Consultation programs for Marion, Polk, and Yamhill counties. As a program who exclusively serve children from birth and then transitions them to kindergarten we work through the ups and downs of the system with families. The need for a shared focus on social-emotional health across medical and educational partners is greater than ever. We see children and families in significant crisis every day without a place to turn.

Research has clearly demonstrated that the earlier we intervene the better the life outcomes are for the child and family. Yet, the current lack of attention and availability of resources is completely counter to that understanding. Adopting these metrics and including them in the challenge pool supports the development and investment in these crucial services ensuring a more equitable healthcare system for children 0-5 and their families.

Again, I urge the committee to adopt the child-level social-emotional health metric and include it in the 2025 challenge pool so that as a community we can work across sectors to develop and sustain the crucial services and supports that children and families desperately need.

From: Debra Depew
To: Metrics Questions
Date: Tuesday, May 14, 2024 4:57:34 PM

Written Comment

My name is Debra Depew. I work at Oregon Family Support Network as a Family Support Specialist. I also work with families who receive services from Lane County Behavioral Health. Many of these families I work with have young children. I would like strongly encourage you to include the child level social emotional health metric in your set and prioritize it as a metric. Many families would benefit from the metric to get the services their family needs early in the child's life.

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Debra Depew(she/her) MSW Family Partner/ South Region Peer Coach South Oregon Region 72 A Centennial Loop Suite 150 Eugene Or 97401

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https://ofsn.org/ https://www.reachoutoregon.org/

If you or someone you know is in crisis, contact the National Suicide Prevention Lifeline at 1-800-273-TALK OR TEXT '273TALK' TO 839863

Hello Metrics & Scoring Committee members,

As the Director of the Preschool & Early Learning Division in Multnomah County's Department of County Human Services, I would like to express my strong support for the adoption of the child-level social-emotional health metric developed by the Oregon Pediatric Improvement Project. My hope is that it will be part of the metric set for 2025 and included in the "challenge pool."

Our team is responsible for the implementation of Multnomah County's Preschool for All initiative, which connects three and four-year-olds with free, culturally responsive, joyous, inclusive preschool experiences. The program will grow over time, increasing the number of children and families it serves each year, until there is a publicly funded preschool slot available for every interested family by 2030. The social-emotional health of children is central to our work and should be an urgent concern for our entire community.

There are huge gaps in accessible and culturally appropriate services to address social-emotional health. We know that early interventions can have a major positive impact on a child's overall health and Preschool for All has made multiple investments to create inclusive and supportive environments where children can thrive. This includes a team of Inclusion Coordinators who offer warm and rapid support to preschool providers and a new team of Early Childhood Mental Health Consultants in Multnomah County's Health Department who offer both prevention and treatment services. Our efforts are one element of what needs to be a much bigger set of solutions to children and families and those solutions must include health systems.

The addition of the social-emotional health metric encourages the development of and investment in services that are urgently needed by young children and their families. I sincerely hope that you will include the metric as in the 2025 set and as part of the challenge pool to help ensure a more equitable health system.

Thank you for your time,

Leslee Barnes
Preschool & Early Learning Division Director
Multnomah County Department of County Human Services

DATE: June 12, 2024
TO: OHA Metrics and Scoring Committee
FROM: Judy Newman, Strategic Advisor for the Lane County Early Childhood Hub
RE: Child-Level Social-Emotional Health Metric (Kindergarten Readiness)

We are writing in support of adopting the child-level social-emotional health metric developed by the Oregon Pediatric Improvement Project (OPIP) as part of the 2025 metric set and to urge you to include it in the "challenge pool." Integrating this metric into the 2025 set is crucial to supporting kindergarten readiness, as social-emotional health is foundational for young children to successfully navigate the transition into school. The implementation of the metric is designed to focus on populations that have been underrepresented in medical and behavioral health services in each service area. This is a critically important feature and is designed to reduce disparities based on race, disability and language barriers.

In Lane County we have included strong community engagement to understand what the current needs are and how to best address priority needs related to behavioral health and social emotional development. The plans we have developed are specific and will be achievable but incentivizing this metric in the challenge pool is essential to making this happen.

We want to emphasize that the current plans are just the beginning of addressing the far reaching and varied needs related to behavioral and social emotional health which must include "low touch" prevention activities and a range of interventions. Our hope is to expand service provision from predominately clinically based to serving families in natural and community based settings. To accomplish this, we need to develop pathways to support and fund interventions like parenting groups and in home supports.

We know firsthand from years of working in early childhood programs and transitioning children to kindergarten, how essential the child-level social-emotional health metric is to improving the social emotional and mental health readiness of our youngest children. We urge the committee to adopt the child-level social-emotional health metric and include it in the 2025 challenge pool so that as a community we can work across sectors to develop and sustain the crucial services and supports that children and families desperately need.

Thank you!

Early Childhood Hub of Lane County
United Way of Lane County • 3171 Gateway Loop, Springfield, OR 97477
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June 5, 2024

TO: OHA Metrics & Scoring Committee

RE: Child-Level CCO Incentive Metric Focused on Issue-Focused Social Emotional Services for Young Children

My name is Benjamin Hoffman, MD and I am writing to express my strong support of the proposed Child-Level Social-Emotional Health Metric for Young Children and urge for its adoption into the 2025 Incentive Metric Set and Challenge Pool. As the Director of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN), Vice Chair of Community Health and Advocacy at OHSU's Department of Pediatrics, a national expert in child injury prevention, and a general pediatrician for 30 years, I bear daily witness to the absolute national emergency in mental health for child and adolescents. This crisis requires a comprehensive and coordinated approach, and we must act with urgency and steadfast resolve.

I have devoted my life to caring for the physical, developmental and behavioral health of children and advocating for their health and safety. As we face the rising incidence of anxiety and depression, suicide, substance use, childhood trauma, and school absenteeism in children and adolescents, we must push our healthcare system to focus on young children birth-to-five years of age and build up a behavioral health workforce to support young children and families will have tremendous impact. The implementation of a CCO-level incentive metric will help achieve that end. In pediatrics, we understand that prevention is key. Supporting healthy social emotional development in young children and addressing behavioral issues early by ensuring access to behavioral health services in primary care, specialty mental health agencies, and community-based organizations is the ultimate prevention strategy for many of the struggles and challenges faced by school-aged youth and adolescents.

During the development of this metric, I participated in one of the input sessions led by the Oregon Pediatric Improvement Partnership, in which details of the proposed Child-Level SE metric specifications were discussed and feedback was provided. As a general pediatrician, I felt it was particularly important for the metric to include the breadth of behavioral health services that could occur in primary care by integrated behavioral health clinicians, given the trust and depth of relationships families have with their medical home. I believe the proposed metric has incorporated feedback from many different partners and stakeholders, including parents and parent advocacy groups, and will help both improve, and increase access to behavioral health services for young children in many of the different settings in which they can be engaged.

The proposed Child-Level Social Emotional Health Metric is part of a measurement strategy put forth by the Health Aspects of Kindergarten Readiness Workgroup. When I think about child health, I cannot separate out physical health, oral health and social/emotional/development health- they are all equally crucial, and we cannot continue to treat them separately. In order to ensure a child is ready for kindergarten, we must they must be able to achieve optimal health. The proposed System-Level Social Emotional Health Metric will give the CCOs 3 years to assess, build, and improve their network for supporting young children's social emotional needs.

Each CCO must be held accountable for these improvements, which can only happen if the Child-Level metric is included in the challenge pool.

Healthy social/emotional development in young children requires ensuring that they have the opportunity and ability to form close relationships with others, regulate and express emotions, and explore and learn in their surroundings. As children from minoritized and marginalized communities experience disproportionately greater gaps in school readiness, this is an issue of equity and social justice.

Thank you for your time and your commitment to the health of Oregonians across the state. On behalf of children and their families in Oregon, I strongly urge you to adopt the Child-Level Social Emotional Health Metric into the 2025 CCO Incentive Metric set and to include it in the 2025 Challenge Pool, so we can ensure that every young child, regardless of where they live in the state, will benefit from investments in the behavioral health system to support their well-being, prepare them for kindergarten, and help them face a brighter future.

Please do not hesitate to contact me if I can be of further service.

Sincerely,

Benjamin Hoffman MD FAAP CPST-I
President, American Academy of Pediatrics

My name is Kenneth Carlson and I have been a pediatrician in general pediatric practice in Oregon since 2001. I am a member of the Oregon Pediatric Society and consultant to the American Academy of Pediatrics. I currently work in a Community Health Center in the Woodburn area.

I speak in support of adopting the Social Emotional metric into the core set and challenge metric pool for Oregon CCOs. This is necessary to build on the work already completed in asset mapping. I believe that it is important that prior work completed is not lost, rather is used to improve community network adequacy for children covered on Medicaid. To lose momentum now will put that prior work "on the shelf". The next step in the evolution of the kindergarten readiness metric is to transition from the CCO asset mapping community survey to a child level metric. This builds on previous work on this important initiative and incentivize service delivery at the patient level, necessary to increase utilization of early screening AND intervention services for young children.

You have already heard multiple shared experiences of parent's struggles in requesting and not receiving needed support for their children at a young age. As a primary care pediatric provider who has worked in private practice and community health clinics, as well as networking with other pediatricians around the state, I can attest that these stories are representative of the daily discussions occurring in primary care offices and I share the frustration of these parents when help is not available. I have worked in urban communities in the Willamette Valley and can only imagine the increased difficulties in accessing services in more rural locations. It is critical to intervene early, as later in life unaddressed social emotional needs become more difficult to treat as behaviors become entrenched and children experience repeated emotional trauma from educational and health systems. Oregon ranks poorly compared to other states in access to behavior health services and we can do better.

With the adoption of the EPSDT benefit for children on Medicaid this metric is necessary to assure that children are receiving the behavior health services that they need and included in their Medicaid benefits. The adoption of this metric will help CCOs better understand and meet the new benefit expectations as well as incentivize building a provider network of health and community providers to better meet children's needs.

With the focus on young children and pregnant parents this an upstream metric. In pediatrics we are focused on the "long view" of having our patients graduate out of our clinics as successful, healthy adults. Study after study has shown that early childhood investments are more impactful and less costly than later in life. There are many, many evidence based interventions that can be employed in a community, though we currently lack the workforce and systemic supports to meet the unique needs of young children. The metric will help us better understand regions were access is better and others where there are more challenges. We need to move beyond anectodes and dive

into the data to better understand the systemic barriers to access and highlight communities that have improved.

As behavioral health difficulties disproportionally impact vulnerable populations in our state, having a metric to incentivize building true community access to services has the potential to offset the disparate impacts of geography, language, disability, and country of origin that influence health outcomes. Social emotional interventions and interventions to address health related social needs are needed to reduce health disparities.

The original goal of the creation of CCOs was to foster cross sector collaboration and reduction in silos, yet inadequate networks hampered by segmentation of service delivery continues. Most of our metrics have addressed a single sector of healthcare delivery. While cross-sector metrics are more challenging than single sector metrics, this has the potential to be much more transformational and move CCOs to better integrate their service lines. This work will be hard, though the potential for improving the health of persons covered by Medicaid is large and lifelong.

Sincerely,

Kenneth M Carlson, MD
Pediatrician
Member of the Oregon Pediatric Society (Oregon Chapter of the American Academy of Pediatrics)

References:

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Sources:

Oregon Health Authority

https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metric-Scoring-Committee-Archives.aspx