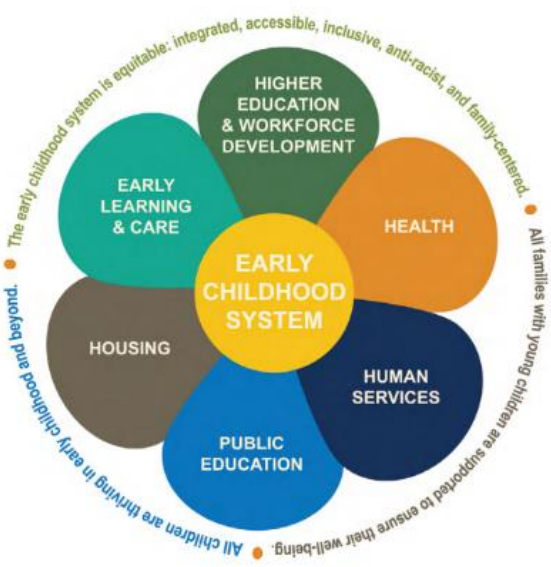
Incentivizing Healthcare-Based Behavioral Health Services for Young Children: Overview of the Coordinated Care Organization Metric & What it Means for Early Learning



Background: Various sectors play a role in helping young children thrive and be ready for kindergarten, with families and communities at the center. Early learning and care programs provide important social-emotional and behavioral support through services such as parenting education, home visiting, Every Child Belongs, relief nurseries, and Oregon Prenatal to Kindergarten. Healthcare is an important partner in supporting young children's social-emotional development, providing clinically recommended screenings and, when needed, therapeutic behavioral intervention services. These services complement developmental and behavioral supports available through early learning and care to create a continuum of support for children and families whose needs extend beyond what those settings can provide.

In Oregon, a majority of children are insured through the Oregon Health Plan (OHP), and 93% of OHP-enrolled children receive care through Coordinated Care Organizations (CCOs). Oregon's CCO Quality Incentive Program (QIP) uses quality measures and financial incentives to encourage improvements in care. Through this program, Oregon is working to increase access to healthcare-based behavioral services that focus on interventions and treatments through a CCO incentive metric developed by the Oregon Pediatric Improvement Partnership (OPIP).

Summary of Metric for Early Learning: The purpose of this document is to provide an overview of the Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services metric for early learning providers. This CCO Metric incentivizes healthcare systems and providers to improve the quality of healthcare-based intervention services addressing social-emotional development for young children.

Focus of Metric, Guided by Input

OPIP developed this metric guided by extensive input from families (of Medicaid-insured children), healthcare providers, early learning, and community representatives.

Goal of the Metric

The goal is to increase access to intervention services for children ages 1-5 experiencing social-emotional challenges. The metric is specific to healthcare-based services and measured through billing claims submitted to the CCO.

Services in a Variety of Settings are Included

Services can be provided by many CCO-contracted providers, including by staff with behavioral expertise in primary care, specialty behavioral health providers, and other community-based providers. The intent is to support a "no wrong door" approach to accessing services.

Services & Claims Included in the Metric

The claims included in the metric focus on evidence-aligned services addressing behaviors that range from brief interventions and coaching that can occur once (e.g. temper tantrums, sleep issues) to ongoing intensive therapeutic interventions (e.g. PCIT).

For early learning and care providers, healthcare can be an important partner and referral pathway. The metric is intended to strengthen access to healthcare-based behavioral health services that early learning providers rely on to support young children experiencing behavioral and social-emotional challenges. We are already beginning to see increased access to these services, as captured by the metric, for children and families across Oregon.

As Oregon expands efforts to identify and support children through initiatives such as home visiting, infant and early childhood mental health consultation, and standards to prevent preschool expulsion due to behavioral needs, more children may be identified as needing additional support. This makes it increasingly important to ensure children and families can access healthcare-based interventions when they need support beyond what early learning can provide.

Below is an example of how the metric targets services that early learning providers may refer to:

Early Learning Provider

A. Preschool teacher identifies a child with aggression & biting
B. Infant Mental Health consultation provided by preschool staff.
C. Preschool staff think child needs more intensive and ongoing therapeutic services.

D. Preschool teacher elevates the need for services to child's family, recommends connection with their primary care provider.

Healthcare-Based Behavioral Health Providers

E. Child is seen in primary care and connected with a behavioral health provider who can provide brief interventions within the primary care setting.
F. Child is referred to and receives ongoing, intensive therapeutic services from a behavioral health provider with expertise in children birth to five.

Through (1) Early Identification and (2) Ongoing Behavioral Supports, Child and Family are Thriving

Want to Learn More?

- Quality Incentive Program
- Oregon Pediatric Improvement Partnership
- Metric Specifications