



Why this Metric Meets the Upstream Metric Definition: Young Children Receiving Social-Emotional Issue-Focused Intervention/ Treatment Services Incentive Metric

Background

In alignment with the Metrics and Scoring Committee’s endorsement of the Health Aspects of Kindergarten Readiness Work Group multi-measure, multi-year strategy to strengthen health care services for young children and support kindergarten readiness, a metric addressing CCO-covered social-emotional services has been included in the CCO Incentive Metric set since 2022. Beginning in 2025, the **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services** metric was designated as an upstream metric within the CCO Incentive Metric Set. This summary describes how the metric aligns with the intent of CCO Upstream Metrics and why improvements in these services are essential for Oregon to advance its health equity goals.

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

- In 2023, the Oregon Legislature passed Senate Bill 966, which changed the structure of the CCO Quality Incentive Program beginning in 2025. Under the bill, the program includes two types of measures: **upstream** and downstream.
- 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 states that Oregon will select a small set of upstream metrics, no more than five, that require sustained effort throughout the waiver period. These metrics are expected to be Oregon-developed measures that respond to needs identified by Oregon communities.
- 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”

Metric Development Alignment with the Legislation Definition of Upstream Metrics

Addresses a Social Determinant of Health

- From conception of the Health Aspects of Kindergarten Readiness Work Group through the development and implementation of the **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services** metric, there has been a focus on addressing upstream health factors that are established in early childhood and predict future health and health equity.
- The workgroup identified three metrics to clarify the health system’s role in ensuring children are healthy and ready to learn when they enter kindergarten, recognizing that early school experience is predictive of later educational success. Educational success is a well-established social determinant of health, associated with healthier behaviors, higher income, improved job opportunities, greater health literacy, stronger critical thinking skills, and increased empowerment.



- During development of this metric, parents of CCO members were asked what supports children need to be ready for kindergarten. They consistently identified services for children experiencing social-emotional challenges as a priority. This metric therefore focuses on young children before they enter school, during a critical developmental window when early intervention can improve readiness to learn and reduce the need for more intensive and costly interventions later in life.

Addresses Root Causes of Health Inequities

- [Oregon's system-level data](#) show that more than two in five young CCO members, ages birth to five, experience early childhood adversity and chronic stress. These experiences have lifelong impacts. The issue-focused intervention and treatment services included in this metric are designed to address these impacts by strengthening resilience and supporting secure attachment with a loving caregiver.
- The birth-to-five developmental window is especially critical, as approximately 80% of the brain's synaptic connections are formed by age three, meaning that future adult functioning and health is often established in these critical five years.
- Children who have been most affected by historical and ongoing inequities, including those experiencing racism, sometimes suffer disproportionate negative consequences in school when they exhibit behavioral issues, and therefore benefit systemically from early intervention with issue-focused social-emotional support before kindergarten.
- These needs are closely tied to social and structural challenges such as poverty, family stress, trauma, and barriers to care. The metric helps address social and structural challenges such as poverty, family stress, trauma, and barriers to care by incentivizing early identification and timely support, rather than addressing larger educational and health inequities later in life.
- Addressing the social and structural challenges that impact families must be done in close collaboration with community members. The system level metric the System-Level Social-Emotional metric that preceded the current social-emotional metric required engagement with populations who have been historically marginalized due to racism and systemic bias, such as: *Black, Indigenous, and people of color (BIPOC), Families experiencing social challenges including poverty, substance use disorder, mental illness, child welfare involvement, parental incarceration, parental disability, parental death, or language access barriers, and Other communities, depending on region history and context (e.g., families living in geographically isolated areas)*. It also required that service data be reviewed with community partners and by populations with historical inequitable outcomes.
- The metric is intentionally cross-sector, in terms of the setting where the services can be provided, to further support collective impact activities needed to achieve Oregon's health equity goals

Alignment with Metric and Scoring Health Equity Impact Assessment

- The metric meets several of the criterion noted by the committee in the Health Equity Impact Assessment including: 1) Populations most impacted by measure have had a say in what is incentivized in the metric and how the metric was operationalized. 2) 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. 3) The claims-based metric can be monitored and analyzed by factors for which there may be inequities such as, but not limited to, REAL-D Factors.