

## ENSURE CHILDREN WHO EXPERIENCE **HEALTH COMPLEXITY** ARE A PRIORITY IN OREGON HEALTH AUTHORITY & CROSS AGENCY EFFORTS

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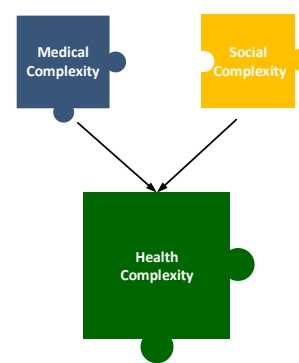
**Providing quality of care for children is foundational to their lifelong health and wellbeing.** Childhood experiences are one of the most predictive elements of health outcomes and inequities experienced in childhood have multi-generational impacts.

**Providing appropriate care to children must be an intentional and explicit priority in Oregon and at the Oregon Health Authority. The explicit focus on children is critical and warranted.**

- Nearly 40% of all people enrolled in public health insurance are children ([Medicaid.gov](https://www.medicaid.gov))
- More than 40% of children receive health care services funded by Medicaid ([Georgetown](https://www.georgetown.edu))
- Medicaid provides insurance for the majority of children of color in our state - 60% of Black children, 65% of Latino children, and 57% of AI/AN children. ([Georgetown](https://www.georgetown.edu))

Despite children being the largest demographic served by Medicaid, OHA does not have a team explicitly focused on providing children with the care they uniquely need addressing health, behavior and social needs. This is particularly critical at a time in which expansions in coverage are planned.

**Meeting children's unique care needs requires specialized knowledge, actionable data and collaboration across agencies.** Children are not just small adults. Oregon is the first state in the nation to create the novel [Child Health Complexity Data](#). This data measuring the degree to which children have **medical** and **social complexity** indicators that are correlated with health outcomes and preventable costs, including risk for child welfare involvement, 3<sup>rd</sup> grade reading level, housing insecurity, and parental loss of job and/or bankruptcy due to their child's medical costs.



For children with special health care needs in Oregon, OHP is the safety net for addressing and covering their medical, behavioral, oral and care coordination needs. According to the 2021 Child Health Complexity data, there are **145,000 children enrolled in Medicaid/CHIP** who have some level of medical complexity (more than 1 in 4 enrolled children), with 50,000 having a complex, chronic condition.

In Oregon, nearly **two in five children (38%)** have three or more social complexity factors, the majority of which align with adverse childhood experiences, for which behavioral health is an essential service requiring equitable access to quality care.

**Communities across the state are using this valuable data to prioritize and target investments, and evaluate if their efforts are impacting vulnerable families.**

- In **Douglas County**, public and private partners are using this data to provide upstream social-emotional services for children with social complexity who live in more rural parts of the state and for whom dyadic therapies (*meaning parent and child*) can help them be ready for kindergarten.
- In **Marion County**, this data was used to identify specific zip codes with more health complex children in order to prioritize where to build housing and co-located behavioral health for families.
- Health Complexity data is a critical component of Oregon's new Social Emotional Health Incentive Metric for CCOs and will be a component of the child-level Social-Emotional Health metric proposed in 2025.

**Due to lack of funding, the Child Health Complexity data is at risk of not being maintained, accessible to communities, or enhanced based on feedback gathered from the front-line using it.**

## Solutions

1. **Fund the OHA to sustain the continued dissemination of child health complexity data** at the state, county, and CCO-level via aggregate reports and via child-level files provided in a timely manner annually.

Minimum funding to support basic Child Health Complexity Data included in **Pop 442**: 2 analytic positions and \$30,000 to support APAC runs of medical complexity. Additional FTE requested to make suggested improvements in the model & support community engagement to ensure trauma informed approaches to data dissemination and use.

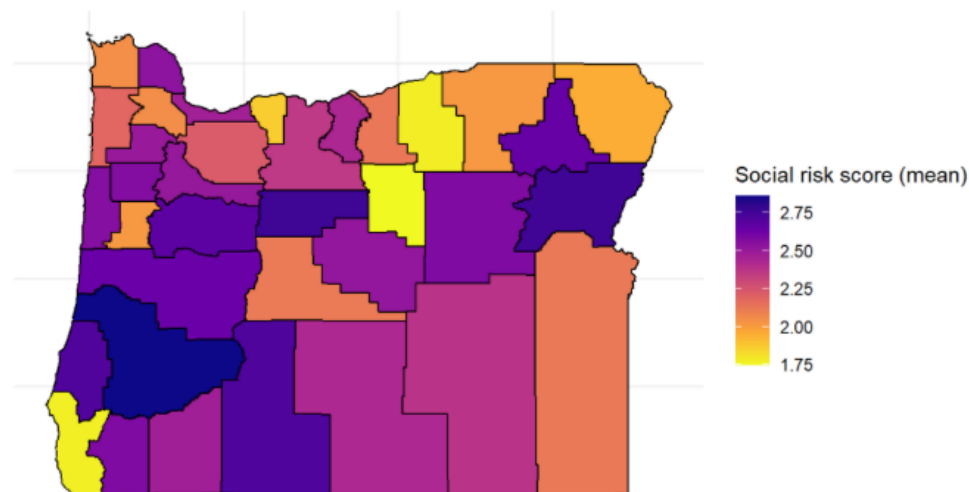
2. **Fund the OHA to have a child health team** that can ensure that the unique, important needs of children, especially children with medical and social complexity, are met.

Minimum funding to support a Child's Health Team included in **POP 442**: 10 positions/8.25 FTE and \$1.5 million general fund request.

### For more information, please contact:

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## Average Number of **Social Complexity** Factors by County: *Population Aged Birth-20*



Data Source: ICS Data Warehouse and Medicaid/CHIP data sourced from All Payer All Claims (APAC). Children publicly insured as of August 2021. Lookback period is lifetime of the child plus one year prior to birth (prenatal period).

