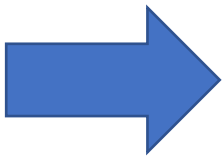




Child-Level Metric Focused on Young Children Receiving Issue-Focused Interventions: Addressing Young Children's Social Emotional Health
Educational Webinar for Metrics and Scoring
March 17, 2026



- **Introductions** and Overview of **Oregon Pediatric Improvement Partnership**
 - Gratitude for funding to support measure stewardship and metric development
- **Context Setting:**
 - Community Engagement Informing Conceptualization and Development of the Metric
 - Health Aspect of Kindergarten Readiness Workgroup **Multi-Measurement Strategy** endorsed by Health Plan Quality Metric Committee and Metrics and Scoring Committee
- Transforming the System to Provide Behavioral Health for Young Children in Coordinated Care Organizations
 - Context Setting and Definitions
 - **THE WHY**
 - Centering parent voice: Hearing from OPIP Parent Advisors
 - Levels of care and why improvement is needed in this EPSDT recommended care
 - **The WHAT: Young Children Receiving Issue-Focused Interventions/Treatments :**
Scope of Metric and Why
 - What is the metric
 - **WHY** it is an upstream metric
 - **WHY now**, more than ever, a metric is needed



Introducing Ourselves



Colleen Reuland, MS (She/Her)

Director, Oregon Pediatric Improvement Partnership



Lydia Chiang, MD (She/Her)

Medical Director, Oregon Pediatric Improvement Partnership

Building Health and Improving Outcomes for Children and Youth

Vision: The Oregon Pediatric Improvement Partnership (OPIP) supports a meaningful, **long-term collaboration of stakeholders** invested in child health care quality, with the common purpose of improving the health of **ALL** children and youth of Oregon.

- OPIP projects are supported by **grants and contracts**.
- We are a statewide organization and have led projects that have impacted services in every county in the state.

We Aim to Achieve this Vision by:

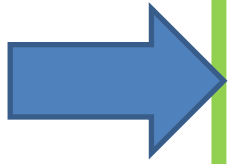
1. Collaborating in **quality measurement and improvement** activities – using a **population based approach—starting with child/family to improve child health care quality**, with the larger purpose of improving the health of the children and youth leading projects and efforts focus on
2. Supporting **evidence-guided quality activities**; many of which are aligned with **Bright Futures and Early Periodic Screening, Diagnosis and Treatment** recommendations.
3. Incorporating the **patient and family voice** into all OPIP efforts to improve quality; this is a requirement of ALL OPIP effort.
4. Informing and developing **policies that support optimal health** and development: This includes development metrics that guide and inform improvements

Gratitude for Funding and Support to Develop and Provide Measure Stewardship



- **David and Lucile Packard Foundation** provided funding to support the development of the System-Level Social Emotional Metric and measure stewardship.
- **The Ford Family Foundation** provides support to ensure that findings from OPIP's work in rural regions is elevated, including payments for parent expertise – particularly from parents who reside in rural regions.
- Elements of measure focus and input obtained aligns with efforts OPIP is leading through the Oregon [Transforming Pediatrics for Early Childhood \(TPEC\)](#)
 - [TPEC](#) cooperative agreement supported by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).
 - *The contents of this presentation are those of the authors (OPIP staff) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the US Government.*





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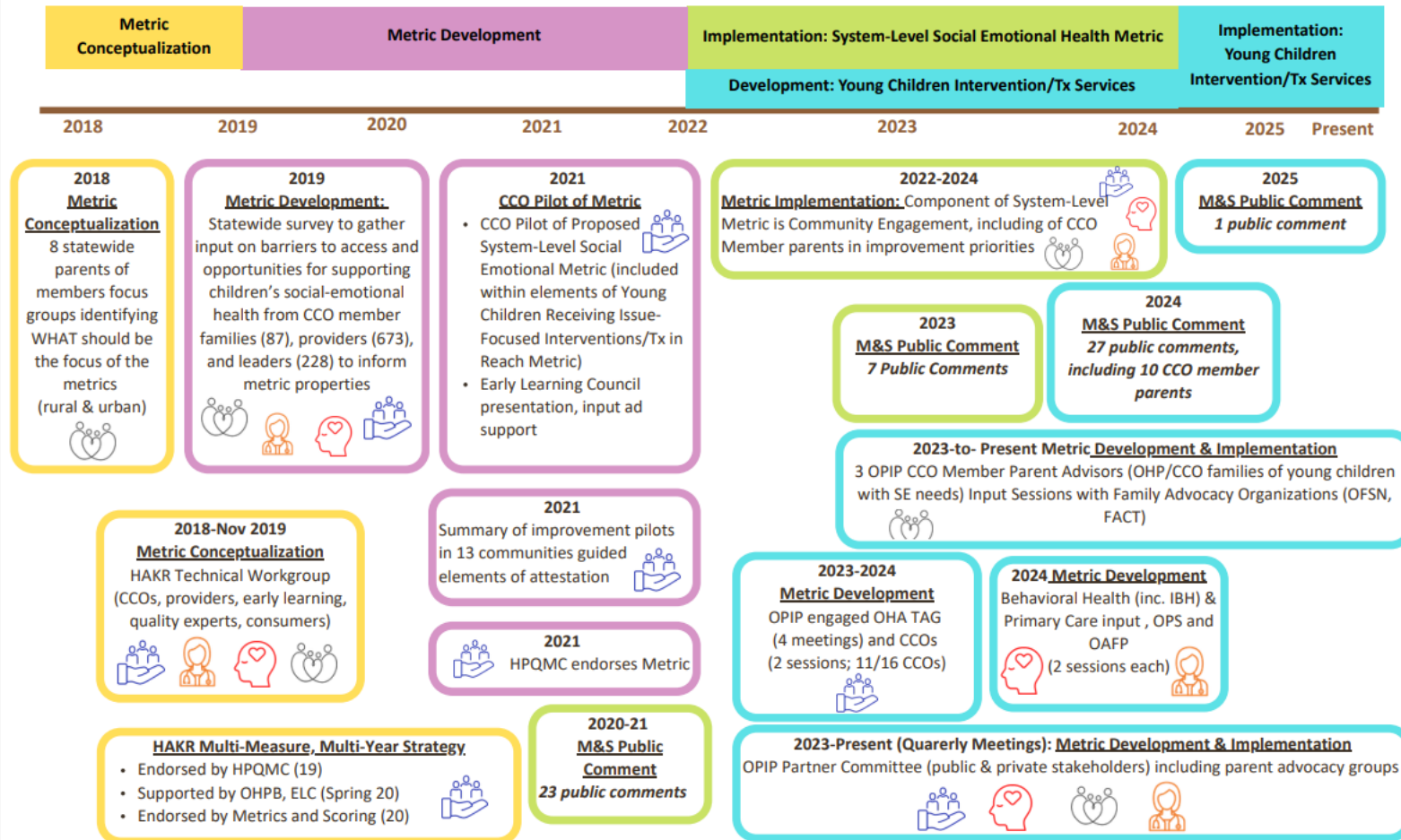


Community Voice, Particularly Parents of CCO Members, Prioritized, Informed and Guided Metric Conceptualization, Development & Implementation



Appendix A: Community Engagement on CCO Incentive Metrics Related to Young Children's Social-Emotional Health from Conceptualization to Development to Implementation

How community engagement guided and informed Oregon's CCO incentive metrics focused on young children's social-emotional health.



Acronym Key

CCO - Coordinated Care Organizations
 OPS - Oregon Pediatric Society
 PCP - Primary Care Provider
 OAFP: Oregon Academy of Family OHA - Oregon Health Authority

HAKR - Health Aspects of Kindergarten Readiness Work Group
 IBH - Integrated Behavioral Health in Primary Care
 ELC - Early Learning Council

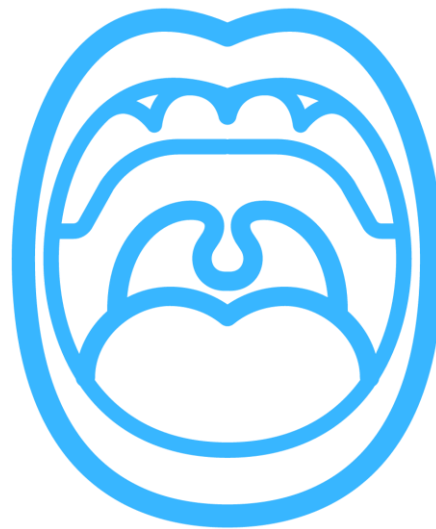
HPQMC: Health Plan Quality Metrics Committee
 OHPB: Oregon Health Policy Board

M&S - Metrics and Scoring

Logo Key

CCO Member: Parents of CCO Members
 Behavioral Health Provider
 Primary Care Provider
 Health Systems, Early Learning Systems

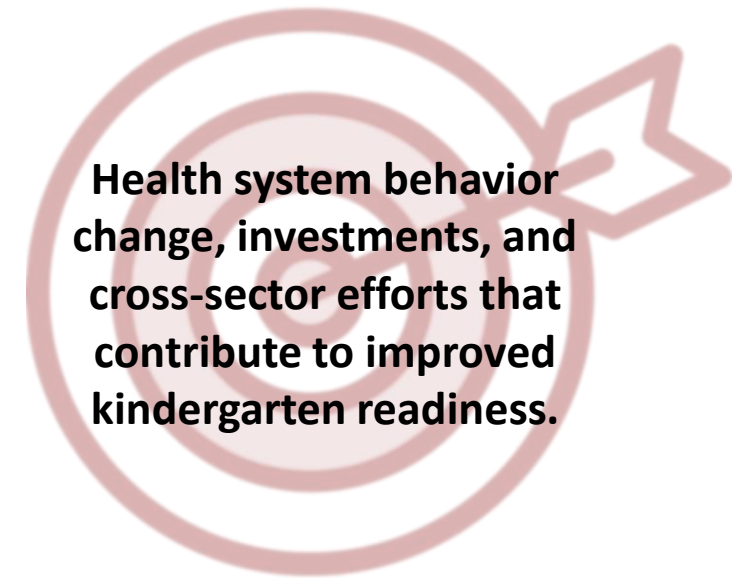
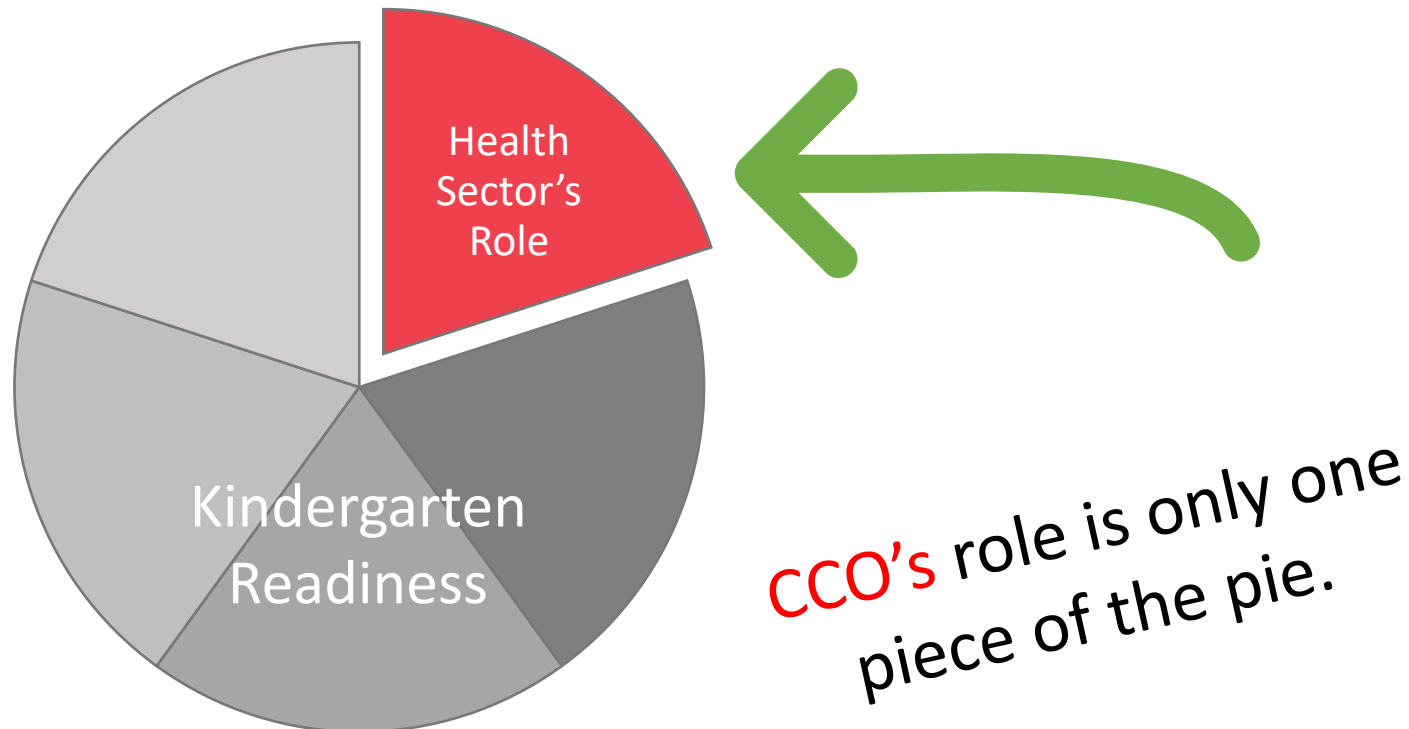
CCOs are comprehensive networks meant to provide **physical**, **oral health**, and **behavioral** health care, for Medicaid recipients under the Oregon Health Plan (OHP).



2 in 5 children in Oregon on Oregon Health Plan, **93%** of these children enrolled in a CCO.

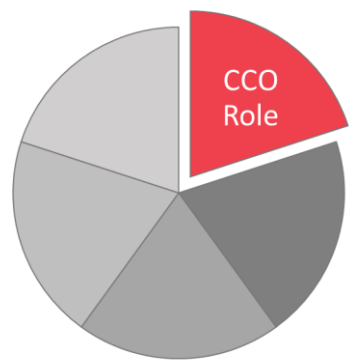
Health Aspects of Kindergarten Readiness Metrics Aim

Ensure young children, especially those from marginalized communities, are prepared (in terms of their physical, oral, developmental, and **social-emotional health**) before starting school.



CCO's role is only one piece of the pie.

Multi-Metric Strategy: Health Aspects of Kindergarten Readiness



Health system behavior change, investments, and cross-sector efforts that contribute to improved kindergarten readiness.

Well-Child Visits for Children 3-6



PHYSICAL CARE

Preventive Oral Health Visits for Children 1-5



ORAL

Social-Emotional Health (Behavioral Health)



BEHAVIORAL

New Metrics that Had to Be Developed

System-Level Social-Emotional (SE) Health Metric

Child-Level SE Metric Focused on Issue-Focused Interventions/Treatments



Years Metric Included in the CCO Incentive Metric Set

What the current metrics focus on AND how the system and child-level metrics fill a gap

- **12 total metrics:**
 - From disease prevention to mental health to social determinants.
 - **6 are focused on health care for children and teens, one is focused on adolescents and adults:**
 1. Childhood Immunization
 2. Adolescent Immunizations
 - »» 3. 3-6 Year Old Well-Care Visits
 - »» 4. Preventive Oral and Dental Health
 5. Assessments for Children in Oregon Department of Human Services (ODHS) Custody
 - »» 6. Young Children Receiving Issue Focused Intervention/Tx Services
 7. Screening for Depression and Follow-up Plan (All patients aged 12 years and older)

IMPORTANT NOTE ABOUT A GAP: The system and child-level social emotional metric filled a gap that existed previously as there were NO metrics in the earlier metric set that focused on **behavioral health sector services for children and services that address issues identified in children.**

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What is "social-emotional" health for young children?

The capacity of the child from birth to 5 years old to:

- Form **close and secure relationships** with their primary caregivers and other adults and peers;
- **Experience, manage, and express** a full range of emotions; and,
- **Explore the environment and learn**, all in the context of family, community, and culture.

Clinical Recommendations for Issue Focused Intervention

Aligned with EPSDT



Issue- Focused Interventions:

- Issue-focused interventions are the recommended “**T**reatment” after identifying young children with social emotional delays (EPSDT**T**). Within this context, the treatment often includes establishing the diagnosis.
 - This is a key reason why the metric includes the whole population – to incentivize the system to create services that help establish then treat the diagnosis.
- The **health care-based services** included in this metric are issue-focused interventions that CCO is billed for that align with clinically-recommended, evidence-based services and can be provided by:
 - ✓ Specialty behavioral health clinicians
 - ✓ Within primary care, by integrated behavioral health clinicians
 - ✓ By CCO contracted Community Based Providers using evidence-based approaches and billing for health care services.

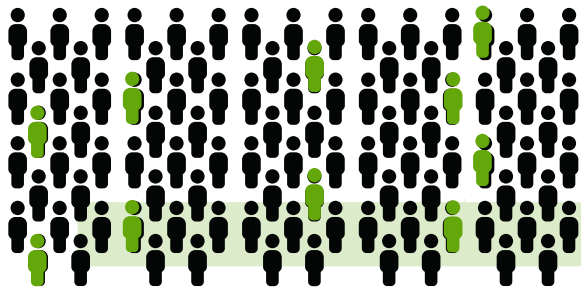
The Continuum of CCO Covered, Billable *Issue-Focused Intervention/Treatment Services*

Continuum of CCO Covered Social-Emotional Services

Focus of Metric

All Children as Part of Population Wide

Promotion & Screening



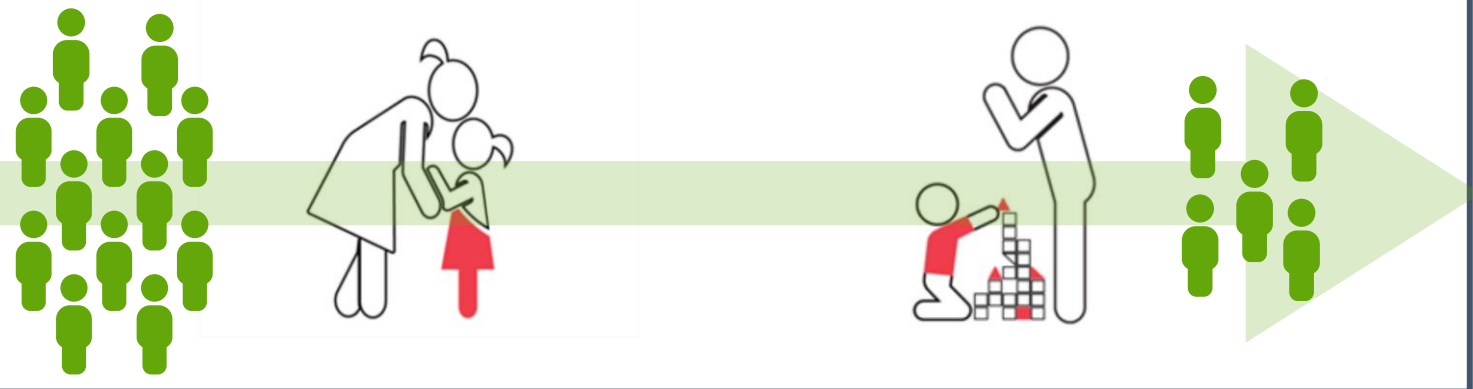
Bright Futures/EPSDT Recommends **Social-Emotional** Screening as part of robust well-child care

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

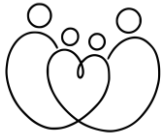
Issue-Focused Intervention & Treatment Services

Brief Intervention

Treatment Service



What We Heard about CCO Covered Social-Emotional Services and Why *Issue-Focused Interventions* are the Focus



Families said:

- Lack of **culturally and linguistically responsive services**.
- Children are **not identified and referred early enough**.
- Lack of **locally-accessible** behavioral health services.
- **Confusing coverage** policies for specialty services.
- Lack of access to behavioral health **services for parents/caregivers**.
- Lack of resources to address families' **social determinants of health**.



Providers said:

- Mental health is a **stigmatized** topic.
- Providers are often unsure about **identifying and addressing mental and emotional health needs**.
- Lack of **available and accessible services** and a **shortage of workers** trained in mental health care.
- Lack of **culturally and linguistically responsive services**.
- **Differences** in language, tools, and methods **between medical and educational** fields hinder collaboration and effective referrals.
- Health services, early childhood education, and care systems need to **collaborate** better.

How many children need CCO Covered Issue-Focused Interventions?

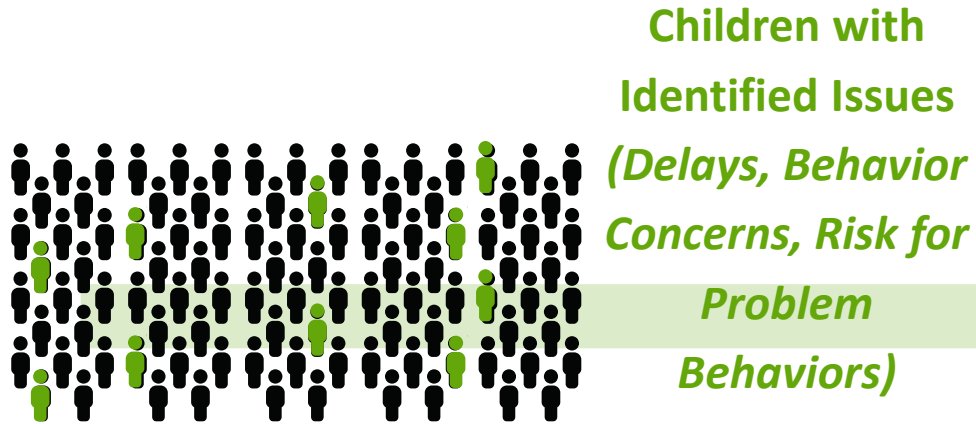
Continuum of CCO Covered Social-Emotional Services

30-40%

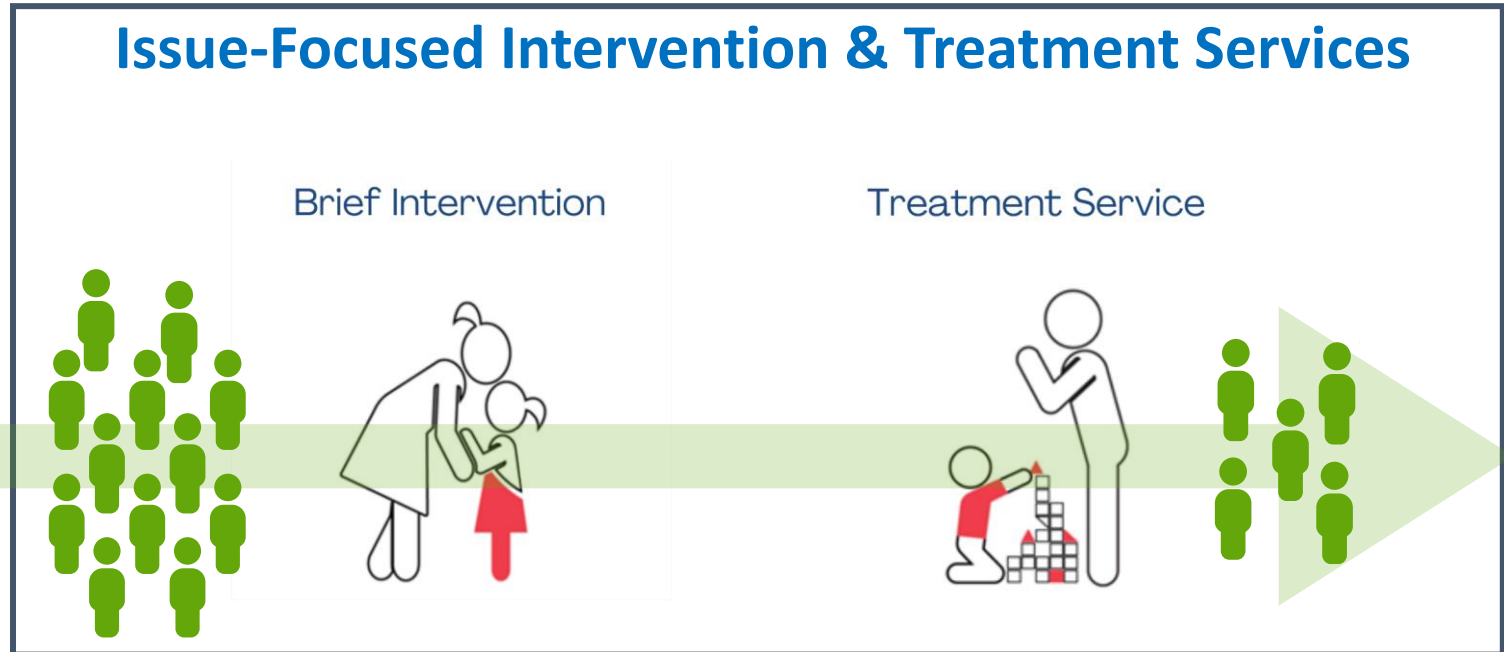
Of Children Have Social Complexity Experiences that Could impact SE Development and Likely Benefit from Brief Interventions

12-17%

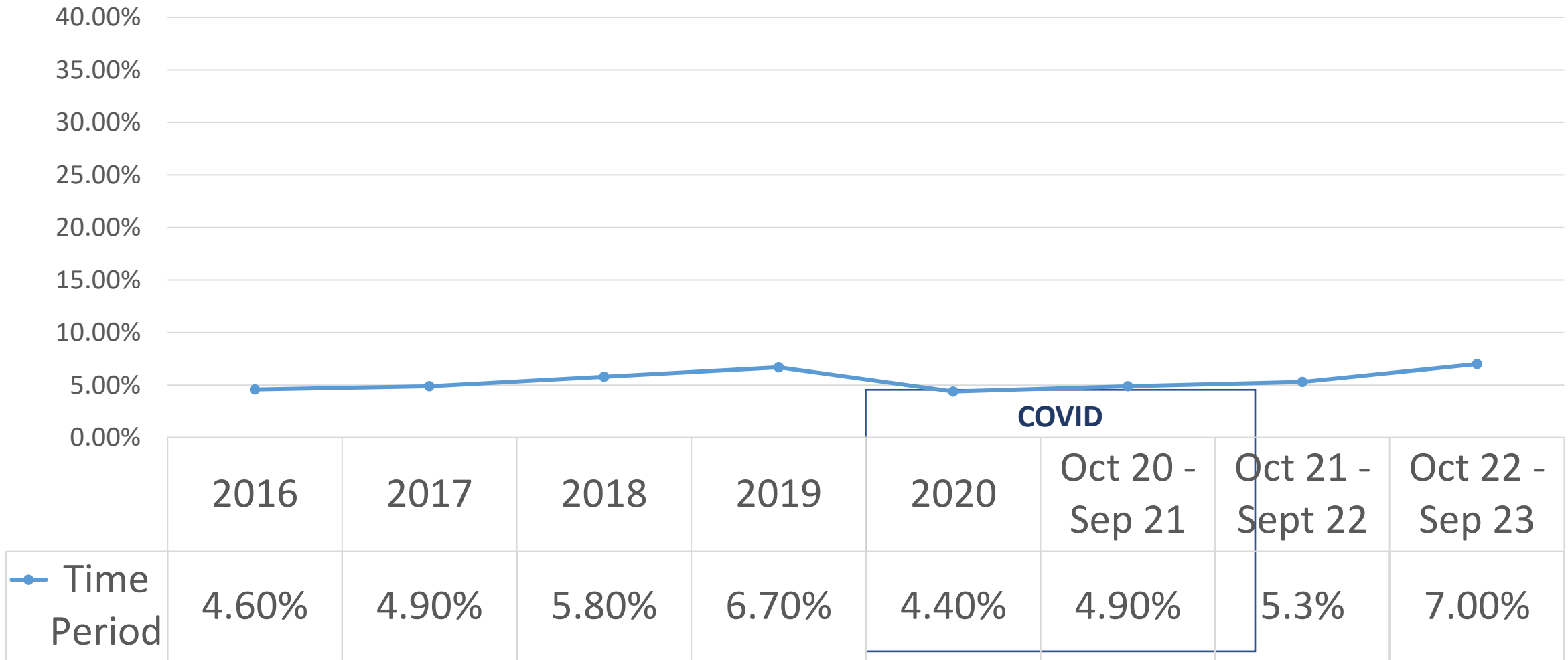
Of Children Will Have a Diagnosis that Would Warrant Treatment Services



Issue-Focused Intervention & Treatment Services



Oregon: Overall State Rate of Children Receiving CCO Covered Social-Emotional Reach (Including Screening, Assessments, Issue-Focused Interventions)



Data Source: January 2024 SE Reach Metric Report Provided by OHA

Importance and Need of Addressing Trauma Early: Disparities in Care



- Literature is strong on the impact of Adverse Childhood Experiences (ACEs) on adult health.
- Prolonged exposure can rewire developing brains.
- Early interventions can mitigate the effects of this toxic stress.

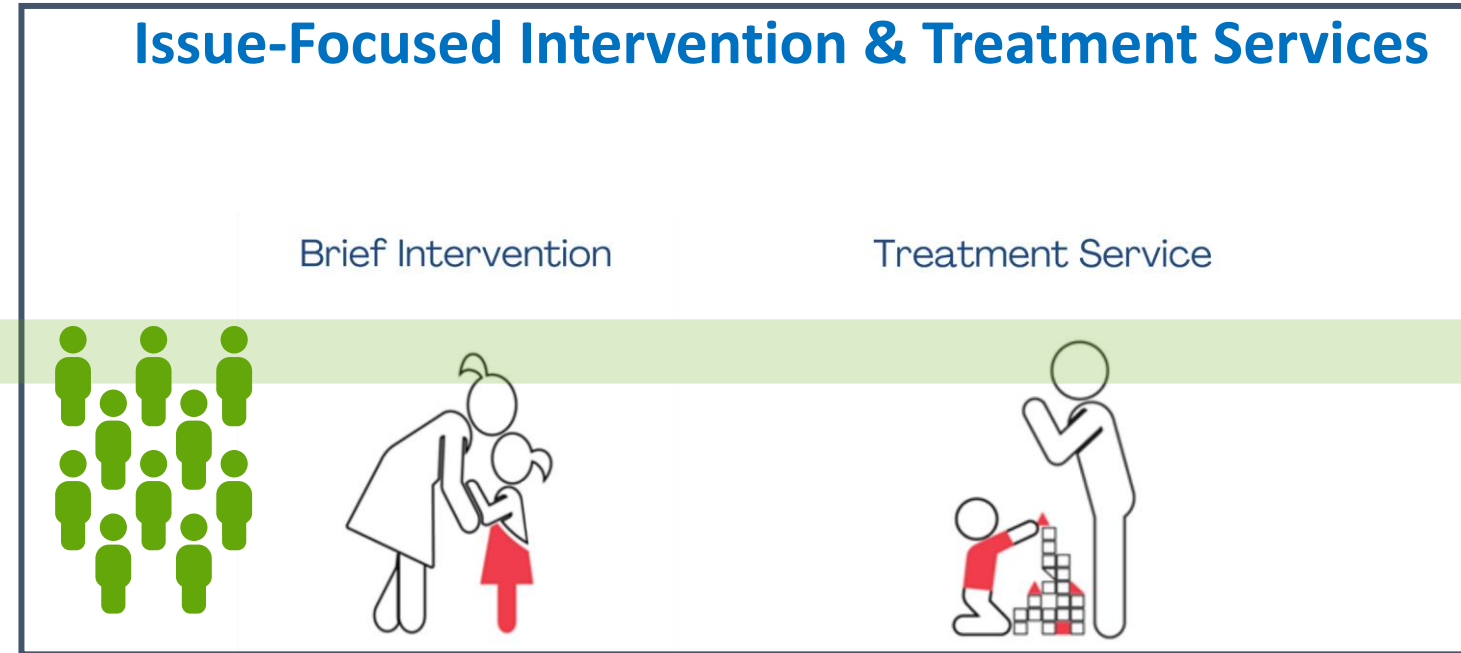
Children birth to five insured by CCOs

- **6,270 children** have **been in the foster care system**.
 - Only **12.8%** received interventions
- **18,486 children** had **one or both parents incarcerated** for at least a year in their first five years of life
 - Only **5.5%** received interventions
- **20,910 children** have had **one or both parents access substance use disorder services**
 - Only **5.5%** received interventions



What sectors do CCOs (or should CCOs) contract with to provide the issue-focused intervention services needed by their young members?

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



A behavioral health system that works for young children needs exist in multiple sectors and have people with expertise in child-level services.

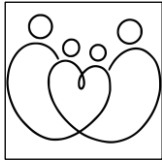


Other Contracted CCO Providers that May Provide a Range of Issue-Focused Interventions

Intentional Focus on Health Equity From the Start

- **Education** is a social determinant of health and driver of many inequities later in life (including health, employment, income)
 - This metric addresses children who are less likely to be ready to thrive and succeed in school.
 - Children with historical and contemporary injustices are more likely to have needs for issue-focused interventions before they start school.
- **Cross-sector** community engagement activities required for a CCO to improve on the metric and are critical for driving collective impact and supporting Oregon's health equity goals
- Within each component of the three-year system-level attestation metric that preceded this one (which all CCOs attested to and met the metric), there were specific requirements to engage populations who have been **historically marginalized** as a result of racism and systemic bias.

Input Obtained on Metric



Parent Advisors



OREGON FAMILY TO FAMILY HEALTH

OREGON ACADEMY OF
FAMILY PHYSICIANS
HEALTH PRIMARY

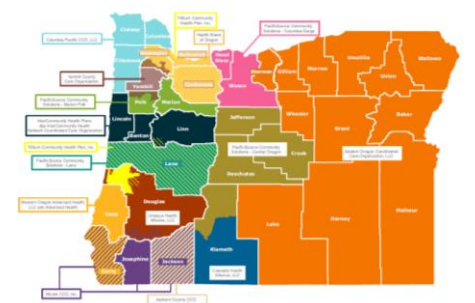


Family
Network

Over 160 voices!

CHILDREN'S HEALTH
Alliance

- OPIP Partner Committee (public and private): Four different meetings
- 2024 Input Sessions
 - Behavioral Health Providers
 - Primary Care Practices
 - Coordinated Care Organizations



Parent Advisors to OPIP's Development of This Metric

- Parents who have children insured by the Oregon Health Plan and are enrolled in a Coordinated Care Organization (CCO Members)
- Have one or more children who needed social-emotional services in the first five year of life
- Dedicated their time to advising and providing input on metric based on their own experiences and their hopes for improving the system for others

Why I Support this Child-Level Metric Focused on [Issue-Focused Interventions](#) Addressing Young Children's Social Emotional Health



- Personal experience dealing with the lack of support and services. Even with an evaluation, services were not available.
- Getting services is like finding a needle in a haystack.
- CCO Behavioral health coordinator said there were no services available for us. A diagnosis is useless if you don't have any services.
- Addressing mental health in early childhood is so important.
- We are paying the price NOW of not getting services we needed.
- This metric is needed to establish a **strong foundation** in the behavioral health care system for young children, focused on essential services and supports.
- We need to invest in young children and intervene early.
- We need this metric NOW to ensure that the system is improved for the young children it is meant to serve.

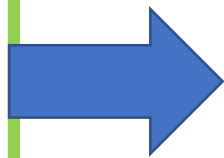
Input Sessions of Parent Advocacy Organizations, Behavioral Health Providers, and Primary Care Providers



Family to Family, Oregon Family Support Network, Families and Communities Together

- “Families cannot get the services we know their children need”
- “Parents have insurance, but none of the providers that my child needs to see will accept this insurance”
- “There are no services that meet the cultural and linguistic needs of children”
- “Some of the providers they are told to try and go to don’t actually see young kids”
- “They have a referral for an evaluation, but I have an 18 month wait to actually get services”
- “The services available are not of the quality needed”

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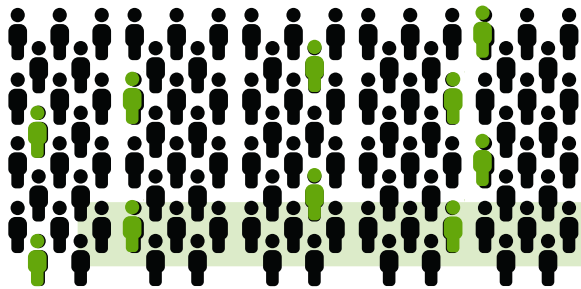
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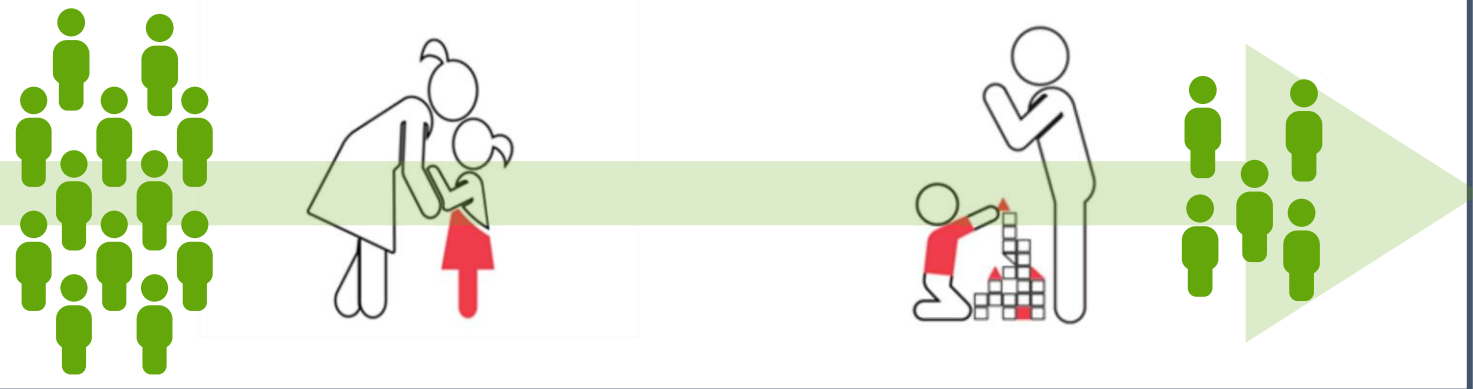
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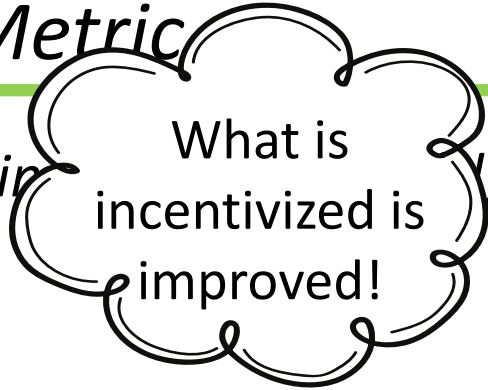
Treatment Service



What is a “Child-Level” Metric: Basic Parameters of the Child-Level Social Emotional Metric



- Metric is based on Administrative Claims for the CCO attributed population



and Enrollment Data, Analyzed

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

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

X 100 = % of Children

- IMPORTANT NOTE:**
- **THIS IS NOT A METRIC AT THE PRIMARY CARE LEVEL**
 - **THIS IS A METRIC AT THE CCO-LEVEL**

Issue-Focused Services Included in Numerator



List includes service codes most commonly used by the system of providers who address behavior issues, covering a breadth of issue-focused brief intervention & treatment services. Codes are grouped by practice setting where these services could be provided but is not limited to those locations. *This may be evolving and is based on input received to date*

Primary Care-Based Integrated Behavioral Health & Other Dev. Experts



- Health Behavior Assessment (96156)
- Health Behavior Intervention (96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)
- Preventive Medicine Counseling (99401-99404, 99411-99412)

- Psychiatric Diagnostic Evaluation (90791)
- Psychiatric Diagnostic Evaluation (90792)
- Mental health assessment, by non-physician (H0031)
- Individual psychotherapy (90832-90834, 90836-90838)
- Family psychotherapy (90846, 90847)
- Group psychotherapy (90849, 90853)
- Multi-Family Group Training Session (96202-3)
- Behavioral health counseling/therapy (H0004)
- Skills training and development (H2014)
- Activity Therapy (G0176)
- Mental health service plan development, by non-physician (H0032)

Specialty Behavioral Health



- Adaptive Behavior Treatment (97153-97158)
- Behavioral Health Outreach Services (Used for Intensive, In Home BH Treatment) (H0023)

Other contracted providers (such as THWs/CHWs in Community-Based Organizations)

***Likely to include some codes listed above, such as Preventive Medicine Counseling, Group Psychotherapy, Multi-Family Group Training, Mental health service plan development, by non-physician (H0032) ***

- Education & Training for Patient Self-Management by Qualified Non-Physician (98960-98962)



See attached memo

Legislation that Created Upstream Metrics & Specifically Identified the Social-Emotional Metric

- “Upstream measures focus on improving the social determinants of health, and these measures are intended to address the root causes of health inequities, including socio-economic factors and historical and contemporary injustices.”
- The legislation specifically identified the social-emotional metric:
 - “Notwithstanding ORS 414.638(3), until September 30, 2027, the Metrics and Scoring Subcommittee must prioritize, at a minimum, the following upstream health outcome and quality measures:
 - (a) Health assessments for children in the custody of the Department of Human Services.
 - **(b) Addressing the social and emotional health of young children to support kindergarten readiness.**
 - (c) Meaningful language access to culturally responsive health care services.
 - (d) Screening for social needs and referrals to address the social determinants of health”

To Metrics and Scoring: Most Public Comment Ever from CCO Members & Front-Line Providers



- Total of 27 public comments received in favor of its inclusion overall and within the Challenge Pool Set between March and August of 2024.
 - Ten parent CCO members shared public comments supporting the metric inclusion in the set and as a challenge pool metric.
 - Attached memo provides video link of oral public comment and PDF of written public comment.

Gratitude and Hope

- Thank you to the Metrics and Scoring Committee for prioritizing this vulnerable population and improving social emotional supports for young children
- We are hearing hope from families and providers that improvement is possible and metric has driven some crucial expansion of supports over the first year
- Happy to answer any questions!



Parent advisor (and family!) in this work

Appendices Slides:



- Alignment of Metric Development with **Equity Impact Assessment** Findings
- Alignment of This Metric with Metrics and Scoring **Transformative Metric Criterion**
- Metric Meets Metrics and Scoring **Measure Selection Criterion**
- Metric Meets OHPB **Criterion for CCO Accountability**
- Alignment of Focus on Social-Emotional Health with **National and Local Efforts**

Alignment of Metric Development with **Equity Impact Assessment** Findings

- Populations most impacted by measure have had a say in what is incentivized in the metric and how the metric was operationalized.
- Inclusion of the metric and a focus on how many CHILDREN are receiving services is aligned with principles of a focus on services provision outlined by communities.
- Allows for monitoring and analysis by factors for which there may be inequities
 - REALD categories (recognizing the limitation of how “D” is defined for children birth to five)
 - HAKR Workgroup had recommended assessment by:
 - Children and Youth with Special Health Care Needs (Using [Pediatric Medical Complexity Algorithm](#)) and Other Factors Associated with Historical and Contemporary Injustices (in System-Level Metric: **Health Complexity Data**)

Alignment of This Metric with **Transformative Metrics**



- Focus on a **priority population** identified in health equity definition, Addressing inequities outside the health care system that impact health outcomes.
 - Young children and families have faced barriers to accessing social-emotional health services that they critically need, which has only been exacerbated by the pandemic.
- Addressing **structural and systemic bias in health system** – Ensuring equitable distribution of funds for populations insured.
 - Global budget model can encourage a focus on people that are high costs within health care system, which has caused a focus on expensive adults.
 - Importance of a focus on children, investments in upfront prevention and building resilience for known factors that impact lifelong health.
- Addresses the **full spectrum of health care delivery system**:
 - This has been a long-standing gap in the CCO incentive measure set and the HPQMC aligned measure menu.
 - Specialty, dyadic behavioral health for children that focuses on attachment between the child and parent
 - Integrated behavioral health in primary care for children
 - Transformative opportunity to support billable community-based services provided by public health and early learning partners
- Metric **aligns with key statewide health equity priorities** and provides **operational direction for ACTION needed**.
- Improvement work will require meaningful **community and cross-sector engagement** by CCOs and with populations that need to be served.

Metric Meets Measure Selection Criterion

M&S Criteria	OPIP Response
Evidence-based and scientifically acceptable	Yes, Aligned with clinical Bright Futures/EPSTD recommendations.
Has relevant benchmark	OPIP obtained significant community engagement to inform benchmarks. OHA has run data from 2016 and rates assessed overall, by type of CCO and location of CCOs .
Not greatly influenced by patient case mix	Yes, population-based metric.
Consistent with goals of program	Yes, OPIP shared alignment with network requirements of CCOs and needs for improvement
Useable and relevant	Yes, input sessions found useable and relevant. Observed improvements based on efforts from the System-Level Metric and community-level proof pilots.
Feasible to collect	Yes, based on administrative claims data.
Aligned with other measure sets	Yes, Aligned with Behavioral Health Improvement goals, PCPCH standards related to integrated behavioral health, efforts related to supporting THW.
Promotes increased value	Yes, Increase network adequacy and quality of behavioral health for covered children.
Presents an opportunity for QI	Yes, baseline data shows significant need for improvement.
Transformative potential	Yes, will galvanize effort to transform the behavioral health network needed for children.
Sufficient denominator size	Yes, population-based metric.
<u>Criterion for the Set</u>	
Representative of array of services	Addresses gap in current set
Representative of diversity of patients served	Focused on vulnerable population of young children.

Metric Meets Criterion for CCO Accountability

OHPB Stakeholder Workgroup Criterion	OPIP Response
Transformative potential	Yes, will galvanize effort to transform the behavioral health network needed for children.
Consumer engagement	Yes, consumers engaged in the development process.
Relevance	Yes, Aligned with Bright Futures/EPSTD requirement and known needs for improvements in behavioral health system
Consistency with state and national quality metric	No, this is a first in the nation metric. OPIP has been encouraged to explore proposal in national metrics, but it is difficult given behavioral health carve outs and lack of inclusion of CBOs in health plans.
Attainability	Yes, Observed improvements based on effort from the System-Level Metric. In Community Proof Pilots efforts, OPIP has found it is feasible to improve.
Accuracy	Yes, Observed improvements based on effort from the System-Level Metric.
Feasibility of measurement	Yes, metric is based on administrative claims data.
Reasonable accountability	Yes, as part of the global budget given to CCOs, they are meant to have network adequacy for behavioral health services aligned with Bright Futures/EPSTD recommended services.
Range/diversity of measures	Addresses gap in current set.

Alignment of Focus on Social-Emotional Health with National and Local Efforts

National:

- Bright Futures recommendations on addressing social-emotional health
- Public health priorities for child health and school readiness (i.e. [Healthy People 2030](#), national [Head Start Performance Standards requiring school readiness goals](#))
- Numerous efforts focused on social-emotional and mental health for children led by the American Academy of Pediatrics, Center for Health Care Strategies, National Institute for Children's Health Quality, and the U.S. Surgeon General

State:

- [Raise Up Oregon 2024-2028](#) named system integration, school readiness, and family support goals, including ensuring children are connected to high-quality, culturally, and linguistically responsive birth-to-five social-emotional health supports
- Early Childhood Suspension and Expulsion Prevention Program, ultimately eliminating these practices largely through the support of Infant/Early Childhood Mental Health Consultants
- [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services Expanded in 2023](#), requiring coverage for all medically necessary and medically appropriate services such as social emotional health