

Children's Health Complexity: Using Population-Level Findings to Engage Community Partners to understand child and family needs, identify community-level assets, and address capacity of services to serve children with health complexity

Why is it important to engage your community?

- A critical and important step to understanding and using the health complexity data is to share it with your community partners.
- Community partners will be invaluable in:
 1. Reviewing the data and identifying what resonates in the findings AND what may be missing from the data. This can include important medical and social risk factors in the community that may be underrepresented in the system-level data. It can include identifying why the rates may not accurately capture the needs due to population-level and service-level barriers.
 2. Identifying assets and resources in the community that can serve children with health complexity and assets and resources that are not available, but are needed. Community partners can also share their experience about the capacity of the systems to address and serve children with health complexity.
 3. Identifying how the data can be used to guide and inform efforts to improve care for children with health complexity.

What can you share with community partners?

- Three resources are available that you can use to share the findings with community partners:
 1. CCO-level aggregate report (Available here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Child-Health-Complexity-Data.aspx>)
 2. County-level reports (Available here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Child-Health-Complexity-Data.aspx>). It is important to note that the county-level reports include all Medicaid/CHIP insured children in that region, therefore they include children enrolled in the CCO and "Open Card/FFS" children insured by the Oregon Health Plan.
 3. Data reports created by CCOs using the child-level data file provided to each CCO
- Example presentation and discussion questions: The Oregon Pediatric Improvement Partnership created an example PowerPoint slide deck that CCOs can use to create a presentation to share the findings. These materials are available here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Child-Health-Complexity-Data.aspx>

Who are partners within your CCO that you should engage?

Below are examples of stakeholders within your CCO who may be valuable to engage and share data findings with:

- CCO board
- CCO community advisory council
- Provider advisory council, clinical advisory panel
- Medical director
- Mental/behavioral health director
- Staff involved with oral health
- Complex care management staff, exceptional needs care coordinators
- Staff who work on issues related to health equity
- Quality improvement staff or staff who work on incentive metrics
- Practice and provider support staff who work with primary care practices
- Health strategy officer
- IT staff
- Staff who manage specialty, hospital or behavioral health networks
- Staff who engage and work with the Early Learning Hub
- Staff involved with or work on the community health improvement plan
- Staff involved with systems of care
- Staff with strategic focus areas (such as foster care or kindergarten readiness)

- Panel coordinators
- Staff who oversee non-emergent medical transportation

Who are the service providers in the community who provide services captured in the health complexity data?

The social complexity component of the health complexity variable is based on the child’s or parent’s use of services or experiences. It may be valuable to reach out to community-level partners whose engagement with the child and family led to the presence of the social indicator or partners who can provide supports for families with these specific risk factors.

Table 1: Social complexity indicators with health complexity data and related organizations to consider engaging

Social complexity indicator and data source	Organizations to consider engaging around the data
POVERTY: CHILD/PARENT – Access of Temporary Assistance for Needy Family, Below 37% Federal Poverty Level (<i>ICS, Data available 2000-2017</i>)	<ul style="list-style-type: none"> • DHS, Self Sufficiency
FOSTER CARE – Child receiving foster care services (<i>ICS, Child interacted with Foster Care System. Data available 2000-2017</i>)	<ul style="list-style-type: none"> • DHS, Child Welfare
PARENT DEATH – Death of parent/primary caregiver in Oregon	<ul style="list-style-type: none"> • Grief counseling and bereavement programs
PARENTAL INCARCERATION – Parent incarcerated or supervised by the Dept. of Corrections in Oregon (<i>ICS-Department of Corrections for state felony charges, not including county/municipal charges. Data available 2000-2017</i>)	<ul style="list-style-type: none"> • Local providers or primary places where people from the community are incarcerated
MENTAL HEALTH: CHILD – Received mental health services through DHS/OHA (<i>ICS- NMH Caseloads. Data available 2000-2017</i>)	<ul style="list-style-type: none"> • Child mental health service providers
MENTAL HEALTH: PARENT – Received mental health services through DHS/OHA (<i>ICS- NMH Caseloads. Data available 2000-2017</i>)	<ul style="list-style-type: none"> • Adult mental service providers
SUBSTANCE ABUSE: CHILD – Substance abuse treatment through DHS/OHA for child	<ul style="list-style-type: none"> • Child substance abuse service providers
SUBSTANCE ABUSE: PARENT – Substance abuse treatment through DHS/OHA substance abuse service providers	<ul style="list-style-type: none"> • Adult substance abuse service providers
CHILD ABUSE AND NEGLECT – ICD-9, ICD-10 diagnosis codes related used by provider	<ul style="list-style-type: none"> • Child substance abuse service providers
LIMITED ENGLISH PROFICIENCY – Language other than English listed in the primary language field (<i>OHA Medicaid Enrollment, most current data for child</i>)	<ul style="list-style-type: none"> • Programs and organizations that support non-English speaking clients
PARENT DISABILITY – OHA eligibility due to parent disability (<i>OHA Medicaid Enrollment, most current data for child</i>)	<ul style="list-style-type: none"> • Developmental disabilities services • Independent living programs

Who are stakeholders in your community who are partners in addressing children with health complexity?

In addition to the persons and organizations that will already have been identified, Table 2 provides a high-level summary of organizations that may be valuable to engage and share the data with. Given the number of stakeholders, it may be valuable to consider convening groups of people with a shared interest. For example, it may be valuable to partner with your Early Learning Hub and convene a group of stakeholders who serve children 0–5 and to show the data specific to that population. Another example is to convene stakeholders who serve school-age children and show the data for this cohort of children.

Table 2: Stakeholders to consider engaging

Medical Care	Early Learning Hub	Education and Early Intervention	Home Visiting, Head Start, Early Head Start	Childcare and Parenting Supports	Behavioral Health and Mental Health	Community-Based Providers and Supports	Parents and Families
<p>Primary Care:</p> <ul style="list-style-type: none"> • Primary care practices • Independent practice associations that work with multiple practices <p>Specialty services that provide care for a large number of medical complex children:</p> <ul style="list-style-type: none"> • Specialty services • Hospitals • Complex care programs • Rehab centers (e.g., Shriners) <p>Oral health providers</p> <p>Wraparound</p> <p>Systems of care</p> <p>If applicable: Novel Interventions in Children’s Health</p>	<ul style="list-style-type: none"> • Director • Community engagement staff • Hub parent advisory groups and parent advisors 	<ul style="list-style-type: none"> • School district representatives • School nurses • School-based health centers • ESD superintendent • EI/ECSE early childhood director 	<ul style="list-style-type: none"> • CaCoon • Babies First! • Healthy Families • Nurse-Family Partnership • Early Head Start providers • Head Start providers • Other community services that provide services 	<ul style="list-style-type: none"> • Childcare Resource and Referral • Childcare centers that are screening • Oregon Parenting Education Collaborative • Family Support Network • Relief nurseries • Caregiver training/psycho-education • Other community services providing parent supports 	<ul style="list-style-type: none"> • Mental health clinic directors • County mental health providers serving children • Adolescent health • Private mental health providers serving children • Residential treatment/psychiatric facility • Day treatment program • Substance abuse treatment programs • Other community services providing mental/behavioral health supports to children 	<ul style="list-style-type: none"> • WIC • DHS • Developmental Disability Services • Tribal communities • Community Connections • Service integration, teams • Traditional health workers • 211 • Housing supports • Local adolescent resources <ul style="list-style-type: none"> -Transition supports -Independent living -Sexual health -At-risk youth • Religious-based community supports • Court appointed special advocate • Regional health equity coalition <p>If applicable:</p> <ul style="list-style-type: none"> • Oregon accountable health communities • Medical-legal partnerships 	<ul style="list-style-type: none"> • Parent advisors • Parent groups in the community • Parent committees for health systems and practices • Advocacy groups representing specific parent groups • Organizations that work with and represent communities of color or cultural minorities • Local partners from Oregon Family to Family Information Center • Local partners from Family and Communities Together • Local partners from Swindells Family Resource Center