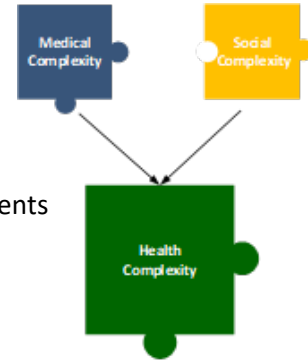


## CHILD HEALTH COMPLEXITY DATA SUPPORTS OREGON IN CREATING AND SUSTAINING STRATEGIES RELATED TO BEHAVIORAL HEALTH, HOUSING, & EDUCATION

Childhood experiences are one of the most predictive elements of health outcomes, and inequities experienced in childhood have multi-generational impacts. **Children with health complexity must be an intentional and explicit priority for Oregon overall, and particularly in the Oregon Health Authority:**

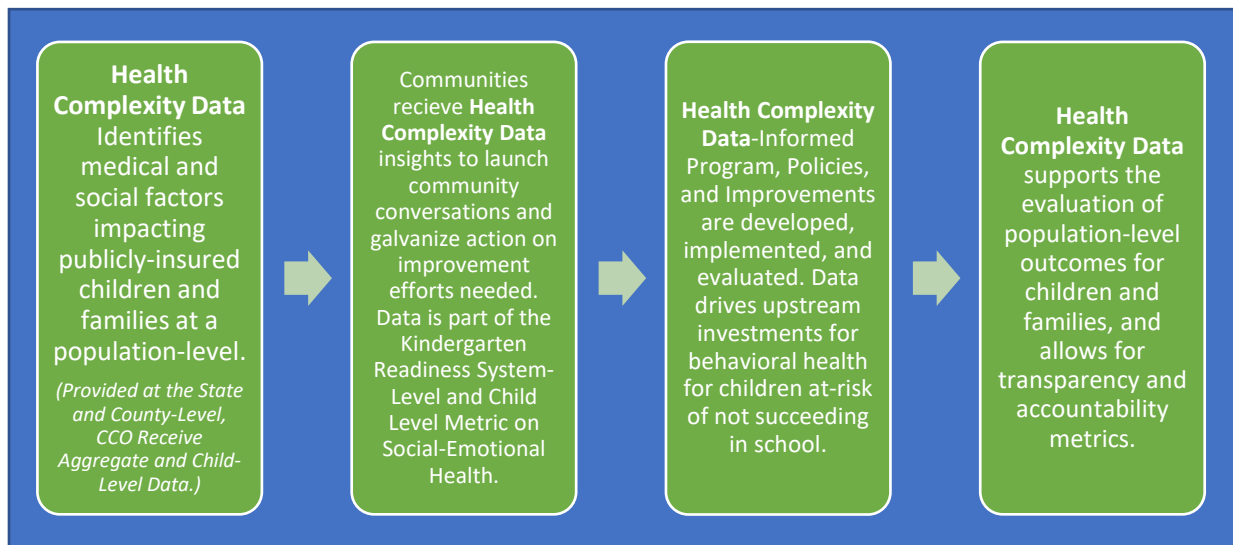
- Nearly 40% of all people enrolled in public health insurance are children ([Medicaid.gov](#))
- More than 40% of children receive health care services funded by Medicaid ([Georgetown](#))
- Medicaid provides insurance for the majority of children of color in our state - 60% of Black children, 65% of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



Children with **health complexity** have medical and social complexity indicators associated with:

- Clinical recommendations for upstream behavioral health assessments and services
- Living in families at significant risk for housing insecurity
- Being most at risk for not meeting third grade reading levels, *and graduating high school*

Oregon is the first state in the nation to create the novel **Child Health Complexity Data**, but **due to lack of funding of OHA-requested POP 442, the widely used Child Health Complexity data, is at risk of not being maintained and provided to communities and Coordinated Care Organizations.** Maintained Child Health Complexity data can be leveraged to ensure that OHA’s priorities of continuous coverage and EPSDT service coverage meet the needs of the most vulnerable children and families. It can guide implementation efforts needed to meet OHA’s Health Equity goals, and be used to prioritize, monitor and assess efforts related to Oregon’s behavioral health, housing and educational success priorities.



**CHILD HEALTH COMPLEXITY DATA AND BEHAVIORAL HEALTH:** When examining service rates for health complex children enrolled in the Oregon Health Plan, it is clear they are **not able to access behavioral health services** that support self-regulation, parental attachment and skills needed to thrive in school. While Oregon’s 1115 Medicaid waiver will ensure full coverage of EPSDT for children up to age 21 (including behavioral therapies), there remain critical gaps to ensure the service resources exist, in particular for young children. Currently in Oregon, less than 5% of Medicaid insured children receive EPSDT recommended assessments, and a majority of those don’t receive

clinically recommended behavioral health services for children identified with needs. If preventive and treatment services are not provided, these children are at risk for not being ready nor able to thrive in kindergarten.

**Existing Innovations Able To Be Expanded and Supported by Maintaining the Data:**

- 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 county and need therapies to help them be ready for kindergarten.
- Health Complexity data is a critical component of **Oregon's Social Emotional Health Incentive Metric for CCOs** which drives a focus on behavioral health for young children.



**CHILD HEALTH COMPLEXITY DATA AND HOUSING:** Significant investments in **alleviating houselessness** have been made in recent years, yet outcomes have not improved as Oregonians deserve and not for families who have multiple children. **Oregon continues to have the highest homeless student rates in the country.** Health complexity data highlights at a population-level the degree to which a communities' children have indicators that are correlated with housing insecurity (parental loss of job and/or bankruptcy due to their child's medical costs, previous parental incarceration, parental substance use disorder and parental mental health). Communities empowered with data-informed understandings can make housing investment determinations that can have lasting impact (such as strategies and algorithms to prioritize housing with reduced barriers for adults that have children) and evaluate outcomes.

**Existing Innovations Able To Be Expanded and Supported by Maintaining the Data:**

- In Marion County, health complexity 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.



**CHILD HEALTH COMPLEXITY DATA AND EDUCATION:** Data-driven investments and evaluations will help maintain Oregon's commitment that all **education investments** be paired with specific, proven strategies intended to result in the outcomes that every child deserves. Health Complexity data **empowers communities to identify at a population-level the top predictors of 3rd grade reading and future school completion** (TANF, parental incarceration, parental substance use and parental mental health) and respond with community-informed efforts to address factors that impact their ability to succeed in school, closing the opportunity and achievement gaps that exist across our student populations.

**Existing Innovations Able To Be Expanded and Supported by Maintaining the Data:**

- The Health Complexity Data is part of the Health Aspects of Kindergarten Readiness- System-Level Social Emotional Metric, which aims to prioritize collective impact efforts for children most likely to not have the Social-Emotional skills needed to start school right.

**ACTION NEEDED TO ENSURE STAFFING AND DATA SUPPORT ALIGNED WITH OREGON PRIORITIES:**

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

*Minimum funding to support basic Child Health Complexity Data was initially 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 was initially included in POP 442: 10 positions/8.25 FTE and \$1.5 million general fund request. OHA included maintenance of the Health Complexity Data within this team.*

**For more information, contact:** Colleen Reuland, Oregon Pediatric Improvement Partnership Director  
[reulandc@ohsu.edu](mailto:reulandc@ohsu.edu), 503-816-6307.