Oregon Child Integrated Dataset

Legislative Report

April 2025

ocid-cebp.org

Invitation to Explore OCID

The Center for Evidence-based Policy (Center) based at Oregon Health & Science University is pleased to provide this update on the progress of the Oregon Child Integrated Dataset (OCID) project during the 2023-2025 biennium. Launched by the legislature in 2019, OCID is an objective, nonpartisan data resource for Oregon policymakers to improve outcomes for Oregon children and families. By aggregating information from across state agencies, OCID provides a unique and longitudinal view into the well-being of children in Oregon since 2001, and into how Oregon's publicly funded programs are serving children and families in the state.

Guided by the project's governance committee, in the 2023-2025 biennium OCID produced a series of analyses and interactive online data visualizations, increased use of the information among interested partners, and supported information-sharing among state agencies.

This update highlights OCID's work during 2023-2025 to increase understanding of the well-being of Oregon's children and families, pointing to potential opportunities for early identification, upstream support, and additional inquiry. We are excited to share this update and to continue to deepen the work of OCID in the next biennium.

For further information, we encourage you to explore OCID's website and its growing library of policy briefs, interactive displays, and webinars. We welcome your input on how we can continue to improve this valuable resource in the coming biennia.

Pam Curtis, Center Director, and Gretchen Morley, OCID Project Director

SAMPLE INSIGHTS FROM 2023-2025 ONLY AVAILABLE TO POLICYMAKERS THROUGH OCID

- **Connecting high school graduation and foster care data, we learned that graduation rates for students with out-of-home foster care placements seem more closely tied to the number of school transitions than number of foster care placements.** Graduation rates were lower among youth who experienced more school transitions, regardless of the number of foster care placements.
- **Connecting Medicaid and enrollment data for Early Intervention (EI) and Early Childhood Special Education (ECSE), we learned that enrollment of eligible children in these programs has been low.** Less than 40% of children enrolled in Medicaid or CHIP who were likely eligible for EI or ECSE were enrolled in these early learning supports.
- **Connecting Medicaid, CHIP, and juvenile justice data, we learned that diagnosed substance use disorder (SUD) is 5 times higher for youth with juvenile justice contact than the overall population of youth enrolled in Medicaid and CHIP.** For all youth enrolled in Medicaid or CHIP, 5.9% had a diagnosis of SUD while the percentage was 30% for youth with a history of juvenile justice contact.

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OCID Overview

Background

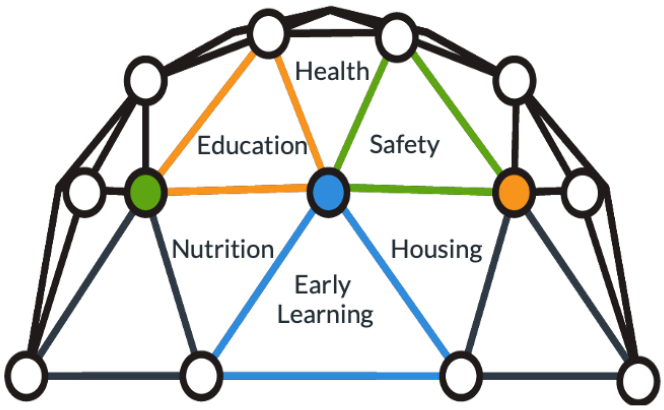
The Center for Evidence-based Policy (Center) at Oregon Health & Science University (OHSU), along with state policymakers in both the Oregon legislative and executive branches, have worked for more than a decade to develop and build an integrated, longitudinal child dataset to assist in guiding program and resource decisions to improve the well-being of Oregon children. In 2019, the Oregon Child Integrated Dataset (OCID) project was launched by the Oregon Legislature, bringing together datasets from separate public programs and services across 5 state agencies (see Figure 1 and Appendix A).

OCID's primary goal is to assist policymakers to improve the well-being of Oregon children and families by grounding their decisions in the best-available Oregon-based information. OCID does this through:

- A multifaceted population-level view into how children and families are served across state agencies through a multitude of public investments. This integrated approach enables awareness of historical and current patterns that would otherwise be isolated in the siloes of individual programs and agencies.
- Guidance from policy officials from the governor's office, legislature (both chambers, both parties), and state agencies, engaged through the OCID Governance Committee.
- A foundation of data-use agreements (DUAs) with state agencies providing data, coupled with oversight from OHSU's Institutional Review Board (IRB) to ensure privacy, integrity, and other requirements are met.
- Engagement of the Oregon Chief Data Officer, state agencies, governor's office, legislators, legislative committees and staff, and an array of community organizations all working to improve the well-being of Oregon's children and families.
- Using a systematic approach to looking at data, to ensure OCID products reflect the experiences of children, families, and communities statewide.

Funded with a $2 million appropriation in the 2023-2025 biennium, OCID is a unique-to-Oregon resource. Though other states have integrated data projects, OCID potentially has the broadest scope of cross-program and longitudinal state data focused on the well-being of children and families in the country.

Figure 1. Overview of program data integrated within OCID



Oregon Department of Human Services

- Child maltreatment
- Foster care
- SNAP
- TANF

Oregon Youth Authority

- Allegations
- Residential placement

Oregon Department of Education

- Assessments
- Attendance
- Graduation
- Discipline
- Disability status
- Early Intervention/Early Childhood Special Education
- English language proficiency
- 9th grade on-track to graduate
- Student houselessness

Oregon Health Authority

- Babies First!/Maternity Case Management
- Medicaid/CHIP claims and enrollment
- Oregon birth & death records

Department of Early Learning and Care

- Employment-related Day Care
- Head Start/Oregon Pre-K
- Healthy Families Oregon Home Visiting

Abbreviations. See Appendix A.

Accomplishments To Date

To date, OCID has produced exploratory dashboards, interactive graphic displays, and relevant and timely analyses for policymakers and community leaders. Analyses and interactive data available on the OCID website are highlighted in the following pages. These analyses include fact sheets, infographics, and online data interactives, and have been featured on a series of public webinars (see links on next page).

OCID has developed, with subject matter experts, an initial approach to integrating key demographic variables (such as race and ethnicity data) that are collected differently across state agencies. This work resulted in a guiding framework for equity considerations within OCID analyses, which OCID consistently uses to examine the intersection of variables including sex/gender, race/ethnicity, geography, and disability status.

Overview of Available OCID Analyses and Data at ocid-cebp.org

4-year high school graduation

Oregon's high school class of 2020 represented OCID's first opportunity to fully examine available state data on the lifespan of students from birth to graduation age in 2020.

- Oregon's High School Class of 2020: Foundational Analyses, March 2023
- Class of 2020: Midyear School Transitions, March 2023
- Class of 2020: Juvenile Justice Contact, April 2023
- Class of 2020: Severe Chronic Absenteeism, April 2023
- Oregon's High School Class of 2020: Interactive Displays

Behavioral health

As a first investigation into the behavioral health needs of Oregon's children, OCID explored the prevalence of behavioral health conditions among Oregon children enrolled in Medicaid or CHIP.

- Behavioral Health Conditions Among Children and Youth Enrolled in Medicaid and CHIP, April 2025

Child welfare

Foster care and substantiated maltreatment are highlighted across many of OCID's analyses, dashboards, and interactive displays.

- Student Mobility for Youth in the Foster Care System, May 2024
- Complex Medical and Social Needs in Early Childhood, October 2024
- Complex Medical and Social Needs in Early Childhood: Data Interactive
- Child Well-being Dashboard: Foster Care Participation
- Child Well-being Dashboard: Child Maltreatment
- Oregon's High School Class of 2020: Interactive Displays

Early childhood medical and social complexity

OCID produced a 4-part series of briefs, as well as an online interactive, exploring the experiences of Oregon children enrolled in Medicaid or CHIP who face complex health and social challenges during early childhood.

- Complex Medical and Social Needs in Early Childhood, October 2024
- Complex Medical and Social Needs in Early Childhood: Data Interactive

Early childhood program participation

Through 3 interconnected briefs and a series of data interactives, OCID examined relationships between participation in select public childhood programs and subsequent early educational outcomes.

- Oregon Childhood Program Participation and Early Educational Outcomes, March 2021
- Early-childhood Program Participation: Interactive Displays

Juvenile justice

Juvenile justice contact was identified in OCID's high school class of 2020 series as one of the top barriers to 4-year graduation.

- Oregon's High School Class of 2020: Foundational Analyses, March 2023
- Class of 2020: Juvenile Justice Contact, April 2023

Public alternative education schools

OCID produced an initial high-level description of students who had been enrolled in public education schools.

- Students Enrolled in Oregon's Public Alternative Education Schools, June 2021

School attendance

Severe chronic absenteeism was identified in OCID's high school class of 2020 series as one of the top barriers to 4-year graduation.

- Oregon's High School Class of 2020: Foundational Analyses, March 2023
- Class of 2020: Severe Chronic Absenteeism, April 2023
- Child Well-being Dashboard: School Attendance

Student mobility

Midyear school district transition was identified in OCID's high school class of 2020 series as one of the top barriers to 4-year high school graduation.

- Oregon's High School Class of 2020: Foundational Analyses, March 2023
- Class of 2020: Midyear School Transitions, March 2023
- Student Mobility and High School Graduation, April 2024
- Student Mobility for Youth in the Foster Care System, May 2024
- Student Mobility and High School Graduation: Data Interactive

OCID Analysis Spotlight: Student Mobility

Previous research shows that student mobility may have harmful effects on student educational and health outcomes, as well as social development. An OCID analysis of Oregon's high school class of 2020 identified midyear school transition as 1 of the top 3 barriers to 4-year graduation. OCID further investigated this finding by exploring the association between different types of school transitions and high school graduation rates for different student populations, with specific focus on students who also experienced out-of-home foster care.

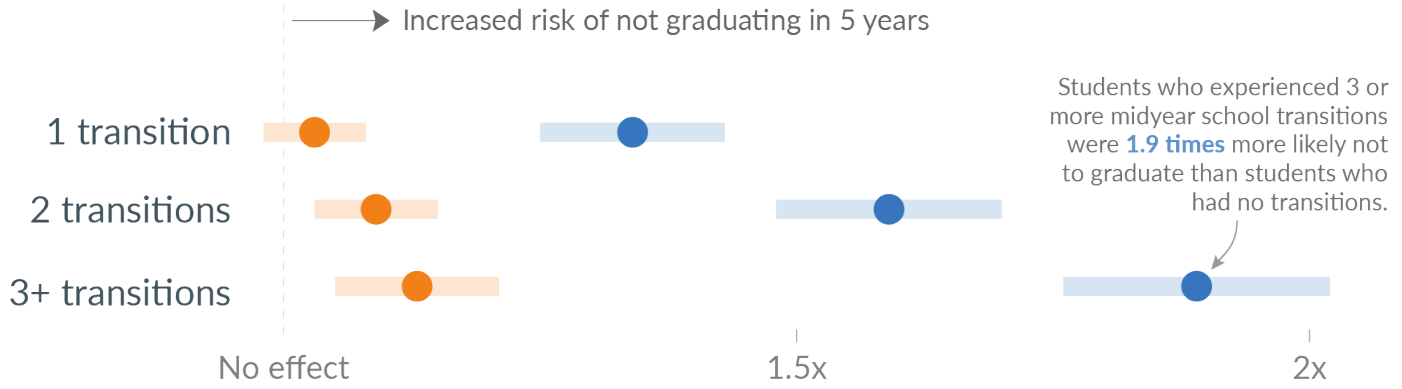
Students who experienced more school transitions were less likely to graduate. Graduation rates (graduating within 5 years of entering ninth grade) were lower among students with school transitions, especially those who had experienced a midyear transition between kindergarten and 12th grade. The graduation rate for students who had experienced at least 1 transition was 74%, compared with 94% for students who had not experienced any transitions. Midyear transitions were more disruptive to graduation than summer transitions, and the disruption became more severe with additional transitions (Figure 2).

Study population
Oregon public school students who were first-time ninth graders in the 2016-2017 or 2017-2018 academic years.

Links
For further reading and analysis methods, please visit:

- Student Mobility and High School Graduation
- Student Mobility for Youth in the Foster Care System
- School Mobility and High School Graduation: Data Interactive

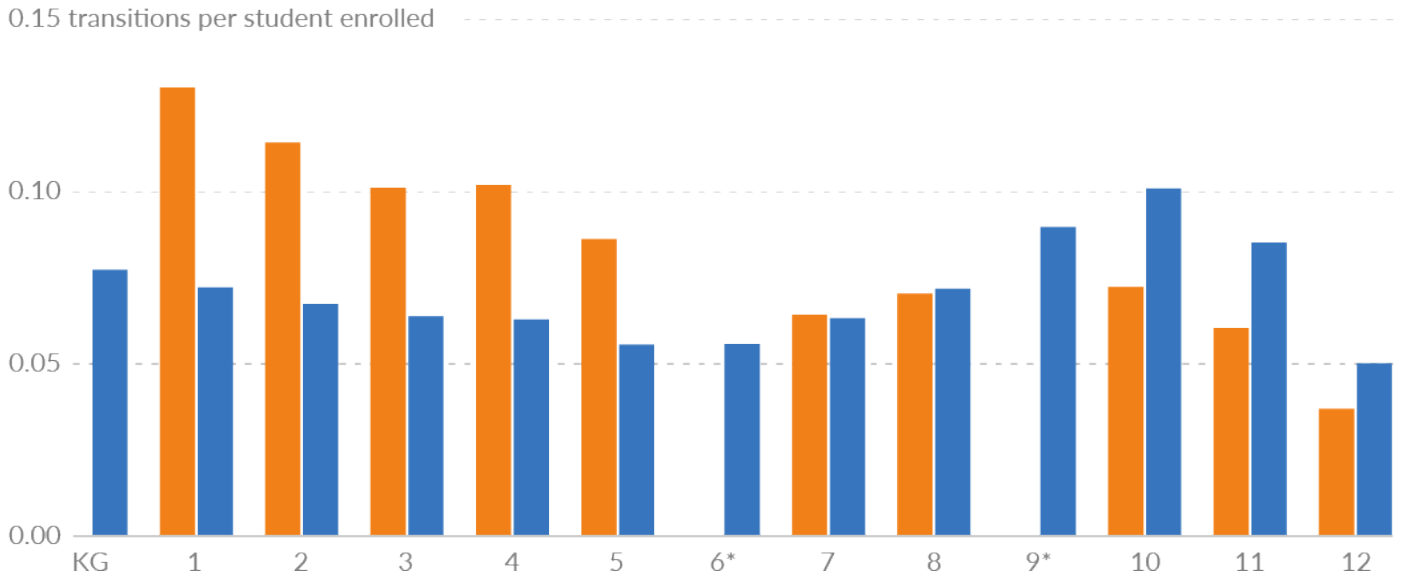
Figure 2. Risk of not graduating by number of midyear and summer transitions



Note. Model was adjusted for sex or gender, race and ethnicity, geography, IEP status, English language learner status, poverty status (TANF, SNAP, and Medicaid or CHIP enrollment), behavioral health diagnosis, out-of-home foster care participation, student houselessness, substantiated maltreatment, juvenile justice system contact, severe chronic absenteeism, and school discipline. Abbreviations. See Appendix A.

Overall, summer transitions were more common among younger students in grades 1 through 5, while midyear transitions were most common among older students in grades 9 through 12 (Figure 3).

Figure 3. Number of midyear and summer transitions per student enrolled, by grade



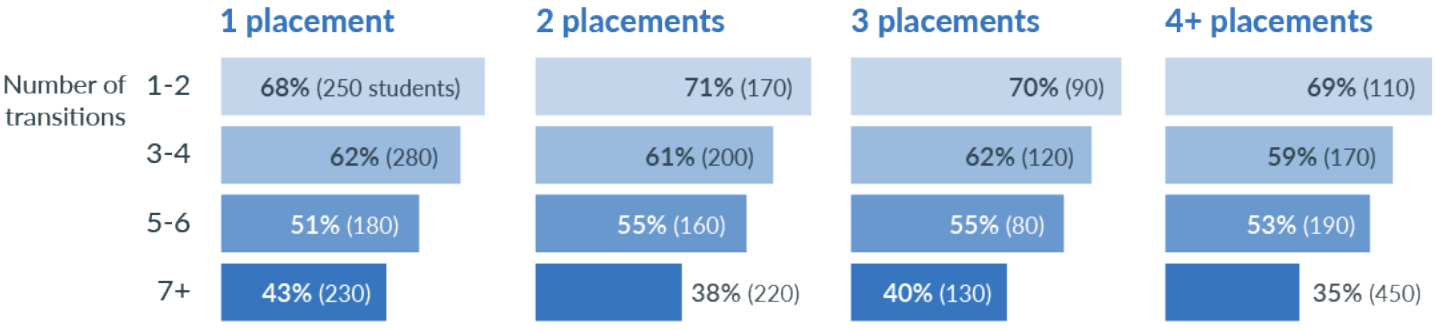
Note. *Data from the National Center for Education Statistics on the lowest and highest grade available at each school was used to remove transitions that result from natural grade promotion; as transitions due to grade promotion are most common in sixth and ninth grade, data for summer transitions are not shown for these grades.

For students with out-of-home foster care experiences, student mobility was common, particularly district transitions. Ninety-four percent of foster youth experienced student mobility at some point during their K-12 education, and foster youth were more than twice as likely to experience district transitions than their peers.

Foster youth had high student mobility rates throughout their educational experience (both during and outside of foster care episodes), regardless of the number of foster care placements. This indicates there are factors driving the high student mobility rates among this population other than the foster care experience alone (for example, family instability, juvenile justice involvement, school discipline, disability status, deep poverty).

Graduation rates seem more closely tied to the number of school transitions than number of foster care placements. Graduation rates were lower among youth who experienced more school transitions, regardless of the number of foster care placements (Figure 4).

Figure 4. Graduation rates of foster care students by number of placements and transitions

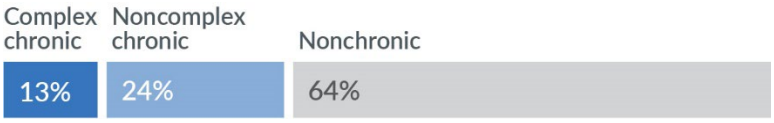


OCID Analysis Spotlight: Early Childhood Medical and Social Complexity

Children and families with complex health and social needs often require services and interventions from numerous sectors, providers, state agencies, or programs. OCID explored the experiences of Oregon children enrolled in Medicaid or CHIP who face complex health and social challenges during early childhood.

More than a third of children enrolled in Medicaid or CHIP at age 5 had at least 1 chronic medical condition (e.g., asthma, diabetes, malignancies). Compared with the full cohort of Medicaid- or CHIP-enrolled children aged 0 to 5, a larger proportion of children with chronic conditions were male. A larger proportion of Black children had at least 1 chronic condition (43%) compared with the overall cohort, while a lower proportion of Asian and Native Hawaiian/ Pacific Islander children had these conditions.

Figure 5. Prevalence of chronic medical conditions



Study population
Children enrolled in Medicaid or CHIP who were in the Oregon public school third-grade classes of 2017-2018 and 2018-2019.

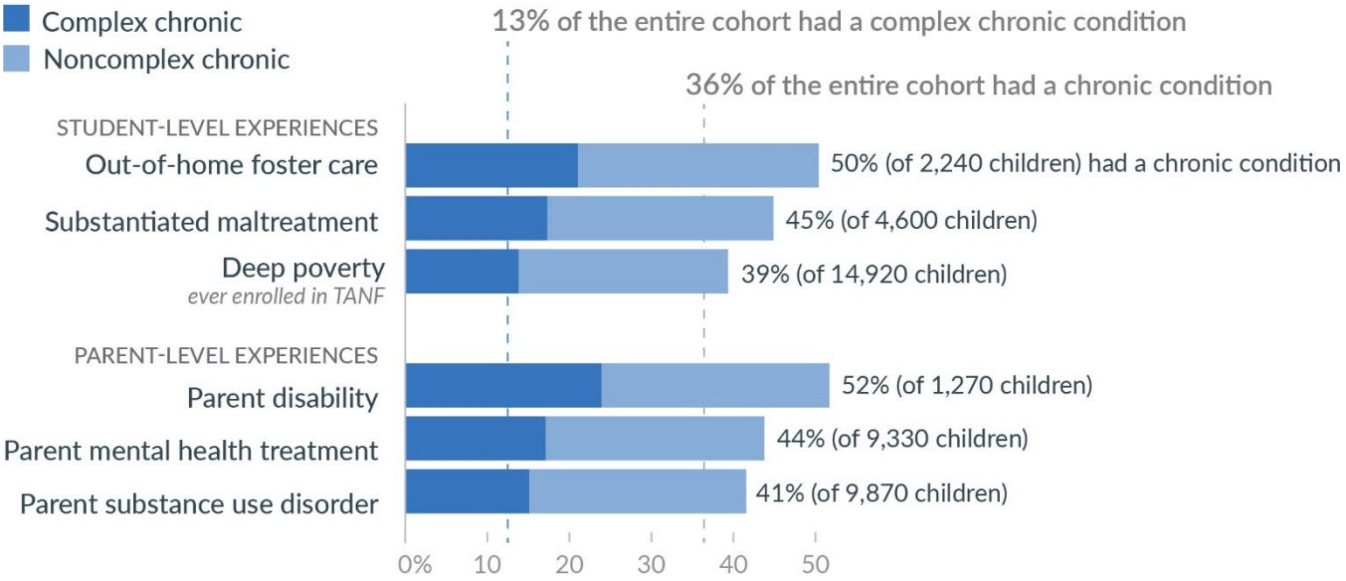
Key terms
Medical complexity refers to a classification of children with chronic disease:

- Complex chronic: History of 1+ chronic condition or of progressive or malignant conditions
- Noncomplex chronic: History of 1 chronic condition lasting at least 1 year
- Nonchronic: No history of chronic conditions

Links
For more findings and analysis methods, visit Complex Medical and Social Needs in Early Childhood.

Children with complex social and environmental experiences early in life had higher rates of chronic health conditions at age 5 years. Figure 6 depicts the intersection between medical complexity and different student- and parent-level social and environmental experiences in this cohort of youth. Overall, children with a history of complex social and environmental experiences had higher rates of chronic (both complex and noncomplex) medical conditions at age 5 than those without.

Figure 6. Percentage of children enrolled in Medicaid or CHIP with chronic conditions by student-level and parent-level experiences

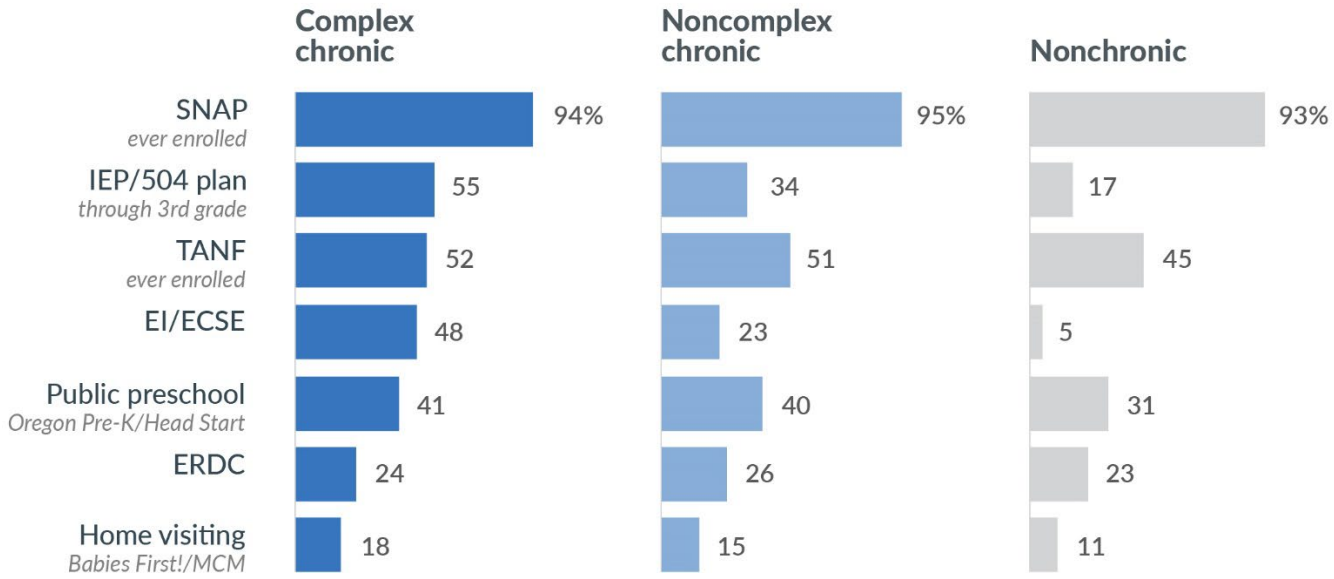


Note. Restricted to children born in Oregon. Abbreviations. See Appendix A.

State programs have contact with children with chronic health conditions and their families at higher rates than those without chronic conditions. This includes both programs related to early learning and disability needs, and others related to early education and income support (Figure 7).

Program participation increased with medical complexity. Seventy-one percent of children with complex chronic conditions and 58% of children with noncomplex chronic conditions used at least 3 of the 7 programs in Figure 7, compared with 40% of children with no history of chronic conditions.

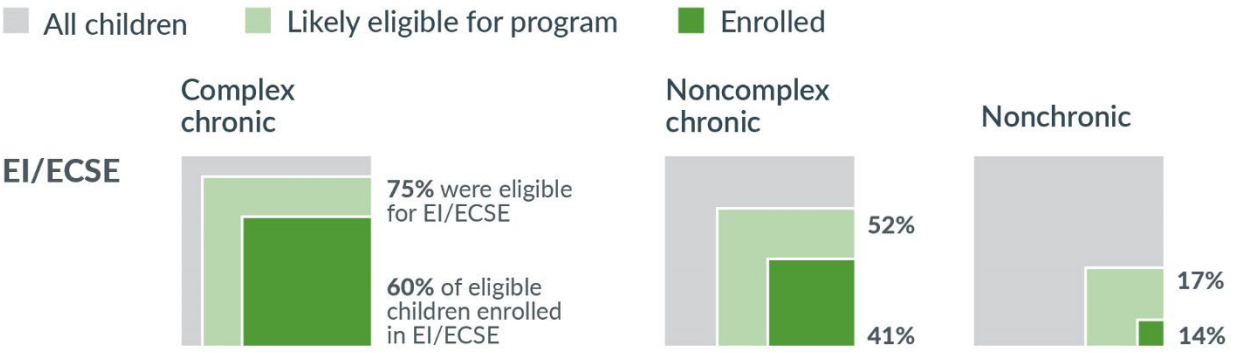
Figure 7. Proportion of children enrolled in Medicaid or CHIP also enrolled in select public program services, by medical complexity



Abbreviations. See Appendix A.

Enrollment of qualifying children in Early Intervention (EI)/Early Childhood Special Education (ECSE) was low. Overall, 32% of the cohort was likely eligible for early intervention disability support services based on a history of a qualifying diagnosis for EI or ECSE services. However, only 38% of those likely eligible children were enrolled in the program. A larger proportion of eligible children with chronic conditions were enrolled in these programs, but there was still a sizable gap. For example, 60% of likely eligible children with complex chronic conditions had a record of entering the program. Enrollment in EI or ECSE among children likely eligible was higher for those identified as Asian or Black, as well as notably higher for those identified as male compared with female, and those in the tri-county region compared with rural regions.

Figure 8. Percentage of children eligible for and enrolled in EI/ECSE by medical complexity



Abbreviations. See Appendix A.

OCID Analysis Spotlight: Children's Behavioral Health Needs

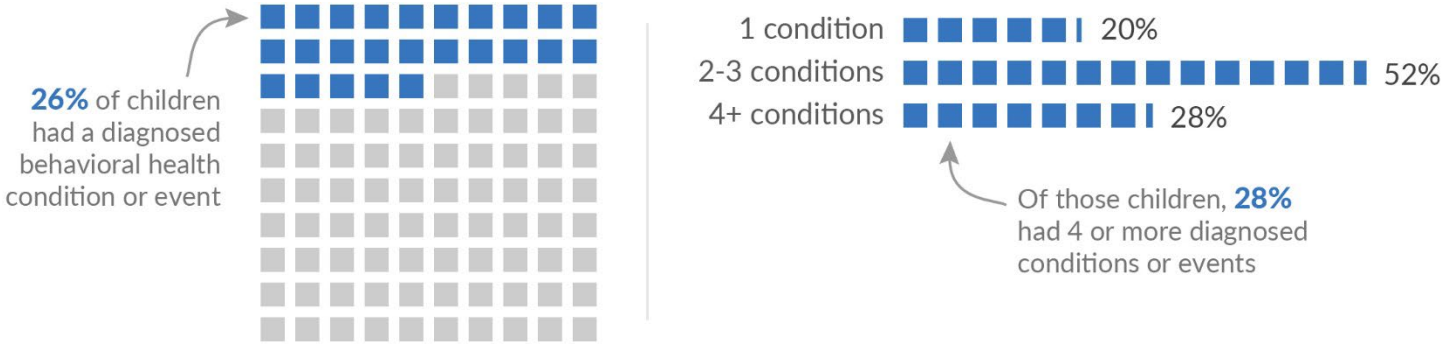
Improving behavioral health care has been a legislative priority in Oregon for several years. Oregon has a higher prevalence of behavioral health needs among children and youth compared with national averages. OCID explored the prevalence of behavioral health conditions among Oregon children and youth enrolled in Medicaid or CHIP to expand the data available for supporting policy discussions focused on improving children's behavioral health.

More than a quarter of children enrolled in Medicaid or CHIP in 2022 had a diagnosed behavioral health condition or event, and 80% of those children had more than 1.

Study population
Oregon children or youth aged 0 to 22 years enrolled in Medicaid or CHIP in 2022.

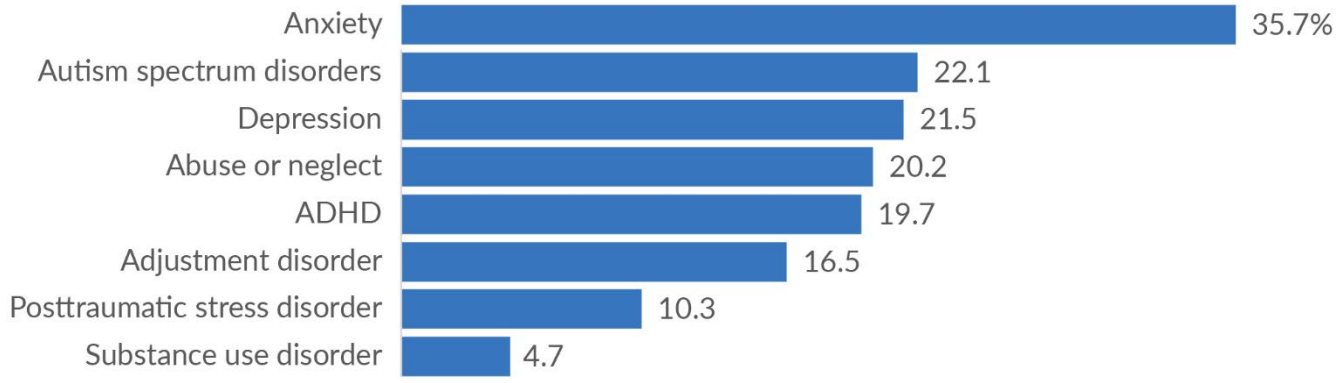
Links
For further reading and analysis methods, visit Behavioral Health Conditions Among Children and Youth Enrolled in Medicaid and CHIP.

Figure 9. Prevalence of diagnosed behavioral health conditions or events among children and youth enrolled in Medicaid or CHIP in 2022, and number of conditions identified



Of select diagnosed conditions or events among children and youth, those most identified were anxiety, autism spectrum disorders (ASD), depression, abuse or neglect, and attention-deficit hyperactivity disorder (ADHD).

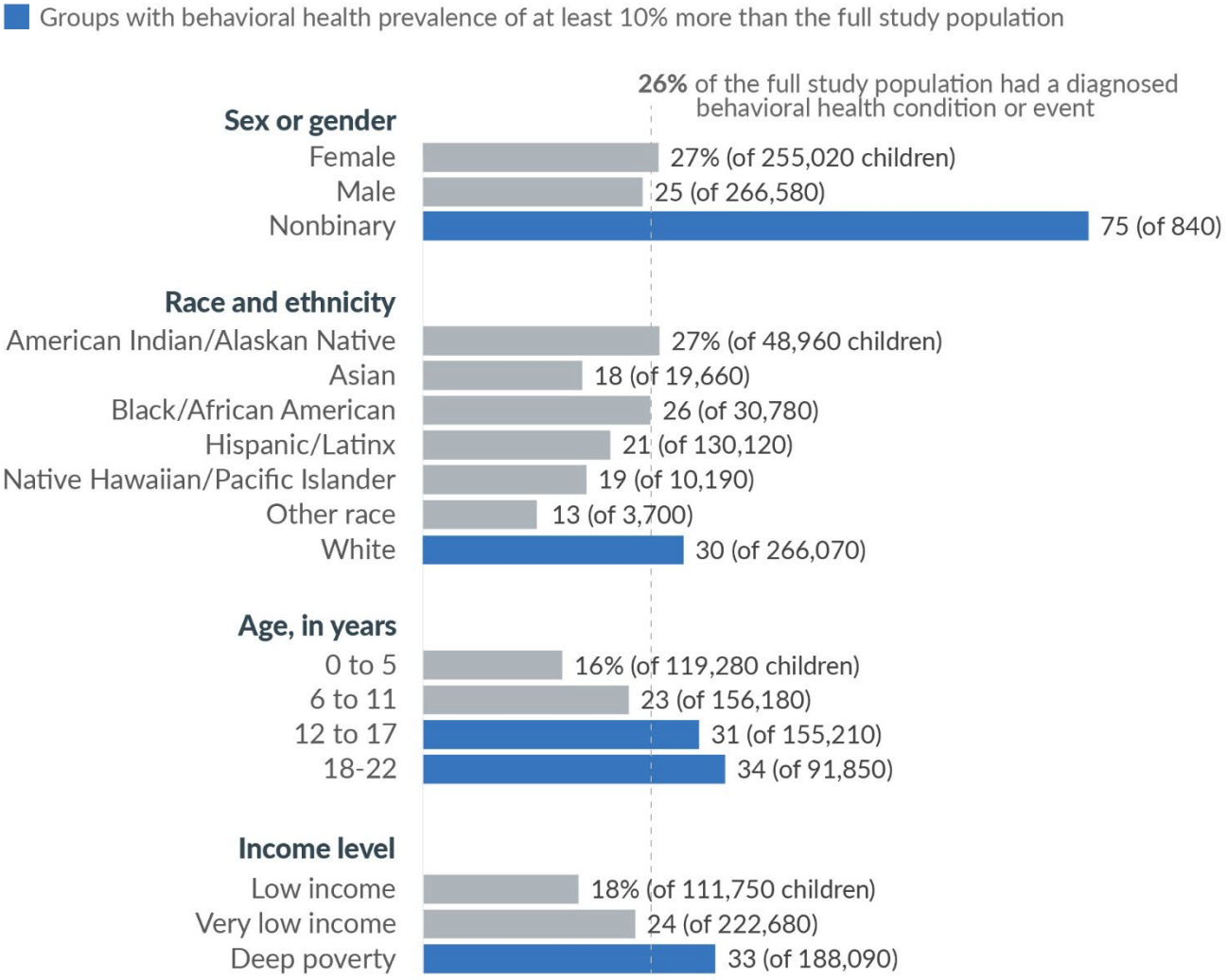
Figure 10. Prevalence of select behavioral health conditions and events among children and youth enrolled in Medicaid or CHIP in 2022



Abbreviations. ADHD: attention-deficit/hyperactivity disorder; PTSD: posttraumatic stress disorder.

Figure 11 shows the prevalence in 2022 of diagnosed behavioral health conditions and events among demographic and equity characteristic groups. Diagnosed behavioral health conditions and events were more common in children and youth who were identified as nonbinary, were identified as White, were aged 12 years or older, and had a history of deep poverty.

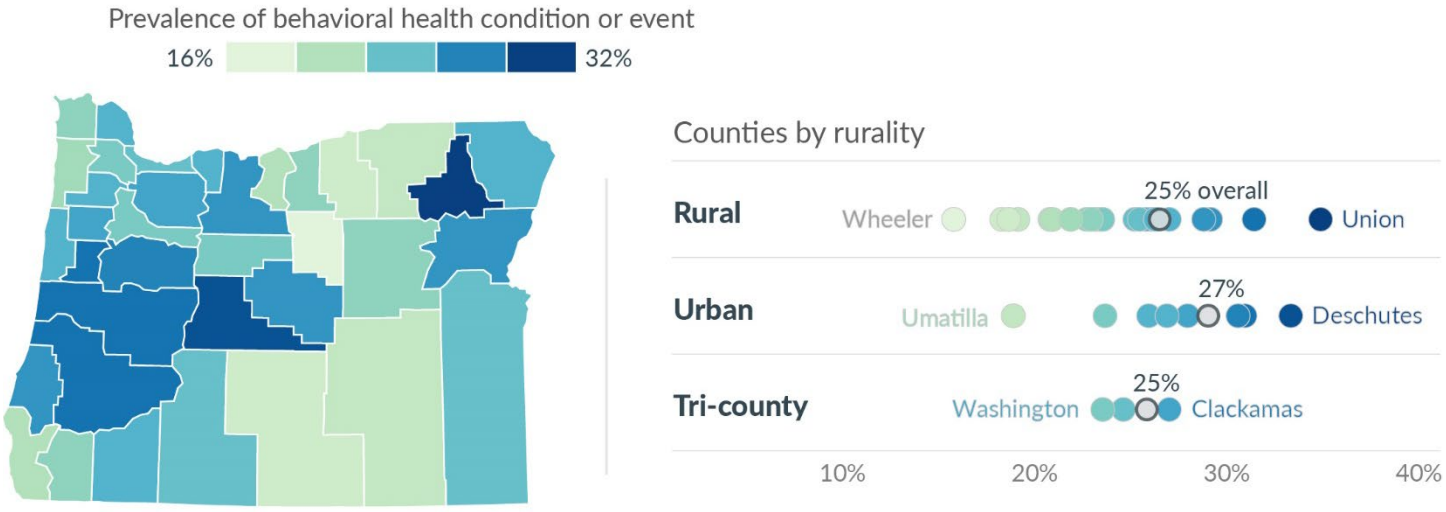
Figure 11. Prevalence of diagnosed behavioral health conditions or events in 2022 among Oregon children and youth enrolled in Medicaid or CHIP, by demographic characteristic



Note. Deep poverty is defined as ever having been enrolled in TANF. Very low income is defined as ever having been enrolled in SNAP and never enrolled in TANF. Low income is defined as ever being enrolled in Medicaid or CHIP and never enrolled in TANF or SNAP. Abbreviations. See Appendix A.

Tri-county, urban, and rural counties had a similar prevalence of diagnosed behavioral health conditions and events (25% to 27%), but with a much greater range among rural counties (16% in Wheeler County to 32% in Union County) and urban counties (19% in Umatilla County to 31% in Deschutes County) relative to the tri-county area (23% in Washington County to 26% in Clackamas County; see Figure 12).

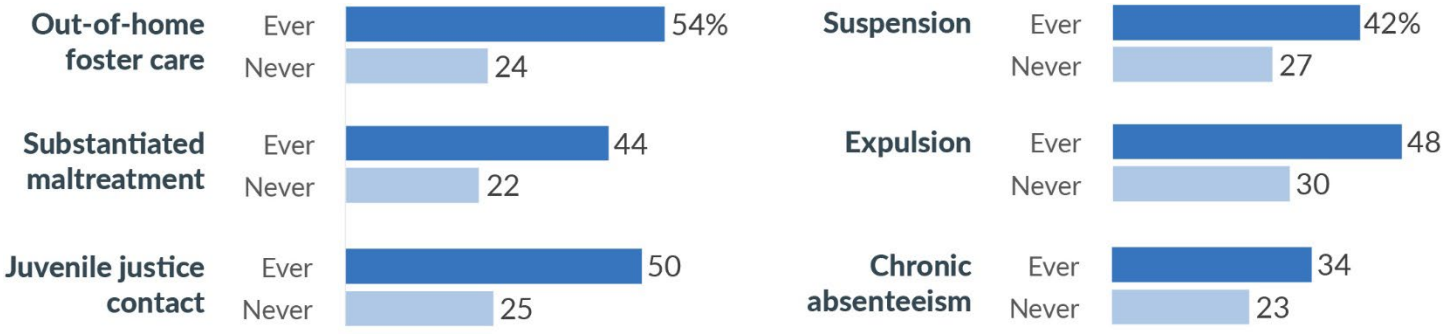
Figure 12. Prevalence of behavioral health conditions among children enrolled in Medicaid or CHIP, by Oregon county of residence in 2022



Notes. Standardized to member-months. County of residence is determined from Oregon Department of Education, Medicaid enrollment, or birth record data in that order of priority.

The prevalence of behavioral health conditions varied among children and youth with different lifetime experiences. More children and youth with histories of system contacts, disruptive educational experiences, and disability support had behavioral health conditions or events, compared with those without a history of these experiences (Figure 13).

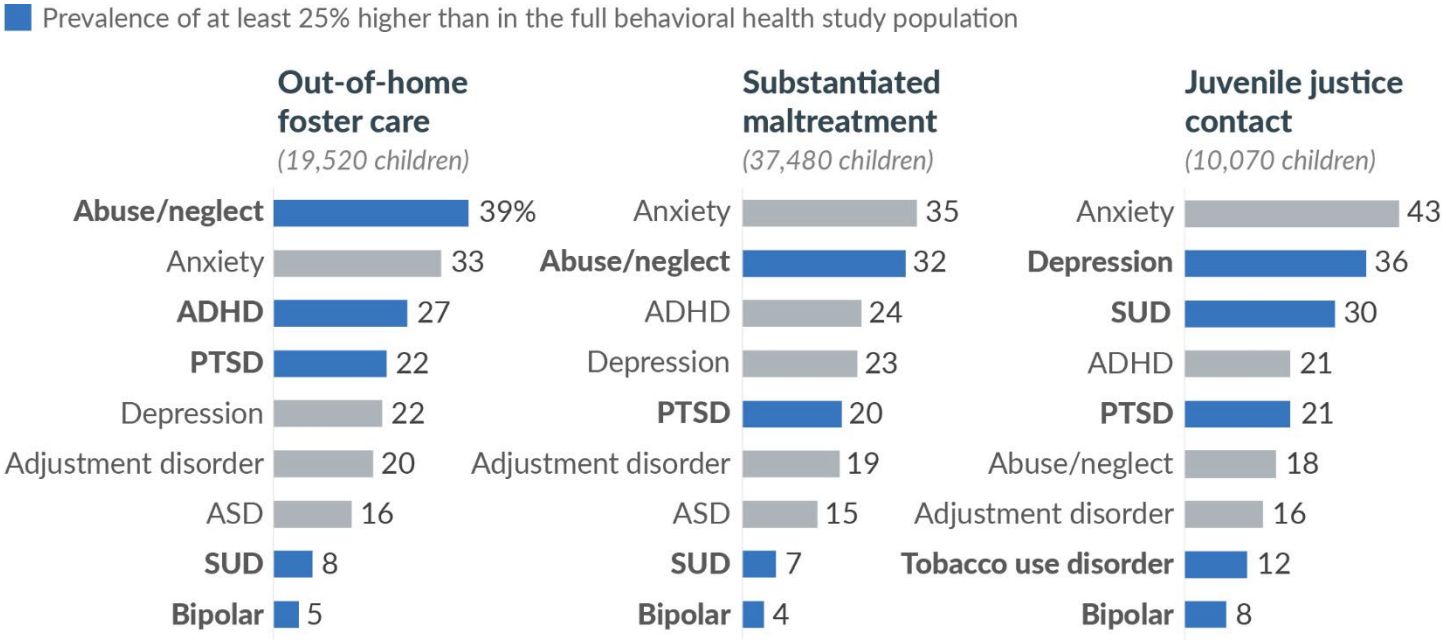
Figure 13. Prevalence of diagnosed behavioral health conditions or events in 2022 among children and youth enrolled in Medicaid or CHIP, by select system contacts and disruptive educational experiences



There were notable differences in the prevalence of other diagnosed conditions or events by lifetime experiences (Figure 14). For example:

- Children and youth with a history of out-of-home foster placement had at least a 25% higher prevalence of abuse or neglect, ADHD, PTSD, SUD, and bipolar disorder compared to the study population of all children with behavioral health conditions and events.
- SUD was among the most common diagnoses for all children and youth with system contacts; 30% of children and youth with a history of juvenile justice contact had a history of SUD, compared with 7% to 8% of children and youth with either a history of out-of-home foster placement or substantiated maltreatment.

Figure 14. Proportion of Medicaid- or CHIP-enrolled Oregon children and youth with select behavioral health diagnoses or events in 2022 who also received services from other state systems



Note. Children may be identified in multiple categories.
Abbreviations. ADHD: attention-deficit/hyperactivity disorder; ASD: autism spectrum disorders; PTSD: posttraumatic stress disorder; SUD: substance use disorder.

What's Next for OCID

OCID has request a $2.14 million continuing fund appropriation for the 2025-2027 biennium (included in Governor's Recommended Budget) to provide ongoing data management and analyses, as well as an online interactive dashboard. This ongoing support is critical to providing Oregon policymakers with timely, objective, and actionable data from across program and agency silos, which are not available from any other source in the state. OCID goals for the 2025-2027 biennium include:

1. Developing new in-depth analyses, online interactive data displays, and an improved child well-being dashboard that builds on individual state agency efforts and provides advanced cross-program and longitudinal insights into opportunities to improve the lives of Oregon's children and families
2. Bringing additional, prioritized community and statewide data sources into OCID analyses (e.g., geographic equity indexes, school or community variables) to provide systemic context to the individual program data in OCID
3. Collaborating closely with state policymakers, agency staff, and leading researchers to ensure OCID's work is optimally targeted to harness OCID to support cross-program policy and program decisions.

Acknowledgments

The OCID team is also grateful for the guidance and support of the project's Governance Committee. Governance Committee members include Oregon legislators from both chambers and both parties, a representative from the Governor's Office, and directors (or their designees) from state agencies which contribute data to OCID.

The OCID team also appreciates the contributions, advice, and collaboration provided by the participants in the OCID State Analyst Forum. The State Analyst Forum brings state policy and program specialists together to collaborate on state data efforts and share experience and expertise.

OCID GOVERNANCE COMMITTEE MEMBERS

Governor Kotek's Office

Rachel Currans-Henry, Health and Human Services Advisor

Oregon Legislators

Senator Dick Anderson

Senator Lisa Reynolds

Senator Elizabeth Steiner

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Oregon Dept. of Education: Dan Farley, Asst. Superintendent of Research, Assessment, Data, Accountability, and Reporting; Isabella Jacoby, Director for Data Stewardship

Oregon Dept. of Human Services: Fariborz Pakseresht, Director

Oregon Health Authority: Molly Haynes, Director, Health in Education

Oregon Youth Authority: Joe O'Leary, Director

OCID ANALYST FORUM PARTICIPANTS

State agency data partners

Chief Data Officer

State Longitudinal Data System

Budget and Management

Legislative Fiscal

Legislative Policy and Research

APPENDIX A

Overview of the Data Included in OCID

Agency	Program/Data Element	Beginning in
Oregon Health Authority (OHA)	Birth records	2001
	Medicaid/Children's Health Insurance Program (CHIP) enrollment and claims	2002
	Babies First!/Maternity Case Management (BF/MCM)	2008
Oregon Department of Human Services (ODHS)	Supplemental Nutrition Assistance Program (SNAP)	2001
	Temporary Assistance for Needy Families (TANF)	2001
	Foster care involvement	2001
	Substantiated maltreatment	2005
Department of Early Learning and Care (DELC)	Employment Related Day Care (ERDC)	2001
	Head Start/Oregon Pre-K	AY 2005-2006
	Healthy Families Oregon (HFO)	2008
Oregon Department of Education (ODE)	Ninth grade on-track to graduate	AY 2014-2015
	Assessments	AY 2005-2006
	Attendance	AY 2005-2006
	Discipline	AY 2005-2006
	Early Intervention/Early Childhood Special Education (EI/ECSE)	AY 2008-2009
	English language proficiency	AY 2005-2006
	Graduation	AY 2019-2020
	Disability status – Individualized Education Program (IEP) and 504 plan	AY 2005-2006
	Student houselessness	AY 2012-2013
Oregon Youth Authority (OYA)	Allegations	2013
	Residential placement	2013

Abbreviations. AY: academic year

Appendix B

OCID Project Timeline

2009-2019

Concept exploration

Initial advisory committee

Oregon foster care system pilot

Support building with policymakers, agency leaders, private funders

Initial data use agreements (DUAs) with 5 state agencies

2019-2021

Official launch

State appropriation and private match

Governance Committee established

Initial Child Well-being Dashboard

Analysis of early childhood service utilization

2021-2023

Analysis of Oregon 2020 high school graduation class

State Analyst Forum created

Broadened policymaker, agency, and community relationships

DUAs extension through 2028

2023-2025

Analysis of:

- School mobility and graduation
- Early childhood medical and social complexity
- Youth behavioral health needs

Broadened engagement with policy and community partners

Expansion of data available in OCID