



April 2025

Members of the **Early Learning Council:**

The Oregon Pediatric Improvement Partnership has led collective-impact, cross sector work in Oregon focused on children birth to five over the last fifteen years.

- We are fortunate enough to have worked in nearly every region of Oregon.
 - Our projects involve input from parents of young children about barriers they experience, as well as improvements they would advocate for to improve healthcare-based, clinically-recommended services and to support connections from primary care to the breadth and depth of vital early learning, EI/ECSE and community-based services.
- Specific to the topic for today's April 2025 ELC Meeting, for the last decade OPIIP has been leading community efforts focused on enhancing care within the healthcare system for clinically-recommended social-emotional screening and behavioral health services for children identified with delays.
- Anchored to learnings from these community-based projects, parent advisory input, quantitative data about current clinically-recommended healthcare services provided, and our deep understanding of the critical role that Coordinated Care Organizations (CCOs) play, we developed the current **incentive metric for CCOs on Young Children receiving social-emotional issue-focused intervention/treatment services**.
 - This metric focuses on EPSDT recommended, healthcare-based and healthcare-funded behavioral health services that children should be provided and that are included in the global budget provided to Coordinated Care Organizations for their populations.

We are incredibly grateful for the vision that the Early Learning Council sets forth, and your leadership to guide and facilitate priority activities that then have a ripple effect on implementation work needed in communities.

We were thrilled to see a focus of this committee on addressing the behavioral health needs of young children in today's meeting, as we think this is **a critical time** to ensure there is focus on social-emotional services that are available within the healthcare system. As the Early Learning Council considers your role, OPIIP feels it is time-sensitive and essential that you consider ways you can provide needed direction and vision for how the healthcare system can enhance behavioral health services for children enrolled in CCOs (which is responsible for providing access to needed services) as we all do a better job of with early identification of children with delays. This is particularly true given Oregon's focus on expanding important efforts like home visiting, early learning support, infant mental health consultation in early learning settings, and reducing preschool expulsions. These efforts will identify children with a need for **healthcare-based intervention and treatment services**.

The data is clear: we need to enhance access and quality of **healthcare-based** services for young children that are included in the global budget that CCOs already receive.

- For context, CCOs are a critical part of the health system for children in our state, with nearly two in five children receiving care supported by CCOs.
 - Over 93% of children insured through Medicaid are insured in a CCO.
 - Medicaid provides insurance for the majority of children of color in our state, and seventy five percent of children birth five enrolled in CCOs have some level of health complexity, comprised of medical and/or social complexity, which impacts their health and can have lifelong consequences.

- In reviewing how Oregon’s Medicaid/CHIP-insured children achieve access to quality care in comparison to other states nationally (see Appendix A), it appears that there needs to be opportunities to ensure that the global budget provided for physical, behavioral and oral services actually result in a network that can provide these services and to EPSDT-recommended care being provided. This is particularly true for children birth to five for whom we have now ensured continuous coverage.
- Furthermore, data from the [System-Level Social Emotional Health](#) metric shows that most CCOs do not have network adequacy of behavioral health services for young children, meaning they do not have enough providers in their network to serve the need. This is particularly true when one examines the availability of culturally and linguistically best matched services.
- Despite having insurance and coverage, most CCO-covered children [do not receive clinically-recommended](#), healthcare-based services when issues are identified.
 - This is true even for a subset of children we have identified as a priority to assess for issues.
 - For example, a majority of children who have been in the foster care system have not received any type of clinically-recommended behavioral health services for the issues identified via assessments.

The current 2025 CCO incentive metric focused on young children receiving healthcare-based issue focused interventions and treatments is creating a focus on this population, but OPIP believes the metric incentive and level of technical assistance provided right now is NOT enough (alone) to create the meaningful transformation that it will take. CCOs have asked for statewide partnership and support as they aim to achieve improved services, as they know they are not solely responsible for enhancing a quality workforce that they can contract with for services, but play a critical role in the system.

As you consider what information you may want to ask for and what priorities you may help to establish to support this work, the following may be helpful to consider:

- Informing **OHA’s procurement efforts for CCO 3.0** (which is the next iteration of the CCO contracts) that can outline more specific requirements and strategies that will ensure that global budget funds for children birth to five are spent on that population.
- How ELC partner agencies can **provide CCOs with a comprehensive summary of birth to five evidence-based services** and links to how providers can receive training and supports for the breadth and depth of modalities that exist.
- Supporting **statewide efforts to increase the behavioral health work force** within the healthcare system to serve young children. This should include targeted efforts to support behavioral health staff in primary care clinics, given that is where 90% of parents “park their car seats” and access health care. OPIP has led efforts in this area that have demonstrated improved provision of services and we would be more than happy to share our learnings.
- Elevating the need for and **supporting detailed and tailored technical assistance to CCOs** and their communities on how they can enhance their network contracting and payment processes with their network of providers. This should be led by subject matter experts in healthcare-based, birth to five behavioral health services.
- Elevating the **need for and supporting CCOs in enhancing their network of contracted providers** by supporting eligible community and early learning-based providers to be CCO contracted providers of billable Medicaid services.

We thank you for your time to review our public comment and your important work focused on young children in our state.

As an organization that is committed to improving the health of ALL children in the state, we share your commitment to ensuring young children are ready to learn and that there is strong attachment with their families, as this is a critical component of a child’s health.