OREGON HEALTH AUTHORITY

Custody Metrics Needs Assessment Final Report

March 2025

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EXECUTIVE SUMMARY

To meet the benchmark for the *Assessments for Children in ODHS Custody* Coordinated Care Organizations' (CCOs) incentive metric, CCOs must ensure that children in Oregon Department of Human Services (ODHS) custody receive timely physical, mental, and dental health assessments. Data from previous years indicates that these assessments are not consistently conducted within the recommended timeframe. ODHS is required to ensure that the children in ODHS custody receive these assessments in a timely manner so that needed services and treatments are provided promptly.

The Oregon Health Authority (OHA) contracted with Health Management Associates, Inc. (HMA), to conduct a needs assessment related to this metric. The purpose of this needs assessment is to identify the barriers that prevent timely assessments, to understand the impact of these delays on resource families, and to determine the technical assistance required to reduce wait times and improve CCO performance on the metric. HMA gathered input from discussions with both OHA and ODHS state staff, as well as a series of interviews with individual CCOs, health care providers, and resource parents.

This report examines both barriers and opportunities around achievement of the custody metric and provides actionable insights designed to improve performance on the *Assessments for Children in ODHS Custody* CCO incentive metric and improve outcomes for children and families. This document:

- Examines root causes behind delays in timeliness of assessments
- Identifies challenges faced by resource families and providers
- Discusses potential technical assistance needed to reduce delays and enhance performance

The key findings from each group of interviewees are summarized in this report. We have also identified three recommendations to enhance achievement of the *Assessments for Children in ODHS Custody* CCO incentive metric, improve outcomes for children in ODHS custody, and support resource families.

Recommendations

The interviews demonstrated three key areas in need of improvement. While all interviewees expressed a commitment to support children in ODHS custody, improvements in these areas would support more timely assessments:

1) Enhance education for all partners involved in coordinating appointments on the importance of prompt assessments, including resource parents, caseworkers, providers, and CCO staff.
2) Strengthen relationships between key partners to align workflows, policies, and shared efforts.
3) Ensure that CCOs and providers receive timely and accurate contact information for resource families by improving communication and coordination between OHA, ODHS, CCOs, and providers.

INTRODUCTION

To meet the benchmark for the *Assessments for Children in ODHS Custody* incentive metric, CCOs must ensure that children in Oregon Department of Human Services (ODHS) custody receive timely physical, mental, and dental health examinations. These assessments are critical because children entering foster care often present with complex medical and behavioral health needs. Data from previous years indicate that 50% of children and teens entering foster care have chronic physical health conditions, such as asthma and anemia, while 35% experience significant dental and oral health conditions.[1] The timely identification and treatment of these concerns are essential to ensuring the well-being of children in ODHS custody. ODHS also is required to ensure that children in ODHS custody receive these assessments in a timely manner so that needed services and treatments can be provided promptly.

Given the shared accountability between CCOs and ODHS in ensuring timely assessments, ODHS has taken steps to improve internal and external coordination, enhance provider capacity, and align performance expectations with best practices. However, barriers remain that require a deeper understanding of systemic challenges.

[1] OHA and DHS joint presentation "Health Assessments for Children Entering Foster Care Measure: 2025 and 2026 Specification Changes" – December 13, 2023

To support these efforts, Health Management Associates, Inc. (HMA), conducted a needs assessment to:

- Identify the barriers to performing timely assessments, including administrative, workforce, and policy-related challenges
- Understand the impact of delays on resource families, CCOs, and providers regarding care continuity and access to services
- Determine the technical assistance and system-level improvements needed to reduce wait times and improve performance on the incentive metric

By identifying and addressing these challenges, this needs assessment is designed to support ODHS, CCOs, and providers in strengthening Oregon's system for children in foster care to ensure they receive timely assessments.

Background

CCOs are state-contracted entities that provide Medicaid managed care services for the Oregon Health Plan (OHP). Almost all children in ODHS custody are enrolled in OHP. The Oregon Health Authority uses quality health metrics to understand how well Coordinated Care Organizations (CCOs) are serving Oregon Health Plan members. Quality measures assess health care processes, outcomes, patient experiences, and more.

An important part of Oregon's measurement strategy is the CCO Quality Incentive Program, which gives CCOs the opportunity to earn bonus money. To earn this bonus money, CCOs must show improvement on a set of quality "incentive measures."

The *Assessments for Children in ODHS Custody* metric is included in this measure set (see box on the following page). The incentive measures are selected each year by the Metrics and Scoring Committee, a public body under the purview of the Oregon Health Authority. The committee also selects benchmarks that determine how much CCOs must improve to earn the bonus money.

2025 CCO Incentive Measures & Benchmarks
Assessments for Children in ODHS Custody

Measure Description: Percentage of children ages 0–17 who received a physical health assessment, children ages 1–17 who received a dental health assessment, and children ages 3–17 who received a mental health assessment **within 60 days of the state notifying CCOs** that the children were placed into custody with the Oregon Department of Human Services.

Benchmark: Measure Year (MY) 2025 CCO 75th percentile, 93.2%
Improvement Target: Minnesota method with a 3% floor
Data Source: Claims/social service data

Detailed specifications outline which children are included in the yearly measure calculations:

2025 CCO Incentive Measures and Benchmarks (Oregon Health Authority)
OHA Internal Measure Steward Information (Oregon Health Authority)

This incentive measure is based on best practice timelines and current Oregon Administrative Rules. Beginning in 2026, the measure will have a shorter target date of 30 days for physical and dental assessments with a longer 60-day period for mental health assessments. While the incentive measure timeline will begin when the CCO is notified that a child has been enrolled, OARs and ODHS policy require that assessments be completed within 30 or 60 days of a child's placement into foster care (see Table 1 below).

These timelines are different because it takes time for children in ODHS custody to be enrolled with a CCO. The following steps take place between the time a child enters ODHS custody and a CCO is notified of their enrollment:

- Local ODHS child welfare staff have three days to enter a child's placement information in their OR-Kids system.
- OHA Medicaid eligibility staff have seven days to determine OHP eligibility for a child that has been entered into the system.
- Once eligibility is determined, OHA takes three to five days to enroll a child in a CCO.
- OHA sends CCOs a weekly notification report with new cases on Thursdays.

The report sent to CCOs includes both (1) children previously enrolled with that CCO who have just been placed in ODHS custody, and (2) children who have been in ODHS custody but are now being assigned to the CCO. ODHS generates weekly notifications on Wednesday nights. These notifications incorporate all custody data in the OR-Kids system available as of that date, along with CCO enrollment data through Monday.

- Children who are new to the CCO and new to ODHS custody must be entered into the OR-Kids system and enrolled with the CCO by Monday of each week to be included in the Thursday file.
- Children who are already enrolled in a CCO and/or already in the OR-Kids system need to be included by Wednesday to make it into the Thursday file.

Each child's case stays in the report for 90 days to give CCOs time to coordinate care. CCOs receive weekly placement and contact information updates within this 90-day period.

Best Practice Timelines (American Academy of Pediatrics, Child Welfare League of America Clinical Guidelines, and Oregon Administrative Rules*)

Oregon Administrative Rule (OAR) 413-015-0465		
Assessment Type	**Age Range**	**Timeline**
Mental health assessment	3–17	Within 60 days of entering ODHS custody
Physical health assessment	0–17	Within 30 days of entering ODHS custody
Dental health assessment	0–17	Within 30 days of entering ODHS custody

** Sources:1 – American Academy of Pediatrics Health Care Standards for Children & Teens in Foster Care, here; 2 – OAR 413-015-0465, here*

Alignment of the CCO performance metric with the ODHS best practice timeline have been discussed with the following approach proposed:

Timeline for Improving Custody Measure

Year	Specification Change
2024	Require mental health assessment for three-year-olds^
2026	Move from 60 to 30 days for physical and dental health assessments; timeline begins when CCO is notified of enrollment

^Change made to align with OAR/clinical best practice in 2024; previously, the incentive measure did not require mental health assessments for 3 year olds.
Source: OHA and Department of Human Services joint presentation "Health Assessments for Children Entering Foster Care Measure: 2025 and 2026 Specification Changes" on December 13, 2023.

APPROACH

HMA used a structured approach to conduct the needs assessment, focusing on gathering insights from key partners and delivering actionable recommendations. The process began with regular communication with the OHA, including participation in a kickoff meeting to align project objectives, deliverables, and timelines. HMA provided OHA with ongoing updates throughout the project to ensure transparency and alignment. Additionally, ODHS collaborated with the OHA project lead and the HMA project team.

To collect meaningful insights, HMA collaborated with OHA and ODHS staff to develop an interview protocol with tailored questions for key partner groups including CCOs, providers, and resource families. HMA then used a multi-method approach to gather insights, conducting individual interviews with CCO representatives and structured focus groups with providers and resource parents.

- **CCO Interviews:** HMA conducted 30-minute voluntary interviews with all 16 CCOs. Interviews with CareOregon CCOs (Columbia Pacific CCO, Jackson Care Connect, and Health Share) and multi-region CCOs (PacificSource and Trillium) were combined into a single 60-minute interview. For these interviews, CCOs were asked to provide some background information on their process via a pre-interview survey. Additionally, the CCO performance metric results were reviewed before each interview.
- **Provider Focus Groups:** To gain a deeper understanding of challenges from a clinical perspective, HMA conducted three separate one-hour focus groups, each dedicated to a specific provider type: mental health, dental health, and physical health. These sessions allowed providers to share insights on system barriers, care coordination challenges, and opportunities to streamline assessments. 39 total providers attended these sessions.

- **Resource Parent Focus Group and Survey:** Recognizing the critical role of resource families in navigating health assessments, HMA conducted a single one-hour focus group with nine resource parents and distributed a follow-up survey to other resource parents who expressed interest but were unable to attend the session. These discussions explored the impact of delays, communication challenges, and potential supports needed to ensure children receive timely care.

FINDINGS

Interviews with Coordinated Care Organizations

Interviews were conducted with representatives of all 16 CCOs to gather insights on CCO processes around this metric, challenges, and opportunities for improvement. Key findings from these interviews include the following:

1. Delays notifying the CCO of changed placements and updating contact information for resource parents can be a barrier to timely assessments.

Interviews with CCOs revealed that timely coordination and communication are critical to ensuring children in ODHS custody receive required health assessments within prescribed timeframes. Regular communication with resource parents, providers, and ODHS staff is essential to overcoming logistical challenges and ensuring assessments are scheduled and completed.

However, CCOs do not receive real-time updates when a child moves between placements, since the CCO updates occur only once a week on Thursdays. This means that CCOs do not always have access to the most up-to-date contact information for resource parents. CCOs are then in a position where they must manually contact and locate children to coordinate assessments. These delays are particularly pronounced when cases span multiple counties, complicating the process of obtaining necessary information and requiring that children switch between CCOs.

Health Share CCO has funded two positions in the Portland area ODHS office for the past 10–12 years to enhance communication between ODHS and the CCO. Though specific impact data was not shared, all participants in the Health Share interview agreed that these two positions were valuable in getting timely information and building stronger partnerships with the local ODHS branch office staff.

2. Behavioral health assessments are significantly hindered by a shortage of providers, delays in referrals, missing visit codes, and a lack of understanding of virtual options.

Behavioral health assessments pose a challenge primarily due to a shortage of behavioral health providers and delays in referrals from ODHS branch coordinators. In some cases, ODHS caseworkers have up to 21 days to initiate referrals for behavioral health assessments, which significantly reduces the time available for CCOs to coordinate appointments within the required window. When children reenter custody and resume care with a previous behavioral health provider, that provider may choose not to submit an "initial assessment" code/claim, causing the visit to be excluded from the metric. These barriers disproportionately affect rural areas where mental health provider shortages can extend scheduling wait times by months and reduce assessment completion rates. Despite the availability of virtual behavioral health appointment options, many CCOs identified challenges in their ability to fully leverage these tools and shorten delays.

3. Oral health assessments require improved coordination within CCOs and with DCOs, as many work with multiple dental care organizations (DCOs) based on region.

Oral health assessments require additional coordination within CCOs to improve timeliness on this measure. Depending on the region, some CCOs work with several different DCOs to provide oral health services for their members. Once they receive an OHA alert, CCOs must confirm and contact the appropriate DCO, who then confirms enrollment and contacts providers.

Health Share CCO reported that each of its associated DCOs have dental coordinators who focus on children in ODHS custody. The group gave the example of a child assigned to a different DCO than the one associated with that CCO, who then needed to be reassigned, as well as an example of a situation in which a set of siblings in custody were assigned to different DCOs and needed to be reassigned to the same DCO. These cases involved discrepancies that required that CCOs or DCOs do significant work to resolve problems before making connections to providers.

Some CCOs use a one-stop approach for health assessments where the child gets all three assessments—physical, oral, and behavioral health—during one appointment in a single location, whereas other CCOs strive to ensure the child is seen separately by their already-assigned dental home.

4. CCOs benefit from Smartsheet and Community Integration Managers (CIMs) to track assessments, provide real-time updates, identify gaps, and facilitate collaborative progress reviews with stakeholders.

All CCO interviewees said they review their systems to confirm enrollment, assess needed evaluations based on age, and analyze recent applicable claims such those for recent well-child visits. Most interviewees said their CCO assesses whether a child has an assigned primary care provider, dental home, or behavioral health provider.

Tracking and monitoring emerged as a strength for many CCOs, as internal tools such as Smartsheet, CIM, and Excel-based trackers were widely used to monitor progress. These systems allow CCOs to keep detailed records of scheduled and completed assessments, flag missing claims, share updates with stakeholders, and identify gaps in real time. Regular progress reviews, both internally and with external partners, further support ongoing efforts to meet metric benchmarks. Some CCOs convene weekly or biweekly meetings with ODHS, providers, and DCOs to share real-time updates on assessment progress.

5. Collaboration with community partners, regular meetings, and strong local networks have been key to overcoming barriers and improving coordination.

Collaboration with community partners and other partners has played a vital role in addressing barriers and improving outcomes to date. For example, Yamhill CCO meets with ODHS, Capitol Dental, and other partners on a quarterly basis to maintain alignment on goals, address challenges, and share updates with one another. Several other CCOs reported regular meetings with the local ODHS offices and the local providers. Smaller counties, where resource parents and providers were familiar with one another, reported smoother coordination due to established relationships and local networks.

Participants offered examples of focused efforts between partners to ensure the needs of the children in ODHS custody were met, such as:

- In Coos and Curry counties, Advanced Health CCO has a designated one-stop shop called the FEARsome (Foster Education and Resources) Clinic, which focuses on providing children in ODHS custody with a designated physical health, dental, and behavioral health providers. The FEARsome Clinic is based in Coos County and designates one day each week to conduct these assessments. FEARsome Clinic providers travel to Curry County in a mobile van at least once a month to conduct that county's assessments as well.
- Cascade Alliance CCO will use a mobile van to visit the home of a resource parent or meet them at the local ODHS office.
- In the Portland area, Health Share CCO has identified several clinics across three counties that focus on children in ODHS custody. Within these designated "Every Step" clinics, each child has a dedicated team that includes skilled trauma-informed nurses,

doctors, social workers, and specialists who work closely with the child, the resource family, and caseworker. Health Share also coordinates with MindSights—a psychological assessment clinic—across the three counties to ensure that behavioral health assessments are completed.

6. Smaller CCOs face unique challenges in meeting metric benchmarks but also use effective strategies to improve outcomes.

Finally, meeting metric benchmarks posed challenges for smaller CCOs, where even a single missed case could jeopardize success because of limited provider capacity. The structure of the metric itself was seen as a challenge, and shortened timelines (e.g., 30 days instead of 60) were viewed as unrealistic for some CCOs. Despite these challenges, participants reported the following strategies as effective in improving their outcomes:

- Regular quality improvement meetings
- Ongoing collaboration between CCOs and DCOs
- Leveraging of tracking tools (for example, Yamhill's CIM to track scheduling and follow-up meetings with resource parents)

These are examples of strategies that could be scaled up to improve outcomes. These findings underscore the importance of addressing systemic barriers, improving coordination, and providing technical assistance to support CCOs in meeting the *Assessments for Children in ODHS Custody* metric.

Focus Groups with Providers

CCOs identified health care providers from each of the three areas required for the metric: physical, oral, and behavioral health. Outreach from the HMA team resulted in 39 providers separated into three focus groups based on provider type (physical, mental, dental). Each provider group emphasized that health assessments should focus on improving the quality of care for children in ODHS custody and should not only check a box on a performance metric.

Our conversations with all three groups of providers—medical, dental, and mental health—revealed several themes that are outlined below.

1. Providers do not always know when an appointment is for a child in ODHS custody.

While providers in all three focus groups said that they prioritize scheduling urgent appointments for children in ODHS custody, several providers said that they are not always aware when an appointment is for a child in ODHS custody. Resource parents do not always know to indicate

that a requested appointment is for a child in ODHS custody, which can lead providers to schedule appointments further out.

2. Providers require signed paperwork from caseworkers and resource families to authorize care.

The State of Oregon requires signed paperwork from a caseworker granting resource parents the authority to consent to routine medical care for children placed in their homes. Completion of this paperwork allows resource parents to schedule and attend visits for the child in their care. If a resource parent doesn't receive this form from their caseworker or forgets to bring it to an appointment, some providers will not schedule an appointment or will not conduct an assessment upon arrival.

3. Providers do not always have accurate contact information for resource parents and caseworkers.

Children in ODHS custody often move between placements, sometimes several times in a short period of time (for example, one provider reported a child who had moved five times in two weeks). Updated contact information is not regularly sent from ODHS to CCOs, and in turn CCOs are unable to send updated information to providers. This is of particular concern when a provider receives a resource parent's name but is given the contact details for the parent from whom the child was removed.

Providers also struggle to get accurate contact information for ODHS caseworkers. This can happen because the caseworker assigned to a child is different from the staff member who worked on the placement for the child, leaving the provider with outdated or incorrect contact information.

4. Behavioral health providers do not always have the capacity to fit children in for urgent appointments and expressed frustration with high no-show rates.

Behavioral health providers reported workforce shortages that affect provider availability for urgent appointments. In behavioral health, there are also restrictions around which providers can see younger children, creating additional scarcity for appointments for very young children in ODHS custody. Behavioral health providers also reported high no-show rates for appointments, even when resource parents have been allowed to drop off children off for the duration of the appointment.

5. Providers struggle to coordinate effectively with resource parents.

Providers struggle to explain the need for assessments when contacting resource parents. This was especially true for kinship families who have a relative's child or children in their home and are not otherwise engaged with the foster system. By contrast, non-related resource parents tended to be more familiar with the need for assessments and more likely to have experience coordinating care for children. When several siblings are placed with a resource family, it can be challenging to fit three, four, or more children into providers' schedules. Participating providers said that they try to be as accommodating as possible when multiple siblings need concurrent visits.

It can also be challenging for providers to explain the need for assessments if a child is already established and receiving care from one or more providers. While these visits may count towards the metric, not all providers know to perform a qualifying assessment and/or include an "assessment" code as part of the visit, leading to duplication of efforts and care.

When the provider completing an assessment is not a child's established provider, it can be challenging to obtain the patient's previous health history. Resource parents have typically only been with a child for a short time and may not have access to previous health records. Providers using EPIC and other electronic health records may be able to look up children this way, and some clinics have care managers who are able to coordinate access to previous health records.

ODHS nurses recently took responsibility for conducting Child and Adolescent Needs and Strengths (CANS) assessments that were previously conducted by CCOs and community partners. In the behavioral health focus group, providers expressed concern about the transition of the CANS assessment to ODHS nurses. Participants felt that the CANS had previously been an opportunity for them to establish communication with resource families, who might otherwise fail to see the need or urgency for an additional comprehensive behavioral health assessment. Without the CANS, they expressed worry that they would struggle to convince resource parents to bring children in for comprehensive assessments.

Focus Group with Resource Parents

HMA used a multi-method approach to gather resource parents' perspectives on the timeliness of health assessments for children in their care, including holding a focus group with eight resource parents and distributing a survey to another nine resource parents who expressed interest in the focus group but were unable to attend. Initially two focus groups were scheduled, but given timing constraints, both groups were merged into a single evening teleconference.

1. Resource parents who take children from multiple counties face challenges in coordinating with multiple CCOs and providers.

Resource parents who take in children from multiple counties must work with multiple CCOs and coordinate between them effectively. Resource parents reported that this is often challenging,

especially when a child is transferred to their care from another part of the state and must be enrolled with a new CCO. Coordinating with providers for multiple children coming from different counties can also be challenging, with resource parents reporting the most difficulty with behavioral health and dental services.

2. Rural and urban resource families experience differences in access to care and timeliness of assessments.

Of the resource families interviewed, those who lived in smaller communities reported stronger relationships with local providers but fewer options to choose from. Resource families in larger communities reported greater access to a choice of providers but felt that their relationships were not as strong. There may be additional advantages to living in larger cities, including greater access to virtual appointments.

3. Resource parents would like to strengthen their relationships with providers and caseworkers.

While some resource parents reported that they receive good information when children are placed in their care, others said that they did not (or did not routinely) receive information packets from caseworkers. All participants reported that they received an email listing the tasks that they were required to complete within 30 days of placement.

When asked whether resource parents, providers, or CCOs take the lead on scheduling appointments, the answer was “it depends.” Some resource parents prefer to schedule appointments themselves because they have experience and know which providers to contact. Others prefer assistance from their CCO or caseworkers. We also know from interviews with CCOs that not all CCOs have processes in place for coordinating with resource parents.

Participating resource parents felt that stronger relationships with providers and caseworkers could improve the timeliness of assessments for children. Several participants said that communication and trust are the only way these appointments and other follow-up tasks get completed.

RECOMMENDATIONS

The interviews demonstrated three key areas for improvement. Though all interviewees expressed a commitment to optimizing their efforts on behalf of children in ODHS custody, improvements in the following areas would support more timely assessments:

1) Enhance education for all partners involved in coordinating appointments on the importance of prompt assessments, including resource parents, caseworkers, providers, and CCO staff.
2) Strengthen relationships between key partners to align workflows, policies, and shared efforts.
3) Ensure that CCOs and providers receive timely and accurate contact information for resource families by improving communication and coordination between OHA, ODHS, CCOs, and providers.

A more detailed discussion of these four recommendations follows.

Enhance Education

During the focus group session, it became clear that resource parents experience confusion about necessary timelines, the documents they should have received from caseworkers, which CCOs are available in their region, and how appointments are expected to be scheduled. CCOs and providers expressed concerns that could be addressed through peer-to-peer sharing, the development of shared talking points, guidance documents on key topics, and other forms of technical assistance.

Strategies could include:

- **Improve training for resource parents.** Resource parents should be provided with clear guidance and expectations about assessment timelines as part of their training. Guidance should also be reiterated every time a new child is placed in a home. Repetition of these expectations will likely help with increased compliance.
- **Improve training for ODHS caseworkers.** Caseworkers at ODHS should be reminded that they are responsible for flagging all tasks and deadlines for resource parents at the time of placement to ensure that all appropriate documents are provided to resource parents.
- **Improve training for providers and CCOs.** Topics could include the following:
    - **How to maximize already-scheduled visits to include needed assessments:** If a child already has an established relationship with one or more providers, those providers may be able to count an upcoming visit as an assessment for the purposes of the metric. This may require that they are educated about the purpose of the assessment and how to document the visit using appropriate codes.

- **The purpose and value of each type of health assessment for children in ODHS custody:** CCOs and providers may benefit from additional information about the purpose and value of the physical, behavioral health, and dental assessments required for children in ODHS custody. This might include information about the range of complex medical and behavioral health needs sometimes experienced by children in ODHS custody.
- **How to communicate the "why" behind assessments**: CCOs and providers who engage with resource families need to effectively communicate why these assessments are important. Additionally, they need to be able to convey to resource parents that these assessments are not optional and must be completed within the prescribed timeframes.

Strengthen Relationships between Key Partners

There is room for improvement in building relationships between OHA and ODHS, between CCOs and providers, between ODHS/OHA and CCOs, and between resource families and all other system partners.

- **Strengthen the relationship between OHA and ODHS.** OHA and ODHS are responsible for coordinating to ensure that CCOs, providers, and resource families receive timely and accurate information related to each child's care. OHA and ODHS could collaborate to improve coordination regarding shared objectives, timelines, and requirements.
- **Continue to strengthen relationships between CCOs and providers.** CCOs and providers who had developed close relationships said they found it easier to meet the benchmarks for this measure. Technical assistance could be developed with the intent to build and strengthen these relationships (e.g. hosting learning collaboratives or offering other TA formats that involve collaboration between partners).
- **Improve communication between resource families and all other system partners** including providers, ODHS caseworkers, and CCO staff. Technical assistance could be developed to help resource families better understand and navigate Oregon's healthcare system.

Ensure Timely and Accurate Contact Information for Resource Families

CCOs and providers need access to timely and accurate contact information to schedule appointments for children in OHDS custody. There are significant variations in who schedules assessment appointments for children, with some CCOs taking the lead on scheduling and others delegating this fully to providers and resource families.

If a CCO takes a more active role in scheduling, some will try to preserve relationships with a child's established providers. Other CCOs work with a designated clinic to address the needs of children in ODHS custody, trading established relationships for timeliness. If scheduling is left to resource parents, they call and schedule with providers directly. This can create challenges for providers and CCOs who are not always told that a scheduled appointment is for a child in ODHS custody.

In focus groups, providers shared several examples where assessments were delayed because of the time it took to track down accurate contact information for resource parents. Providers, CCOs, and resource families shared that the placement and contact information for children in ODHS custody is often outdated. This happens most frequently when a child is moved between resource families or returned to the family of origin. When information is incorrect, CCOs and providers must track down the correct contact information before scheduling can occur, affecting the timeliness of assessments.

Interviewees suggested the following efforts to improve the accuracy of resource parent contact information:

- **OHA and ODHS should consider how notifications of placement changes** might be communicated more expeditiously to reduce the administrative burden on CCOs and providers to contact resource parents and schedule assessments. This might involve sourcing technology that would give CCOs and providers real-time updates on changes in placement. Some interviewees suggested exploring the PreManage software tool to get information alerts similar to emergency department (ED) and hospital stays.
- **CCOs should strengthen their relationships with local ODHS offices** to ensure access to the most current information available in the ODHS system. Providers in smaller communities with strong ties to their local ODHS offices reported that they were sometimes alerted of changes in placement before the delivery of the weekly notification file.
- **OHA should work to reduce confusion over CCO assignment** for children in ODHS custody. Participating resource families reported cases where a child was assigned to a CCO for a region the child no longer resided in (i.e., Open Card status or wrong CCO in areas of multiple jurisdictions).

CONCLUSION

HMA's process identified process and resource-related constraints and opportunities in improving the timeliness of assessments for children in ODHS custody. Our recommendations are actionable strategies that OHA, ODHS, and the CCOs can take individually and in partnership with one another to improve CCO performance on this metric and outcomes for children going forward.

APPENDIX

CCO Interview Guide

Introduction: The Oregon Health Authority (OHA) partnered with Health Management Associates (HMA) to conduct a comprehensive needs assessment aimed at improving the timely delivery of physical, mental, and dental health assessments for children in ODHS custody. This initiative supports the *Assessments for Children in ODHS Custody* CCO incentive measure, which requires Coordinated Care Organizations (CCOs) to meet benchmark goals for timely health assessments for these children.

Past performance data indicate that assessments are not consistently completed within the recommended timeframes. To address this challenge, the needs assessment gathered input from key stakeholders—including CCOs, providers, and resource families—to identify barriers to timely assessments, the impact of these delays on resource families, and the types of technical assistance needed to reduce wait times.

The findings from this assessment will inform strategies to improve performance on the incentive measure and ensure better health outcomes for children in ODHS custody.

Background:

- ✓ After being notified, can you walk us through your process for ensuring timely assessments? Specifically, what steps do you take as a health plan to connect with families or providers?
- ✓ How do you navigate situations where the resource family prefers a different provider than the assigned one?

Process and Barriers:

- ✓ In 2022, your CCO [met/did not meet] the [benchmark/improvement target] for the *Assessments for Children in ODHS Custody* CCO incentive measure. Could you tell us about your efforts to meet this metric and what was most challenging?
- ✓ How do you internally track mental, dental, and physical health assessments?
    - What is the process for scheduling assessments?
    - How do you ensure assessments are completed on time?
- ✓ Where do you see opportunities for improvement or increased efficiency?

Information and Reporting:

- ✓ If your CCO tracks progress toward meeting this metric, where do these reports go, and who reviews them?
- ✓ What happens after reports are submitted?
- ✓ How is information about completed assessments gathered and tracked?

Support Needs:

- ✓ Have you implemented any improvement projects with providers or community partners?
    - If yes, what has worked and what hasn't?
- ✓ How could the state support your work?
    - Are there processes the state could simplify?

- Would technical assistance or training be helpful?

Provider Interview Guide

Background:

- ✓ Name, position, department, type of provider
- ✓ How often do you see children in ODHS custody for assessments?
- ✓ Can you describe your process once you get the referral? How are assessments queued up?
- ✓ How do you track referrals and completion of assessments? Do you track provider shortages?

Process and Barriers:

- ✓ Can you describe your process for scheduling and completing physical, mental, and dental health assessments for children in ODHS custody?
- ✓ What barriers prevent you from completing assessments within the required timeframes?
- ✓ How do you coordinate with foster families or CCOs during this process?

Performance and Improvement:

- ✓ Do you receive feedback on your performance regarding timeliness?
- ✓ Are there areas where you think you could use more support?
- ✓ What has worked well in your workflow, and what hasn't?

Support Needs:

- ✓ Have you participated in improvement projects to enhance timeliness?
  - If yes, what was successful, and where do you see gaps?
- ✓ How could the state provide better support to you?
  - Simplify processes?
  - Provide training or technical assistance?

Resource Parent Interview Guide

Background:

- ✓ How long have you been a foster parent?
- ✓ How many children are currently in your care? How many children have been in your care in the past 12 months?

Processes and Barriers:

- ✓ Are you aware of the required timelines for children in ODHS custody to receive physical, mental, and dental health assessments? How were these timelines communicated to you?
- ✓ How are you notified when the child in your care has an assessment scheduled? Or do you have to schedule it?
- ✓ What challenges have you faced in scheduling and completing assessments for physical, mental, and dental health?
- ✓ If you have had children with special needs, was your experience different from a child without special needs?
- ✓ How does the timeliness (or delays) of these assessments impact the children in your care?

Performance and Feedback:

- ✓ What is your perception on how well the health system is performing in completing assessments on time?
- ✓ Do you feel supported in navigating the health assessment process?
- ✓ Where do you think improvements are needed?

Support Needs:

- ✓ What additional support or resources would make the process easier for you?
- ✓ How could the state improve its processes to better support foster families?
    - Simplify processes?
    - Provide training or technical assistance to providers to provide assistance?