



WHOLE CHILD HEALTH ALLIANCE

Advancing the Key Elements of Whole Child Health: Oregon Case Study



Executive Summary

Introduction

The *Whole Child Health Alliance* developed *Advancing the Key Elements of Whole Child Health: Oregon Case Study*, which highlights Oregon's whole child health approach, as a companion to its first set of case studies, *Advancing the Key Elements of Whole Child Health: State Case Studies and Policy Recommendations*.¹ Based on interviews with more than 15 Oregonian leaders in child health and Medicaid, the case study discusses how the state has built on its decades-long commitment to whole child health, highlighting how visionary leaders paved the way for successive health policy reforms that prioritize child health and well-being. Oregon's experience provides insight into how states can leverage federal- and state-level policy opportunities to implement the *key elements of whole child health*.



Key Takeaways

Policy Background

For decades, Oregon has pursued innovative policy approaches that address the key elements of whole child health. Over 20 years ago, the Centers for Medicare and Medicaid Services (CMS) approved Oregon's first *1115 Medicaid demonstration waiver*, which introduced a broad set of Medicaid *policy reforms* that reenvisioned how Medicaid services were delivered and paid. Through subsequent 1115 waiver amendments, the state implemented other sweeping reforms, including transitioning the administration of its Medicaid program to *Coordinated Care Organizations* (CCOs), which operate similarly to managed care organizations and are financed through a flexible global budget. Oregon's latest *1115 waiver amendment* introduced continuous Medicaid coverage for children zero to six years old. While Oregon's health policy reforms have applied to the full Medicaid population (i.e., children and adults), the state has made a particular effort to advance whole child health through its Medicaid program.



¹ For a summary of the full report, see the Executive Summary – *Advancing the Key Elements of Whole Child Health: State Case Studies and Policy Recommendations*.

State-Level Initiatives Driving Whole Child Health

Leveraging various policy opportunities (e.g., 1115 waivers, State Plan Amendments, State Innovation Model grants), Oregon has implemented numerous initiatives that come together to advance the key elements of whole child health. A few key elements that are particularly important components of Oregon’s whole child health approach include:

- **Advancing Financing Reforms that Incentivize Optimal Health and Quality/Performance.** Oregon has shifted from paying for volume to value through its [Value-Based Payment Roadmap](#). Some CCOs have implemented provider contracts that focus on children’s health. Additionally, the state’s [CCO Quality Incentive Program](#) provides bonus payments for improving care based on a set of quality measures, including the state’s innovative [Health Aspects of Kindergarten Readiness](#) incentive metric.
- **Supporting a Diverse, Multidisciplinary Workforce to Address Behavioral Health Needs.** Oregon has undertaken several initiatives to build a diverse, multidisciplinary workforce including providing Medicaid coverage for new provider types (e.g., community health workers, peer support specialists). Furthermore, the University of Oregon launched an institute to train students to join the behavioral health workforce.
- **Incentivizing Cross-Sector Data Partnerships.** Oregon has implemented several cross-sector data sharing strategies to ensure that the various entities that help care for children (e.g., providers, CCOs, Department of Education) can track trends and identify areas for policy reform and quality improvement.
- **Promoting Health Equity.** Oregon established its Equity and Inclusion Division, [Regional Health Equity Coalitions](#), and [data collection](#) requirements to bring a health equity lens to the full scope of its health policy work.

Conclusion

Oregon’s multisector, coordinated approach to caring for children and youth demonstrates one example of the implementation of “whole child health” strategies on the ground. Oregon harnessed the momentum of larger health policy reforms to prioritize policies that address the key elements of whole child health. For a deeper dive into the initiatives discussed in this Executive Summary, please see [Advancing the Key Elements of Whole Child Health: Oregon Case Study](#).

