Written Public Comments of Support for the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services CCO Incentive Metric

Submitted to the Oregon Metrics & Scoring Committee

April 2025- July 2026

Children's Institute

TO: OHA Metrics and Scoring Committee
FROM: Andi M. Walsh, JD, LLM, MSW; Senior Health Policy Advisor, Children's Institute
DATE: April 15, 2025

RE: Inclusion of the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services in the 2026 Measure Set and as a Challenge Pool Metric

Dear members of the OHA Metrics and Scoring Committee:

Thank you for the opportunity to provide public comment regarding the 2026 measure set, including the challenge pool. The Children's Institute leverages research, practice, policy and advocacy to shift systems toward justice for families so that all of Oregon's children, prenatal to grade 5, have access to opportunity. Part of that work includes educating and advocating on the importance of infant and early childhood mental health and the creation of a robust system of treatment and support to serve our youngest Oregonians and their families. To support that goal, **we strongly recommend the inclusion of the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services in the 2026 set and challenge pool.**

We are grateful for the ongoing commitment and energy that has been building over the past seven years to implement measures of the health sector's role in kindergarten readiness as CCO incentive metrics. As part of those efforts, engagement of families of children enrolled in Coordinated Care Organizations, as well as input from providers and system leaders, has been and continues to be a key part of the development process for both the System-Level Social-Emotional Health Metric and the Child-Level Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services.

This engagement has included robust public testimony provided to this committee in support of the metric glidepath throughout the entire process. The amount of public comment received, particularly from persons represented in these systems, has never been seen for another metric before this committee:

- For the System-Level metric, the committee received the following summary of public testimony over the course of eight months and three committee meetings (November 2020, May 2021, and June 2021):
    - Oral Testimony: 14 public comments from CCOs, system-level leaders, front-line providers, and advocacy organizations; and
    - Written Testimony: 9 letters of support representing the perspectives of CCOs, health councils, community-based organizations, specialty behavioral health providers, integrated behavioral health providers, and primary care providers.
- For the Child-Level Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services metric, this committee received even more public comments in support (during the May, June, July 2024, and August 2024 committee meetings):
    - Oral Testimony: **17** public comments – over half of which were from parents of young children enrolled in CCOs as well as comments from front-line pediatricians and behavioral health providers. **We strongly encourage you to listen to these public comments to understand why this metric is needed**; and

- Written Testimony: **10** letter of support, which **we also strong encourage you to read these comments to understand why this metric is needed.**

In total, your committee received 50 public comments in support of this metric, which to our knowledge is the greatest level of public engagement in support of a metric; not only in terms of volume, but also in its representativeness of those who commented. It is abundantly clear that young children's social-emotional health and kindergarten readiness is an area needing urgent attention and the approach and opportunities included in the system-level measure resonate as effective and *transformative.*

Amidst many urgent health care transformation practices, the Governor and OHA have identified behavioral health as one of their top priorities. To truly make progress on those goals, Oregon must continue to prioritize and incentivize upstream investments in the health and well-being of our youngest children in order to address and ameliorate health, behavioral health, and learning inequities. This will help ensure Oregon is the best place to be a kid – and to ensure a future in which all kids can thrive.

Thank you again for your commitment to meaningful health system transformation and for ensuring that children, families, and communities have the health, including behavioral health services and support they need – when and where they need it.

Andi M. Walsh, JD, LLM, MSW
Senior Health Policy Advisor
Children's Institute
andi@childinst.org

10 May 2026

TO: Members of the OHA Metric and Scoring Committee

RE: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services in the 2027 Metric Set

My name is James Barry, MD and I am a primary care Pediatrician caring for children at a Federally Qualified Health Center (FQHC) in Roseburg, Oregon. I am writing to express my support for and my strong encouragement for you to vote in favor of including the OHA Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services Metric in the 2027 Metric set and to prioritize the metric by including it in the 2027 challenge pool. In my six years of practice, it has become increasingly evident that social, emotional, behavioral, and mental health care needs during childhood are pervasive, can contribute to generational health care disparities, and are difficult to address without dedicated support services.

Primary care clinicians are educated on the social, emotional, and mental health care needs of children throughout their training, but it is often not until practicing independently that these challenging issues come to light. Most of my education and practice was in the United States Air Force where I cared for children of military families whose parents and caregivers were employed in demanding and sometimes life-threatening positions and the service often required families to move long distances every two years. It was a pleasure to serve my country and these families. However, the impact that military life had on some of them – in addition to the regular emotional and mental health challenges of childhood – was often significant. Caregivers would often be called out of work to address problems at schools and childcare centers and the emotional stress in some homes was evident. While the need to provide behavioral and mental health care for these children was clear, the healthcare system where I practiced did not have the needed support system in place to provide care when referrals were placed. Many children who needed care beyond what I could provide in my clinic did not receive it and it clearly had an impact on them and the daily lives and sometimes careers of the families and caregivers of these patients.

Since moving to Oregon two years ago, it is clear to me that the challenges faced by children of military families were not unique. The great majority of the children I care for now have significant social, emotional, behavioral, and mental health care challenges and, unfortunately, I assess these are likely generational – where the behavioral and mental health needs of their families and caregivers were likely not able to be addressed in the past and it has led to cyclical disparities in outcomes. It is my opinion that the sooner the stresses of these issues are treated, these children and families will have a better opportunity to thrive in their homes, schools, and communities. Addressing these challenges requires a dedicated, focused, community-wide approach that I am hopeful the Metric in question will provide incentives for.

I am very fortunate to have a Primary Care Behavioral Health (PCBH) team at the FQHC where I practice; it is the team I needed for years in my military practice. When social, emotional, and mental health needs are brought to my attention during a visit – directly or indirectly – I can call on the many PCBH team members in my clinic to provide brief, focused

interventions for these patients, often during the same visit they saw me for. There is regular follow-up with the PCBH team who then keeps me apprised of the patient's progress and how I can continue their care plan at my follow-up visits. This ability to immediately address a problem is clearly a relief for many families and starts an important part of the healing process.

The social, emotional, and mental health care needs of children and their families will always be a challenge to address – it is part of the human experience and the environment we find ourselves in every day. My experiences in the two different health care systems have made it clear that a variety of services are needed to help address this problem and – when care can be provided – healing can start. Please include the OHA Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services Metric to help enhance the behavioral health services available to all families in our state.

Sincerely,

James Barry, MD
Pediatrician
Roseburg, OR

May 8, 2026
TO: OHA Metrics & Scoring Committee
RE: Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services Metric

Members of M&S,

It is an economic, moral and social imperative that Oregon does all it can to hold CCOs accountable to assist in raising healthy, happy children. For many years CCOs have focused on single healthcare sector metrics but Oregon was bold by starting to explore cross sector incentives like the Child Level SE Metric to improve social emotional health services for young children.

We should double down on this strategy for many reasons not limited to the largest all cost/all payer return on investment that occurs when supporting the healthy social emotional futures of our young minds and future students, future workers, future employers, inventors, explorers and taxpayers of Oregon. For too long we have focused on 'fixing' problems rather than doing our absolute best at building strong children, families and communities. The *Nobel Laureate* James Heckman has repeatedly shown that the strongest ROI is in the first 1000 days. I would never propose reducing what is necessary for our youth, disabled nor elderly but Heckman literally proved Fredrick Douglass' words of "It is easier to build strong children than to repair broken men." This also increases the likelihood of an equitable, just beginning and future for all Oregonians.

I am writing to express my strong support for continuing the Child-Level Social-Emotional Health Metric for Young Children and urge for its ongoing inclusion in the Incentive Metric Set and Challenge Pool. I have spent my career in Pediatrics caring for children and youth and training following generations of students, residents and fellows to improve our common future and strengthen our communities. I spent 22 years in the US Navy providing population-based and individual care to volunteer military member's children while being stationed in 6 states and 11 countries. I have been doing the same in Oregon as the Division Head of General Pediatrics at OHSU for the past 17 years. The current and ongoing crisis in mental health, foster care, and educational outcomes in Oregon demand a concerted, sustained effort at improving prevention, identification and care as far upstream as possible.

I believe that addressing young child social emotional health via holding CCOs accountable to build, train, and maintain an adequate network of skilled behavioral health clinicians across health care inside the medical home, at schools and via community-based organizations, in addition to specialty BH agencies, is very important. The way this metric is designed it incentivizes destigmatized preventative behavioral health care and strategies conveniently within or alongside of health care. Pediatricians (and other child health clinicians) see children so frequently prior to school entry as a sound and proven strategy to build a base prior to later identification via school problems. Just as "Reach out and Read" and early literacy programs improves language skills and prepares young minds for learning long before school enrollment starts—focusing on social emotional health as a way to raise healthy and happy, resilient children is important given all the modern-day stressors and trauma evident in US and Oregon families. Oregon has led the way ever since the Oregon trail. We should not go backwards; particularly at a time when services may be

stretched thinner. This metric helps build the behavioral health workforce by ensuring network adequacy in CCOs to assist not only the most vulnerable but all children in equitable ways. Screening is not incentivized by this metric; rather service provision wherever it occurs. This metric uses the engine of the health care economy and job growth to incentivize growth to the workforce that has fallen further behind in Oregon.

I appreciate Oregon, OHP and the creativity of improving the resources and focus on prevention, primary care, and the patient centered primary care medical home. Our children should not bear the burden of potential impacts to Medicaid; the ROI is early and eliminating this metric will likely widen the gap of inequities, worsen school readiness and increase the burdens that Oregon has tried so hard to mitigate like school performance, foster care burden, trauma and many life long illnesses that start in childhood. The most important of these include the increasing behavioral health burdens of Oregon but it is also true that the adverse childhood events increase burden of so many physical adult illnesses. The ROI of positive childhood experiences, trauma informed care, early identification and building parents, families and children's social emotional capabilities is of paramount importance to Oregon's future.

Thank you for reading the comments and reviewing vast literature about life course, Heckman Principle, ACES, PCEs,

Sincerely,

Gregory S Blaschke, MD, MPH, FAAP
Shirley R. Kuse Professor of Pediatrics

References:

- Brookings Institution: The economic value of policies and programs to support children's mental health https://www.brookings.edu/articles/the-economic-value-of-policies-and-programs-to-support-childrens-mental-health/
- American Academy of Pediatrics: The unique value proposition of pediatric health care https://publications.aap.org/pediatrics/article/151/2/e2022060681/190498/The-Unique-Value-Proposition-of-Pediatric-Health
- Urban Institute: Framing long-term investment in children's health https://www.urban.org/sites/default/files/publication/71501/2000427-solving-the-wrong-pockets-problem_0.pdf
- National Academies: Launching Lifelong Health by Improving Health Care for Children, Youth, and Families https://www.ncbi.nlm.nih.gov/books/NBK610749/

Gregory S. Blaschke, MD, MPH, FAAP
(he, him)

Shirley R. Kuse Professor of Pediatrics
Division Head, General Pediatrics

Doernbecher Children's Hospital
Oregon Health & Science University

Chair and Members of the Committee,

Thank you for the opportunity to testify today about the importance of early childhood development and the value of maintaining strong measures that help Oregon support young children and families.

My name is Erin Kinavey Wennerstrom, and I am writing in support of continued attention to early childhood indicators—particularly measures focused on children's social and emotional health. These metrics are not abstract statistics. They represent the lived experiences of Oregon's youngest children and provide lawmakers, educators, healthcare providers, and communities with the information needed to make sound investments in our future.

The earliest years of life are the foundation for lifelong development. Research across neuroscience, education, and public health consistently shows that experiences during the first five years shape brain architecture, emotional regulation, learning capacity, physical health, and future success in school and life. During these formative years, children develop the social and emotional skills that allow them to build relationships, manage stress, communicate effectively, and engage confidently in learning environments.

When young children have strong social and emotional health, they are more likely to succeed academically, avoid involvement with the juvenile justice system, experience positive mental health outcomes, and become productive members of their communities. Conversely, when developmental needs go unidentified or unsupported, the consequences can follow children for decades and create substantial long-term costs for schools, healthcare systems, and public services.

This is why metrics focused on young children are so essential. Oregon cannot improve outcomes for children unless we intentionally measure and monitor them. Data allows policymakers to identify where disparities exist, where families are thriving, and where additional support is needed. Metrics focused on early childhood development help ensure that resources are directed effectively and equitably.

Importantly, these measures also help elevate services that are often under-recognized despite their tremendous impact. Programs that support early learning, home visiting, developmental screening, infant and early childhood mental health, family support services, and pediatric behavioral health all depend on public understanding and sustained policy attention. When Oregon includes meaningful early childhood indicators in statewide accountability systems, it signals that these services matter and that the wellbeing of young children is a public priority.

Social and emotional development deserves particular attention because it is foundational to all other learning. A child who feels safe, connected, and emotionally supported is better able to focus, build relationships, and develop cognitive skills. Social-emotional wellness is deeply tied to kindergarten readiness, school attendance, academic achievement, and long-term resilience.

For many families, the social and emotional metric also reflects what they experience directly in their homes and communities. Parents understand intuitively that helping children learn to

regulate emotions, build trust, and develop healthy relationships is as important as teaching letters and numbers. These skills are not secondary to academic learning; they are prerequisites for it.

There is also significant public support for including and maintaining a social and emotional health metric for young children. Oregonians across political and geographic lines recognize that children's mental and emotional wellbeing has become increasingly important, especially following years of social disruption, economic stress, childcare instability, and growing concern about youth mental health. Families, educators, pediatricians, and community organizations consistently emphasize the need for earlier identification of challenges and stronger preventive supports.

Public support for these measures reflects a broader understanding that prevention is both more effective and more cost-efficient than crisis intervention. Investments made during early childhood produce some of the highest returns in public policy. When children receive appropriate support early, communities benefit through reduced healthcare costs, improved educational outcomes, stronger workforce participation, and healthier families.

Metrics also help ensure accountability and continuity across systems. Early childhood services often span healthcare, education, behavioral health, and family support sectors. Shared indicators encourage collaboration and create a common framework for understanding child wellbeing. Without meaningful measures, it becomes far more difficult to coordinate services or evaluate whether existing investments are reaching children effectively.

It is especially important that Oregon continue prioritizing equity in early childhood measurement and services. Children do not all begin life with the same opportunities or resources. Families living in poverty, rural communities, communities of color, tribal communities, immigrant families, and children with disabilities may face additional barriers to accessing services and supports. Strong data systems help reveal these disparities and guide efforts to close gaps in opportunity and outcomes.

At the same time, metrics must be used thoughtfully and constructively. The goal is not to label children or communities, but to understand needs and strengthen supports. Effective early childhood indicators should guide improvement, encourage collaboration, and inform investments that help children thrive.

Oregon has long been recognized as a state that values innovation, prevention, and community wellbeing. Continuing to prioritize early childhood indicators—including measures of social and emotional health—aligns with those values. It demonstrates a commitment to seeing children not simply as future students or workers, but as developing human beings whose earliest experiences shape the health and strength of our communities for generations to come.

The decisions made by this Legislature will influence whether Oregon's children have the support they need during the most important developmental years of their lives. By maintaining meaningful early childhood metrics and continuing to elevate social and emotional wellbeing as

a priority, Oregon can strengthen families, improve long-term outcomes, and build a healthier future for all children.

Thank you for your time, your leadership, and your commitment to Oregon's youngest residents. I urge you to continue supporting strong early childhood measures and the services they help sustain.

Sincerely,

Erin Kinavey Wennerstrom PhD
Executive Director, Oregon Infant Mental Health Association (ORIMHA)

Children's Institute

To: Metrics & Scoring Committee

From: Kali Thorne Ladd, CEO, Children's Institute

Date: Friday, July 17, 2026

Re: Support for the "Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment" Services metric

Keeping the Social-Emotional Issue-Focused Intervention/Treatment metric for young children as a CCO Incentive Metric in the upcoming metric set is essential for a thriving Oregon now and into the future.

The science is clear that the experiences children have starting at birth set the foundation for their future learning. One million neural connections are made each second in a baby's brain in that first year. Ninety percent of brain development occurs in the first five years. Why would we not invest where it matters most? And how can we be OK with middle income children getting this access while low-income children don't? All children deserve access to the health services that support optimal brain development and future success.

With so much stress occurring in homes today, young children are often growing up with high levels of stress. This is experienced most in the early years. In fact, half of the Adverse Childhood Experiences (ACES) a child will face occur before their 3rd birthday. Children are showing us that this stress, without treatment, is impacting them in profound and sometimes permanent ways. In fact, in 2024, over 3,300 children age 0-11 were brought to the Emergency Room for a mental health crisis. (OHA, 2026)

The 0-5 Social Emotional Health Metric is incentivizing earlier intervention - before kids show up in the emergency room. (An emergency room that is costing the state more money) This metric has received the most supportive testimony of them all- often from families and providers who know personally it's importance. Tactically speaking, this metric is easy to administer with its use of administrative claims data. Once more, it aligns with OHA priorities to prevent later issues.

I urge you to keep the 0-5 Social Emotional metric in the 2027 metric set.

Warmly,

Kali Thorne Ladd, CEO Children's Institute

To: Metrics & Scoring Committee
From: Sue Miller, former Oregon Early Learning Council Chair
Date: Friday, July 17, 2026
Re: Support for the "Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment" Services metric

Chair Ramirez Garcia and members of the Committee, my name is Sue Miller. I am here this morning to testify in support of keeping the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment metric as a CCO Incentive Metric in the upcoming metric set.

Kindergarten Readiness metrics - especially this social-emotional health metric - support services that impact children's brains and bodies in the period of the most rapid and influential development they will experience in their whole lives.

My support for this metric is rooted in my decades of experience working with young children and their families who are working to break intergenerational cycles of trauma, neglect and abuse to give their children a better future. For 12 years, I ran Family Building Blocks, the Relief Nursery in Salem. Families served by Relief Nurseries face substantial stressors, including unemployment, mental health and addiction, lack of access to basic needs (like food, diapers), and 9% are engaged in the child welfare system upon entry. Yet 99% of these families are able to keep their children safely at home with them through the early intervention services that are provided.

I also spent 9 years chairing the Oregon Early Learning Council, responsible for leading Oregon toward a connected system of early learning & care and family stability across multiple state agencies, including the Oregon Health Authority. Health care plays a critical role in supporting early childhood development. We hear from child care and preschool educators of an increased need for behavioral health support for children showing up in classrooms. And, according to the recent OHA Ombuds' Children's Mental Health Spotlight, these behavioral health needs are also showing up in emergency rooms. In fact, for children ages 0-6, there was a 42% increase in visits to the ER for mental health crises between 2020 to 2024. (OHA, 2026)

Maintaining the Social-Emotional metric is critical to making progress for children & families, for reducing reliance on emergency rooms, and for keeping children safe and engaged in preschool and child care. I urge you to keep this metric in the 2027 metric set.

Hello,

I would like to submit the attached OHA Ombuds Office spotlight on children's mental health (Spring 2026) as testimony for the 7/17 Metrics and Scoring Committee. **This report uplifts the urgency to keep the "Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services" metric.** Traumatizing and often unhelpful visits to the ER for children 0-11 years old can be prevented - but only if we stay the course on increasing access to behavioral health services for our youngest children and their parents in proven 2-generation treatment models.

We have heard from many CCOs that this metric is working to keep a focus on 0-5 social emotional health services - which is critical to reverse the recent trend of increased & repeated ER visits for issues that can be prevented and treated. When families do reach the ER, we need readily available interventions to transition them into.

I appreciate the Metrics & Scoring Committee's attention to this testimony and the attached report.

Best,
Dana

Dana Hepper (she/her)
Director of Policy & Advocacy
Children's Institute
Mobile: 971.506.3262 | Main: 503.219.9034
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OHA Ombuds children's mental health spotlight
Spring, 2026

Five children in January

From October 1, 2025 - March 31, 2026, the Oregon Health Authority (OHA) Ombuds Office supported 25 youth ages 0-20 with complex mental health needs. Many of these children in crisis could not safely remain in their homes or communities because they were at high risk of harm to self or others, and local programs and services were not developed enough to meet their needs. When this happens, families take their children to the Emergency Department (ED), where they often remain for long stretches of time until a solution can be found – sometimes being placed in a foster care home, or in a hotel with Child Welfare staff. The OHA Ombuds Office more commonly responds to youth ages 14, 15, or 16 with these needs. However, in January alone, in five of the most complicated youth cases the Ombuds Office supported...

two children were 10 years old, *and three of them were age 8.*

What the data say…

- In 2024, the total number of visits by youth age 0-17 for mental health crisis and substance use disorder in Emergency Departments was 13,597. Of those children, **3,341, or one third of them, were age 11 or younger;**[1]
- From 2020-2024, there was a 15% increase in Emergency Department visits for children in mental health crisis and substance use disorder for those ages 7-11, ***and a 42% increase children ages 0-6.***[2]
- In 2024, almost 8% of children ages 0-6 and almost 11% of children ages 7-11 **needed to be taken back to the ED again within 30 days**.[3]

What providers say…

- "It is exceedingly difficult to get **youth under 11** into any kind of inpatient treatment, and this is particularly true if they are youth with aggressive behaviors and/or developmental disabilities."
- "We can try to arrange intensive outpatient care, but **with increased complexity those options may not always be sufficient.**"
- "These holes in the system are not ideal for hospitals, but the real impacts are to youth and families, who come to the ED needing help and often find that **they are unable to get the help they need.**"

1, 2, 3 Data source: Hospital Discharge Data, a database of records for every discharge from inpatient hospitals and EDs in Oregon, 2021-2025 Q1 update.

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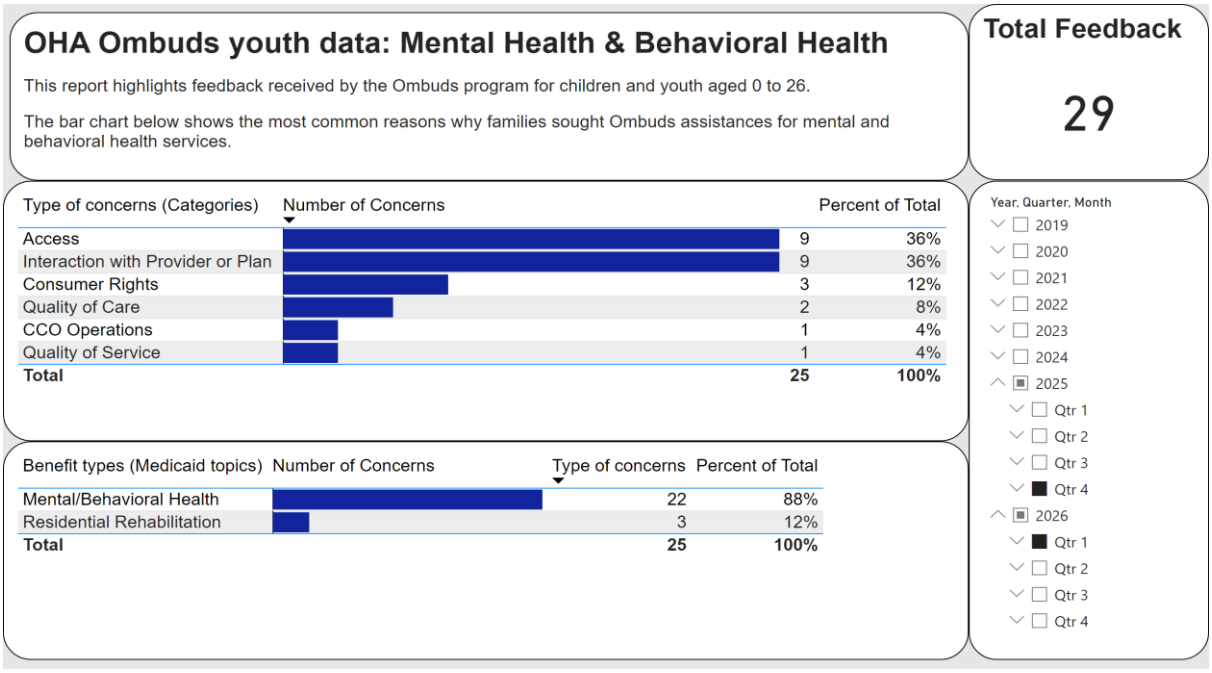
What do families tell us?

James' story

"When James was four, he and his sister were removed from their biological family and placed into foster care because of abuse and neglect. At the same time, he was diagnosed with autism. I got to know my son while he was in foster care and adopted him as a single parent when he was 7. At his school he was placed in an autism classroom away from his peers. They told me that he would never talk, get beyond 3rd grade or have friends. They told me his meltdowns were because of sensory overwhelm and autism, but I knew the trauma he had experienced. Because his sister could talk, she was diagnosed with PTSD. This allowed her to access play therapy to treat her trauma. James was not diagnosed because of his autism, so he never received any treatment for his PTSD. I taught him how to talk and found him a school that put him into a mainstream classroom where he could flourish. But by the time he turned 13 we were having repeated visits to the Emergency Department for his violent outbursts and unsafe behaviors – he had to be brought to the ED in restraints on a stretcher over and over. They kept sending him home and I had to keep taking him back. No facility would accept him for mental health treatment because they kept saying "it's just autism," like when he was little. But he has trauma too…untreated trauma that has never been addressed. He has internalized it his whole life without help. He was finally able to get into residential treatment but has to live in a group home now with intensive outpatient therapy and crisis response services. I wish when he was younger he could have received the treatment he needed to help him work through the abuse he suffered. I think it could have turned out so differently." – James' Mother



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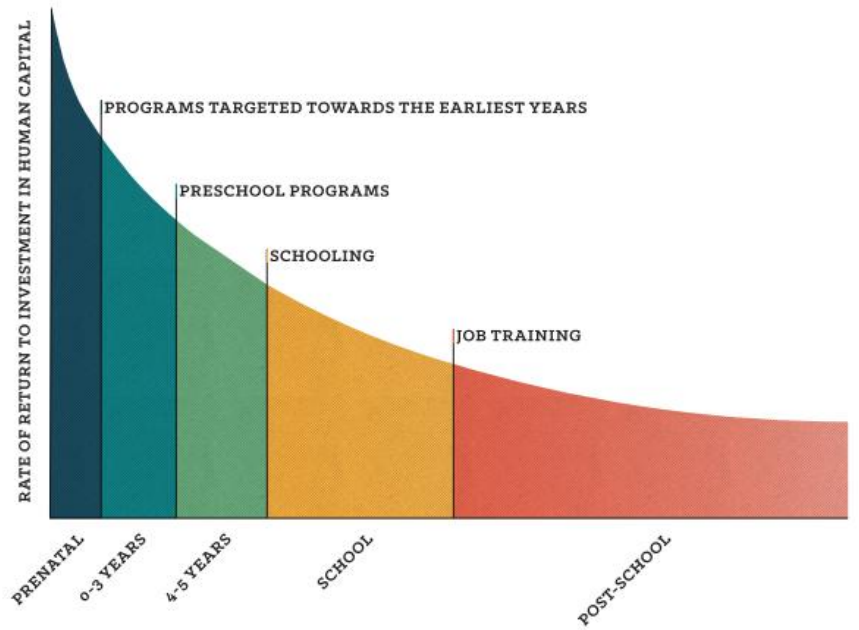
Adults in crisis equal children at risk plus time…
without sufficient intervention

The 8- and 10-year-olds in crisis in these Ombuds cases did not get there overnight. As a state, we are failing to provide adequate intervention and support to Oregon's youngest at-risk children and their families. Adult mental health begins at birth and is actively directed by experiences in the critical developmental windows before children ever reach Kindergarten. What are we to make of this trend of younger children presenting with these kinds of intensive mental health needs? What does it forecast for Oregon's adolescents and adults within the next decade? And what should we do about it? Economic studies by James Heckman demonstrate the critical importance of investing in our youngest children. Without robust, urgent intervention for these children and their families, the trajectory for the health and wellbeing of Oregon's next generation – and economic outlook - is worrisome.

Heckman Equation

Return on Investment

Economic Impact of investing in early childhood learning



"Investing early in children yields the greatest returns. The Heckman Curve demonstrates that the highest economic and social benefits come from early skill development. This investment leads to lifelong success, increased productivity, and reduced societal costs."

https://heckmanequation.org/

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Key considerations

58% of all children in Oregon are on the Oregon Health Plan; ***one third of all OHP members are under the age of 20.***[4] *Based on the trend of younger children presenting in mental health crisis with increased complexity and aggression, the OHA Ombuds Office recommends that legislators and policy makers seek answers to the following questions to inform decision-making and action.*

How do we assess the needs of Oregon's children ages 0-12 and how well they are met?

What does Oregon have in the way of programs and services for this age group, and what needs to be developed further?

What are we doing for parents and caregivers – what do they tell us they need?

What doesn't exist that should?

How are we centering equity in this work, knowing that American Indian/Alaska Native (AI/AN) children and children of color continue to be overrepresented in Child Welfare and Juvenile Justice?

How much money is spent on child versus adult mental health on OHP? How does Oregon's spending on children look compared to the Heckman Curve?

How do we advance funding for younger children so that Oregon's investments in its population more closely resemble the Heckman Curve?

Are our current cross-system governance structures sufficient to answer these questions and focus the action necessary to pursue this work?

The OHA Ombuds Office advocates for Oregon Health Plan members. We elevate member stories and data to advance system improvement through our reporting and recommendations. All member stories are shared with member permission.

Find our 2023 Children's Mental Health Report and Recommendations here.

To learn more about our work or request a presentation, please contact us at: OHA.OmbudsOffice@odhsoha.oregon.gov or 1-877-642-0450 (message line only). We accept all relay calls.

You can get this document in other languages, large print, braille or a format you prefer free of charge.

4 https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Medicaid-enrollment.aspx#Dashboard

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Robert McAdam, LCSW

Aviva Health (FQHC Douglas County)

Vice President of Behavioral Health

Past Affiliations: UHA - CCO Douglas County, WVCH/MVBCN - CCO Marion and Polk County, Options Counseling and Family Services, Northwest Human Services - FQHC Marion and Polk County

Re: Public Comment SEM Metric – 2027 CCO Incentive Set

Metrics & Scoring Committee,

I strongly support inclusion of the “Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services (SEM)” metric in Oregon’s 2027 CCO incentive metric set.

Having worked previously within a Coordinated Care Organization in a behavioral health leadership role, and now working within a Federally Qualified Health Center that provides both integrated primary care behavioral health and specialty outpatient behavioral health services, I have seen firsthand how critical this metric is from both the system and clinical practice perspectives.

At the CCO level, the development of this metric helped move early childhood social-emotional health from being viewed as a niche or secondary issue into a core population health priority. It encouraged cross-system conversations between pediatric primary care, behavioral health, early learning, public health, and community-based organizations that historically operated in silos. The metric created accountability for building actual pathways to care for young children rather than simply identifying concerns without available intervention resources.

Importantly, the metric helped elevate the understanding that early childhood behavioral health is not separate from overall health. Social-emotional development in the first years of life is foundational to long-term health outcomes, educational success, family stability, and future behavioral health functioning. By incentivizing intervention during the earliest developmental years, Oregon is appropriately focusing upstream — at a point where intervention can have the greatest lifelong impact.

Now working within an FQHC environment, I see the importance of this metric at the clinic level every day. Pediatric primary care providers are identifying increasing numbers of young children with behavioral, emotional, developmental, trauma-related, attachment, and relational concerns. Without intentional system incentives, these children often experience delayed access to care during the very developmental window when the brain is most adaptable and intervention is most effective.

The SEM metric supports development of the infrastructure needed to respond early — including integrated behavioral health models, dyadic treatment approaches, parent-child interventions, workforce development, and stronger referral pathways between primary care and specialty behavioral health.

I have also seen how this metric encourages organizations to move beyond crisis-driven care toward prevention and early intervention. Too often, systems wait until behavioral health symptoms become severe enough to impair school functioning, disrupt family stability, or require higher-acuity services. This metric instead supports identifying and addressing concerns when children are young, relationships are still forming, and trajectories can still be meaningfully changed.

From both the payer and provider perspectives, this metric reflects the type of upstream investment that is essential to improving long-term outcomes while also reducing future system costs associated with untreated childhood behavioral health conditions.

I strongly encourage continued inclusion of the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services metric within the 2027 incentive metric set.

Respectfully,

Robert McAdam, LCSW

Vice President of Behavioral Health

Aviva Health