2025 Child-Level Metric on Issue-Focused Interventions Addressing Young Children's Social-Emotional Health: Overview for Primary Care Providers

Background: In 2019, the Health Aspects of Kindergarten Readiness work group, convened by OHA and the Children's Institute, recommended a multi-measurement strategy that included metrics addressing the three domains of care that Coordinated Care Organizations (CCO) receive a global budget for in order to ensure a network of services for their Medicaid members: physical, oral and **behavioral health care.** Metrics related to well-child visits for children 3-6 (physical care) and preventive oral services for children 1-5 (oral care) have been included in the CCO Incentive Metric set since 2020.

Social emotional health is the developing capacity of a child to form close and secure relationships with their primary caregivers and other adults and peers; to experience, manage, and express a full range of emotions; and to explore the environment and learn, all in the context of family, community, and culture. **The System-Level Social Emotional Health Metric** was in the Coordinated Care Organizations (CCO) Incentive Metric set from 2022 through this year (2024). This system-level metric is focused on driving improvements in CCO-covered social-emotional services for children from birth to age five and their families, with the ultimate goal of achieving equitable access to services that support social-emotional health and are the best match for their needs.

Starting in 2025: Child-Level Social-Emotional (SE) Health Metric Included in the 2025 CCO Incentive Metric Set. The System-Level Social-Emotional Health Metric is being replaced in 2025 by the Child-Level Social-Emotional Health Metric that will measure and incentivize improvements specifically focused on a breadth of services (from brief interventions to therapeutic services) for children with social-emotional health issues. These issue-focused intervention services can be provided in an array of settings that the CCO contracts with to fulfill their role of providing recommended behavioral health care. **Integrated behavioral health within primary care is one of those settings in which these issue-focused interventions services can be provided.**

Metric Properties (Specifications can be found here):

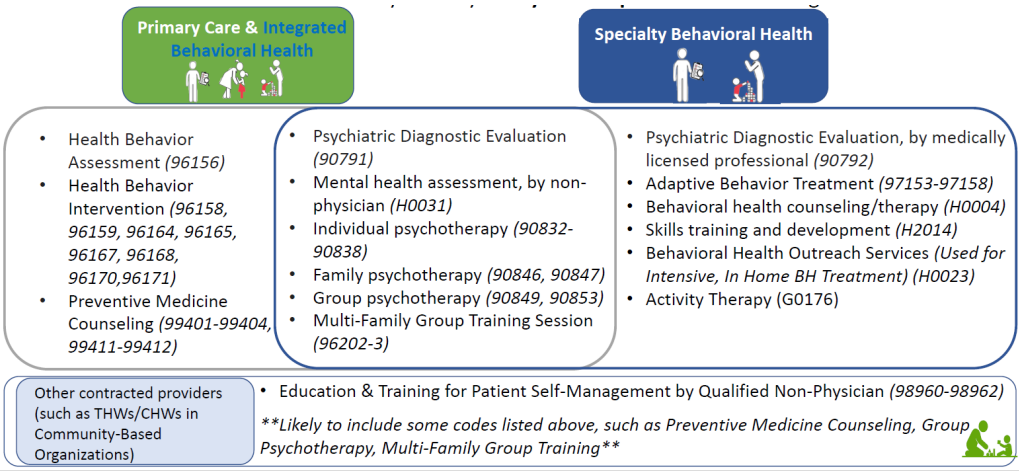
Numerator: Children who received **issue focused intervention/treatment services** that were billed to the Coordinated Care Organization

_____ **X 100 = % of Children**

Denominator:

Children ages 1-5 who are covered by Oregon Health Plan and enrolled in the Coordinated Care Organizations for 12 months, allowing for a 45-day break

Specific Claims Included in the Metric. Please note, the CCO specifications for the metric do NOT require any specific diagnostic pairing or provider type.



The vision for the Child-Level SE Health metric is to transform the behavioral health system for young children.

Within primary care, given well-child visits are already in the CCO metric set, this metric is not intended to capture the quality of care provided in well-child care, but rather to incentivize and capture services that can be provided within primary care by specific team members with social-emotional health expertise who can provide issue-focused interventions. For many primary care practices, this may be their **integrated behavioral health** staff. Additionally, some primary care practices are investing in **traditional health workers** that can play a role in coaching and supporting families, and applicable claims they could use are included.

Frequently Asked Questions About the Child-Level Metric Focused on Issue-Focused Interventions?

Is there a presentation on the child-level metric that I can watch to learn more?

- Yes! OPIP conducted an educational webinar for the members of Metrics and Scoring Committee (who select the metrics in the CCO incentive metric set) that explains why the metric is focused on issue-focused interventions and how the specific claims included the metric were identified.
- You can view this presentation here: https://www.youtube.com/watch?v=BgLQX7bRL6w
- Additional background materials on the metric can be found here: https://oregon-pip.org/health-aspects-of-kindergarten-readiness/proposed-2025-child-level-metric-focused-on-issue-focused-interventions-addressing-young-childrens-social-emotional-health/

Is screening included in the child-level metric?

- No, population-based screening is not included in the 2025 child-level metric
- The metric is specifically focused on services that support children when issues are identified and supports are needed.

How is this metric aligned with clinical recommendations?

- The metric is aligned with Bright Futures and therefore EPSDT recommendations for young children (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- The metric is focused on the evidence-based follow-up that should occur when a child is identified with social-emotional issues that are detected using Bright Futures recommended surveillance and screening such as social-emotional screening, developmental screening that includes SE components, autism screening and maternal depression screening.
- As part of their Coordinated Care Organizations' contracts, Patient Centered Primary Care Home (PCPCH) sites had to sign a contract that they accept the responsibility of providing EPSDT-aligned services given Oregon's coverage in 2024.

Is the metric focused on just services that happen in primary care?

- No, the metric intentionally focuses on a variety of sectors that can provide issue-focused interventions and are needed within the CCO contract to meet the needs of young children.
- The metric is NOT just anchored to primary care: primary care does a play a role, but there are other sectors – like specialty behavior health and community-based organizations - that are needed.

Are there specific diagnoses or provider types required?

- Within the child-level metric specifications, there are NO diagnostic pairings required or provider-type requirements. That said, specific codes and specific plan contracts may require diagnostic pairings and/or provider type pairings for reimbursement.