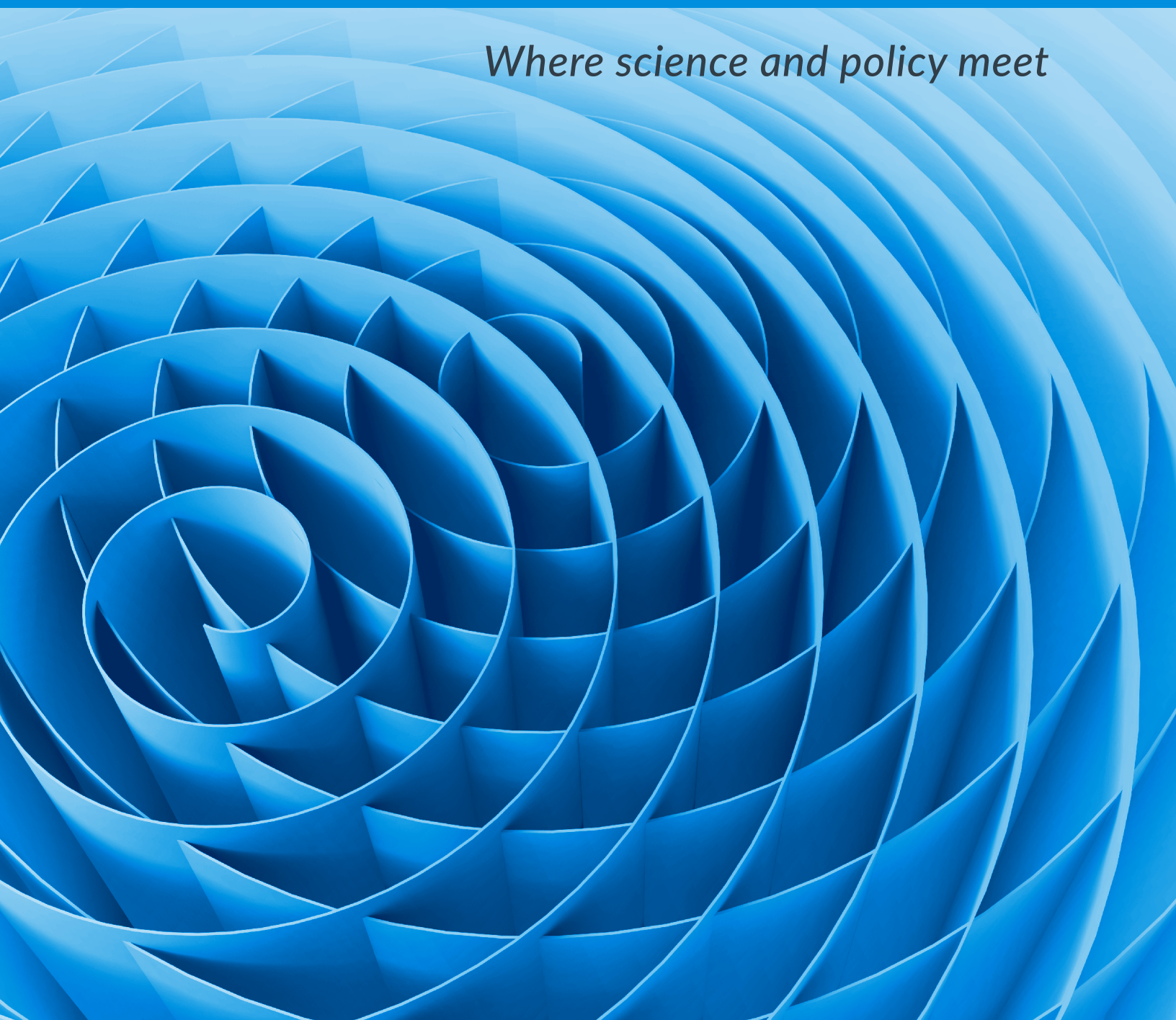


Annual Report 2019

Where science and policy meet



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A Message from the Director

I am proud to present the Center for Evidence-based Policy's 2019 report.

State health policy continues to rapidly develop and change. In the past year, we expanded our skills to meet the evolving and diverse needs of our state customers. We increased the number of states we serve. And, we extended our bench by adding additional state policy expertise, analysis, and modeling support. We are growing our capacity to help states explore the intersection of science and policy.

The Center was founded to stand firmly at this intersection, delivering information to elevate the experience of policymaking. Research is not the only ingredient in policymaking; politics, resource limitations, and other factors play a role as well. But an effective policy-making journey starts with planning a rational itinerary, predicated on the aggregation and availability of evidence about what does and does not work.

Fuel for the journey is the belief the public is best served, and policy is best made, when high-quality information is used to inform decisions. The most rational and direct route on this policy-making journey begins at the intersection of science and policy.



Since 2003, the Center for Evidence-based Policy has helped federal, state, and local policymakers use high-quality research to guide their policy decisions. Today, we remain steadfastly at the same place: helping policymakers achieve more with available resources, and improve the health of their constituents. And it begins at the intersection of science and policy.

Regards,

A handwritten signature in black ink that reads "Pam Curtis". The signature is fluid and cursive, with a large initial "P".

Pam Curtis

Overview 2019

Since 2003, the Center for Evidence-based Policy (Center) has worked with federal, state, and local policymakers across the United States to use high-quality evidence to guide decisions, achieve more with available resources, and ultimately, improve the health of their constituents.

Our work is grounded in science with an enduring commitment to provide relevant, rigorously analyzed information to address today's biggest health policy challenges.

We are a team of 39 clinical epidemiologists, researchers, policy analysts, and others, working closely with our partners and collaborators to provide timely, insightful information people can trust.

We work with policymakers in more than half the nation's states, lending objective analysis and a neutral approach to the important work they do by:

1. **Identifying** existing research relevant to the needs of decision makers;
2. **Working** with researchers to provide evidence-based answers to policy questions;
3. **Facilitating** collaborations to help states use evidence in decision making; and
4. **Engaging** diverse and relevant stakeholders in policy development.

The Center, housed within Oregon Health & Science University, supports two collaborations that sponsor us to conduct evidence reviews and data and policy analysis for common or state-specific research topics.

These two collaboratives, Drug Effectiveness Review Project (DERP) and Medicaid Evidence-based Decisions Project (MED), have the largest number of participating states since their genesis in 2003 and 2006, respectively.

New initiatives launched in 2019 include:

- **State Medicaid Alternative Reimbursement and Purchasing Test for High-cost Drugs (SMART-D):**
The Center received another round of grant funding from Arnold Ventures to develop strategies to address the rapid rise in high cost drugs.
- **Curated Library about Opioid Use for Decision-makers (CLOUD):**
In the face of the national opioid epidemic, states and their partners are making decisions on where to invest dollars and programming to address this public health crisis. The Center launched the CLOUD to identify effective models with proven results that help policymakers, patients, and community leaders make decisions based on the best available information.
- **Oregon Child Integrated Dataset (OCID):**
The Oregon executive branch and legislature have entrusted the Center with leading the data analysis that will be used to inform future policymaking by presenting data on children's well-being and the needs of kids and families in the state.

Our cooperative, nonpartisan approach creates the context for responsible, effective policymaking. And we do so where science and policy meet.

Our work this year: Collaboratives

Drug Effectiveness Review Project

Drug Effectiveness Review Project (DERP) research evaluates the efficacy, effectiveness, and safety of drugs to ultimately help improve appropriate patient access, safety, and quality of care, particularly for those agents with the potential to change clinical practice.

Mission:

DERP is a trailblazing collaborative of state Medicaid and public pharmacy programs dedicated to producing concise, comparative, evidence-based research products that assist policymakers and other decision-makers grappling with difficult drug coverage decisions.

science

In response to the changing pharmaceutical landscape, the growing number of state participants, and the need for increased research capacity, the Center launched partnerships with three new research subcontractors: RTI International at the University of North Carolina, Auburn University, and OHSU's Center for Health

Systems Effectiveness. These partnerships have expanded production of enhanced research products, providing DERP member-states with a wider variety of high-quality evidence products and services to manage the influx of specialty and high-cost drug therapies coming to market.

policy

DERP participation increased to 16 states during fiscal year 2019. The Center not only facilitates effective collaboration among these state Medicaid program participants, but increasingly augments traditional DERP research by offering management strategies and policy tools to help states make informed health policy decisions and improve drug cost predictability.

The collaborative is efficient, excellently run, and provides a much needed service."

Herman Kranc
Manager of Integrated Care
Connecticut Department of Social Services

science + policy

DERP research has a direct impact on state drug policymaking. In 2019, for example, the DERP report *Zolgensma for Spinal Muscular Atrophy* included both clinical evidence on the safety and efficacy of this new and expensive therapy, as well as management strategies states could use to build coverage criteria and directly negotiate with the manufacturer for value-based pricing.

Subsequent reports on esketamine and deprescribing benzodiazepines provided the evidence and tools needed to develop safe and effective practice and policy decisions in these two very difficult-to-manage and controversial therapy areas. States rely on DERP's important scientific work to help guide critical coverage and benefit decisions.

Our work this year: Collaboratives

Medicaid Evidence-based Decisions Project

The Medicaid Evidence-based Decisions Project (MED) is a self-governing collaboration of state Medicaid agencies and their partners. The 21 state Medicaid agencies currently participating in the project are diverse geographically, politically, and in program structure. This diversity strengthens the ability of state agencies to work together to solve common issues in creative ways using their collective expertise.

Mission:

To assist Medicaid programs to more effectively use reliable, high-quality evidence in the design of program benefits and the development of coverage policy through multi-state collaboration.

science

The science behind MED lies in its robust research methods, producing unbiased analyses of complex issues, evidence about effective treatments, the value of costly health services and technologies, and the latest information about harmful or unnecessary services. As health care delivery and the regulatory environment becomes more complicated, the collaborative has added complex policy and health systems analysis to its research portfolio.

MED's scientific approach can challenge common conceptions, even among MED participants. For example, in 2019, MED produced an evidence report, *17- α Hydroxyprogesterone Caproate to Prevent Preterm Birth: Effectiveness, Access, and Utilization*, which examined the research on the effectiveness of Makena for preventing preterm birth.

Makena was approved in 2011 under the FDA's Accelerated Approval Program with the requirement that a second trial be completed for continued approval. That second trial, which showed no benefit of the drug, was reported this year and the FDA advisory committee voted to withdraw approval.

The policy goal for many payers, providers, and women is to prevent preterm births to help ensure healthy babies and healthy moms. The newly released evidence challenges standard clinical and public health practice. With the costs of this drug growing and the evidence of efficacy lacking, what should states do?

MED provides unbiased syntheses of research to help states address these complicated questions.

Our work this year: Collaboratives

Medicaid Evidence-based Decisions Project (continued)

policy

In 2019, MED also expanded its ability to help states with complicated policy questions by adding new considerations sections in reports. “State Considerations” outline pathways states could use to incorporate evidence into policy development and program administration.

For example, in our *Alternative Payment Strategies for Primary Care Services: Evidence, Policy, and Lessons Learned*

report, MED states received a checklist on how to incorporate effective alternative payment models in primary care into their delivery systems.

“The resources found through MED have been very helpful to informed decision making.”

- Pixie Needham
Clinical Dental Program Manager
Washington State Health Care Authority

science + policy

By **bringing together science and policy**, state policymakers can make the best, evidence-based coverage decisions to improve health outcomes and create sensible policies.

“MED ... expands our capacity in a way that is really affordable for the quality.”

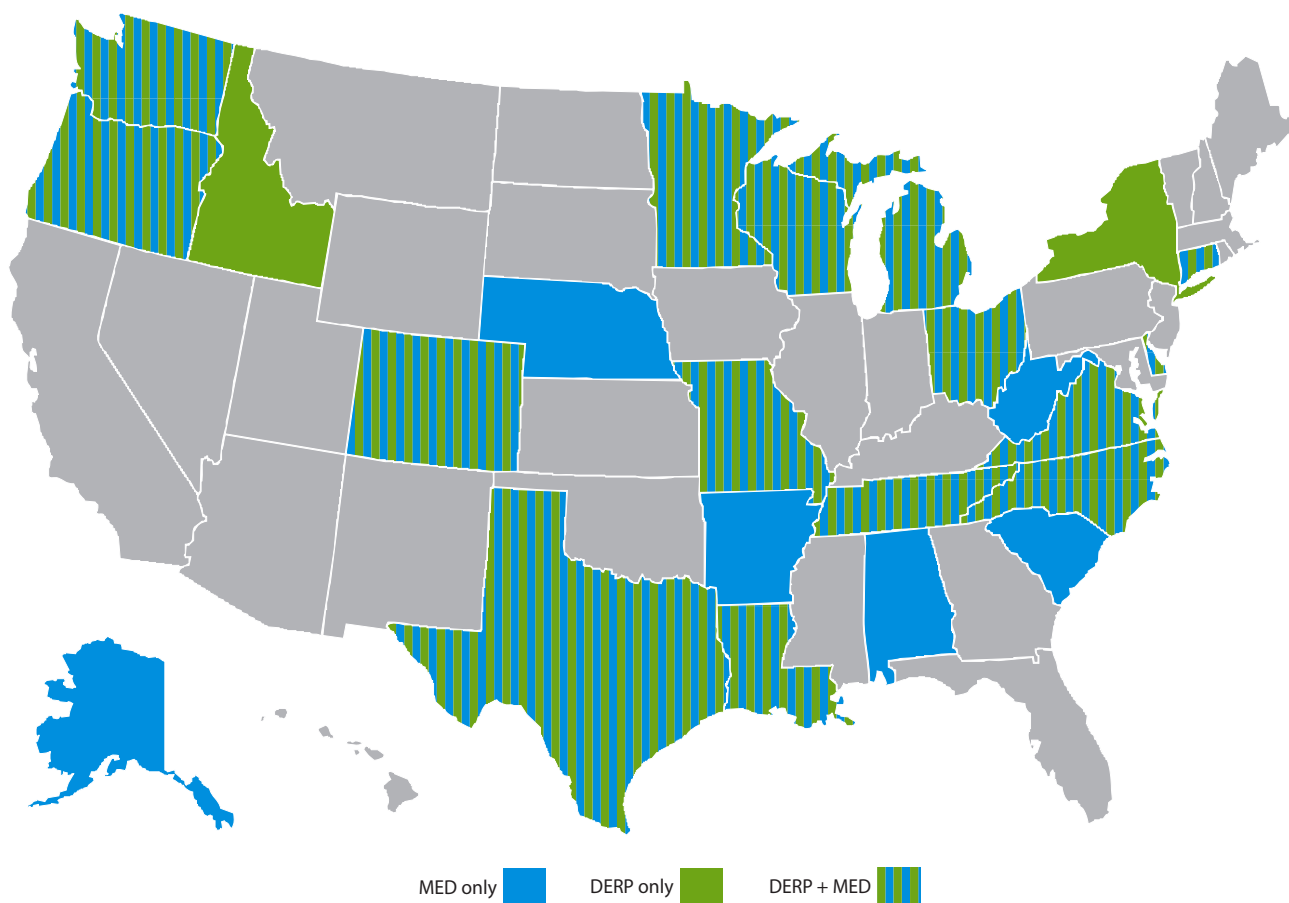
- Liz Brown
Medical Director
Delaware Division of Medicaid
& Medical Assistance

Our 2019 return on investment research and analysis found states use MED research to improve health policy and clinical quality with tangible results.

Alabama reported \$20 million in savings (combined state and federal) in toxicology screening payments using MED research and connections made through the collaborative.

Louisiana Medicaid estimates that changes to the agency’s urine drug testing policy, developed with help from MED, will save approximately \$12 million annually.

2019 MED and DERP participation



"We consider MED and DERP an essential resource for non-biased clinical information."

-Mark Roaseau
Clinical Pharmacist/Physician
Missouri HealthNet

Our work this year: Collaboratives

SMART-D

The State Medicaid Alternative Reimbursement and Purchasing Test for High-cost Drugs (SMART-D) initiative is a critical opportunity for states to innovate in the area of drug policy and create pockets of disruptive change in an otherwise unchanging federal Medicaid pharmacy landscape.

science

SMART-D aims to identify and synthesize the best available legal, scientific, regulatory, and policy analysis. Through this research, we help states find unique

and potentially more effective ways of purchasing drugs than simply cycling through the standard Medicaid Drug Rebate Program arrangements.

policy

Through technical assistance, the SMART-D initiative provides state Medicaid programs with viable opportunities to pursue alternative arrangements within their manufacturer and stakeholder relationships. These arrangements can benefit the states

through: budget predictability, lower prices, robust arrangements for “whole-person care” connected to drug therapies, and improved outcomes (financial, clinical, utilization, population health).

science + policy

Oklahoma and Michigan are using an outcome-based rebate contract template developed by SMART-D to engage in innovative drug purchasing arrangements with drug manufactures.

Washington has implemented an ambitious statewide effort to eliminate hepatitis C through a multi-agency, multi-payer purchasing approach developed with technical assistance from the SMART-D team.

SMART-D is funded by a grant from Arnold Ventures. It will run until September 2021 to equip state Medicaid programs with research and technical assistance to support two focus areas: multi-payer purchaser partnerships involving Medicaid, other public purchasers, and commercial insurance carriers; and single and aligned preferred drug lists (PDLs) for Medicaid managed care states.

Our work this year: State technical assistance

Evidence-informed Health Policy

The Center for Evidence-based Policy, with support from the Milbank Memorial Fund, provided Evidence-informed Health Policy workshops to more than 70 officials in Louisiana, Texas, and Washington state during 2019. These workshops are tailored to meet the individual needs of states, and to help participants learn how to evaluate the quality of research used to inform health policy decisions.



science

Evidence-informed Health Policy (EiHP) workshops help participants learn to use a structured method to identify studies in an unbiased fashion, critically interpret study results, apply results to policy choices, and reassess decisions in light of new information. This approach also addresses the challenge

of using evidence—including the sheer number of studies available, often with conflicting results—and the difficulty of figuring out which evidence is most accurate and reliable. EiHP workshops include an overview of key concepts and how to identify the quality of evidence.

policy

EiHP participants learn how to apply research evidence information when making policy or clinical coverage decisions and implementing benefits. Evidence-informed Health Policy workshops aim to:

1. Establish the utility of evidence-informed policymaking at the state level.
2. Assist state policymakers in using evidence in their policy decisions.
3. Build capacity within states to support evidence-informed decision making.

Participants learn how to incorporate the use of evidence into policy and program design and evaluation, how to communicate evidence findings in their work, and whether processes for identifying and evaluating evidence are consistent across decisions and units or departments. Participants are encouraged to consider how to incorporate evidence into their policy-making decisions going forward.

science + policy

Using the EiHP approach helps maximize the population impact of health spending, limits waste of public resources, and reduces the likelihood that a failed policy will have to be abandoned in the future. EiHP can be a starting point for engaging stakeholders with divergent views and when done deliberately and transparently, EiHP can increase public confidence in the policymaking process.

Participants this year reported the information provided in these workshops improved their knowledge about how to analyze evidence and made them feel more confident and comfortable with their internal decision-making processes. They said they could take the information gained from these workshops and immediately begin applying it in their daily health policy work.

Our work this year: State technical assistance

Oregon

Oregon Health Evidence Review Commission

The Oregon Health Evidence Review Commission (HERC) is a state panel that reviews evidence to inform health care coverage decisions and priorities for the Oregon Health Authority. For many years, the Center has worked with HERC to develop evidence-based coverage guidance and provide consultation to state staff to support the work and deliberations of the commission.

science

In 2019, the Center reviewed and summarized clinical evidence and provided consultation to HERC on the following topics:

- Extended-stay surgical centers
- Percutaneous left ventricular assist devices
- Out-of-hospital birth
- Acellular dermal matrices for breast reconstruction

- Community health workers for people with chronic conditions
- Novel interventions for gastroesophageal reflux disease
- Novel interventions for knee arthritis

HERC relies on the findings of our evidence reviews to help determine whether, when, and how to cover health services in state-financed health care programs.

policy

For more than two decades, Oregon has operated under an 1115 waiver that requires the state, through HERC, to prioritize certain conditions and treatments in the Oregon Health Plan (Medicaid). This requirement makes the explicit and transparent use of evidence crucial to achieving the goal of

maximizing population health with limited resources. In 2019, with support from the Center team, HERC set new coverage policies for several of the health services, devices, or procedures listed above, while some discussions are still ongoing.

science + policy

The evidence reviews provided by the Center helped determine which patients are most likely to benefit from the assistance of a community health worker, how to safely establish an entirely new type of surgical setting (e.g., the extended

stay surgical center) and what types of procedures should be performed there, and helped HERC begin a sensitive discussion about changes to out-of-hospital birth coverage in the Medicaid program.

Our work this year: State technical assistance

Washington

Washington Health Technology Assessment Program

The Center was selected in the summer of 2017 to be one of three evidence contractors for the Washington Health Technology Assessment (WA HTA) program. Each fiscal year, we complete two evidence reports for the WA HTA, which are used to inform health care coverage policy decisions. We present the findings from the evidence reviews to the Health Technology Clinical Committee (HTCC), which then votes on a coverage determination.

science

Health technology assessment (HTA) is defined as:

The systematic evaluation of the properties and effects of a health technology, addressing the direct and intended effects of this technology, as well as its indirect and unintended consequences, and aimed mainly at informing decision making regarding health technologies.

(<http://htaglossary.net/>)

We use recognized methods of HTA to develop scientific, evidence-based reports on selected health technologies. The reports:

- Are based on the best available evidence;
- Assess both effectiveness and cost-effectiveness of health technologies;
- Use standardized methods of quality assessment of individual studies; and
- Use Grading of Recommendations Assessment, Development and Evaluation (GRADE) to assess the overall certainty of the evidence.

By using these HTA methods, we ensure stakeholders have access to robust, evidence-based reports to aid in their health policy decision making.

policy

Washington's HTA program uses scientific evidence to determine whether health services are safe and effective. The independent HTCC makes coverage decisions that apply to state purchased health care programs, including Medicaid and state employee insurance plans, based on scientific, evidence-based reports on selected medical devices, procedures, and tests.

In 2019, we were asked to develop evidence reports on:

- Cell-free DNA prenatal screening for chromosomal aneuploidies
- Vagal nerve stimulation for epilepsy and depression

Our work this year: State technical assistance

Washington

Washington Health Technology Assessment Program (continued)

science
+ policy

Washington uses its HTA program to ensure:

- Health care is made safer by relying on scientific evidence and a committee of practicing clinicians.
- Consistent coverage decisions are made for state purchased health insurance programs.
- State purchased health care provides the best value for money by paying for

medical tools and procedures that are proven to work.

- The coverage decision process is open and inclusive by holding public meetings, sharing information, and publishing decision criteria and outcomes.

We support the goals of the Washington's program through HTA analyses that address important clinical questions for the state.

Washington

Washington Decision Aids

The Center provides clinical evidence review expertise to support the Washington State Health Care Authority's (HCA) efforts to promote shared decision making through use of patient decision aids.

science

Effective decision aids can help patients make the best evidence-based decisions about medical tests and procedures that fit with their own values and preferences.

Washington is the first state with legislation empowering the HCA to certify decision aids for use as part of the patient's informed consent process.

policy

The Center reviews patient decision aids submitted by their developers to the HCA for certification. The Center reviews

the developer's evidence for accuracy and ensures their content adheres to international standards.

science
+ policy

Clinical topics reviewed this year include:

- Effectiveness of cancer screenings
- Use of medications to reduce risk of heart disease

- Ways to help patients and families make end-of-life decisions.

Our work this year: State technical assistance

Colorado

Colorado Medicaid Technical Assistance

In June 2018, Colorado Medicaid removed behavioral therapy services from its autism waiver and has moved it under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit as part of the state plan. Under the state plan, Colorado did not limit services to just those with autism spectrum disorder or to a particular age range.

Since that time, Colorado Medicaid has seen significant and unexpected cost increases for those services and few denials for medical necessity reasons because of a lack of evidence-based necessity criteria.

science

Colorado Medicaid asked the Center in the summer of 2019 to conduct a review of other states' policies, with an emphasis on how these states maintain adequate access to medically necessary services while controlling overall program costs. Center researchers reviewed the Medicaid behavioral therapy policies from seven

states and the federal government. The states were selected because of the processes for incorporating evidence into decision making, delivery system structure (e.g., fee-for-service, managed care), clarity of policies, and authority under which behavioral health therapies are provided (e.g., EPSDT, waiver services).

policy

The Center's report provided detailed descriptions of each state's written coverage criteria for behavioral therapy for children under 21 years of age.

The report includes:

- Covered and non-covered services
- Reimbursement criteria

- How states maintain adequate access to behavioral therapy services while controlling overall program costs
- How states apply evidence-based guidelines to behavioral therapy prior authorization processes, behavioral therapy treatment plans of care, and progress of care documentation.

science + policy

With this in-depth comparison of state policies, Colorado Medicaid has a tailored resource to guide the redevelopment of their behavioral health benefit.

Using information from the report as a resource, Colorado has put forth 15 recommendations to change the benefit.

Our work this year: State technical assistance

Colorado

Colorado Medical Director Support

The Center provides ad hoc medical director support to help extend the bench of states such as Colorado.

science

Colorado was without a full-time medical director and turned to the Center and its four physicians with training in clinical epidemiology and evidence for support.

policy

The Center's clinical and research staff provide intermittent or ongoing services to state Medicaid programs.

science + policy

Over the past year, we provided support to Colorado Medicaid across multiple areas, including:

- The review of new HCPCS code issues with questionable effectiveness
- A legislative request to meet with the manufacturer of skin substitute products
- Recent research about care for early pregnancy loss
- The evidence on continuous glucose monitors for people with type 2 diabetes
- The place of high dose influenza vaccines in clinical care
- An evidence review for pediatric behavioral therapy (see previous page)
- Basic research about the prevalence of spinal muscular atrophy in the state

The Center staff provide a level of expertise simply not available anywhere else. Their ability to provide dedicated resources to Colorado has been an invaluable resource to our clinical leadership team. Having direct access to the Center's resources results in work that is highly personalized for our needs."

- Michelle Miller
Chief Nursing Officer/Deputy Director
Office of Cost Control & Quality Improvement
Colorado Department of Public Health
& Environment

Our work this year: State technical assistance

Colorado

Colorado Multi-Payer Collaborative

The Colorado Multi-Payer Collaborative (CO MPC) is a voluntary collaborative of commercial and public health plans focused on transforming care and reforming payment options in Colorado. The CO MPC currently includes nearly all payer organizations in Colorado, including the Colorado Department of Health Care Policy and Financing (HCPF) and Centers for Medicare & Medicaid Services (CMS).

science

The CO MPC brings traditionally competing organizations together to share resources, align quality measures, and focus support on

transformation to help primary care practices pursue increased quality of care, control costs, and encourage appropriate utilization.

policy

In 2019, and in partnership with the Colorado State Improvement Model Office (SIM), the CO MPC continued to support use of the Stratus data aggregation and analysis tool for as many as 200 practices participating in Colorado Primary Care Plus (CPC+)

and SIM. Plans provided quarterly claims data representing nearly 600,000 lives. Members aligned quality measures for adult and pediatric primary care. Members participated in three multi-stakeholder symposia to align and focus efforts.

science + policy

MPC members are committed to making a collective impact on the health care landscape in Colorado through their continued collaboration. Their ongoing commitment is most tangible in the decision

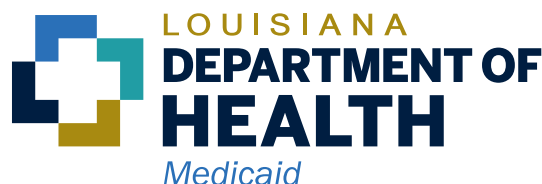
to extend funding of the data aggregation initiative, illustrated by the provision of free licenses for the Stratus data aggregation and analysis tool to participating CPC+ practices.

Our work this year: State technical assistance

Louisiana

Louisiana Medicaid Technical Assistance

Louisiana Medicaid recognized the need to continually evaluate covered services, develop a well-defined coverage decision-making process, and engage stakeholders throughout the process to create a transparent system that balances covered services and available resources.



Louisiana Medicaid contracted with the Center to identify: (1) best practices in state Medicaid coverage decision processes; (2) stakeholder needs; and (3) important principles to guide coverage decision-making processes. Center researchers balanced the intersection of science and policy through a three-phase project incorporating the use of evidence, stakeholder feedback, and recognition that coverage decision making is complex within an environment of multiple competing factors.

science

The project blended core elements of state Medicaid coverage decision processes from Alabama, Florida, Oklahoma, Tennessee, and Texas, with best practices to evaluate and synthesize research, such as determining study design and assessing the methodological quality of individual studies.

Center researchers used an online survey to gather a broad range of stakeholder perspectives on opportunities for improvement in Louisiana Medicaid's existing system for coverage decision making.

Center researchers used an iterative process to update the state's framework for

coverage decision making, and then vetted it with stakeholders. The updated framework reflects feedback from stakeholders and best practices from the analyzed states.

We then developed tools to support the updated coverage decision-making framework. These tools established a set of core, high-quality research sources, incorporating evidence results into the coverage decision process with a standardized decision brief template, and prioritized the review and development of proposed benefits that are in best alignment with Louisiana Medicaid's values and priorities.

Our work this year: State technical assistance

Louisiana

Louisiana Medicaid Technical Assistance (continued)

policy

Our research on proposed benefits formed the foundation for Louisiana's updated coverage decision-making framework. Louisiana recognized the need to blend research findings with policy considerations.

The tools developed for Louisiana incorporated numerous factors important when making coverage decisions, such as population health benefits and needs, or fiscal constraints.

science + policy

Incorporating evidence into coverage decisions is a process that requires the ability to identify and analyze evidence within the context of multiple policy considerations.

such as assessing how well a study was conducted, and creating a culture that prioritizes evidence within a broader context of other factors affecting policymaking.

As the final component to this project, Center researchers developed and led trainings with Louisiana Medicaid staff to expand their evidence evaluation skills,

A summary of the project research is available on the Louisiana Medicaid website: <http://ldh.la.gov/index.cfm/page/3484>.

Our work this year: New initiatives

CLOUD

The opioid and addiction crisis has affected communities and families across America, prompting unprecedented response from policymakers, law enforcement, health care providers and payers, and community organizations.

The mission of the Curated Library about Opioid Use for Decision-Makers (CLOUD) is to provide everyone working on this important issue with a centralized source to find actionable, evidence-based resources. The National Association of Attorneys General Consumer and Prescriber Education Grant Program provided the Center with grant funding to create an online, curated library of evidence-based resources on opioids, the opioid crisis, and related issues.



science

Our research staff apply inclusion/exclusion criteria to library submissions, evaluate the evidence for the effectiveness of a program or intervention on achieving its intended outcomes, write summaries of materials, and when possible, provide an evidence ranking from “proven” to “problematic” to identified programs and strategies.

With the assistance of our partners, staff are also identifying and featuring successful programs and interventions that address such issues as non-opioid treatment for chronic pain, recovery-oriented systems of care and communities, and programs and interventions to support children and families affected by addiction.

policy

Certainly, evidence is only part of the equation. Policymakers not only need to know what works; they need to know how to implement effective strategies and programs. Thus, CLOUD has a broad mandate to include all materials that help

policymakers and their community partners design and implement programs for their communities, including implementation protocols, patient & provider education materials, care algorithms, toolkits, checklists, manuals, and other policy guidance.

science + policy

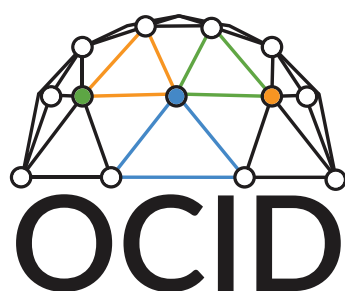
The CLOUD formally launched during the fourth quarter of 2019 at www.opioidlibrary.org. In 2020, Center staff will expand the collection of materials included in the library; to promote the library to researchers, policymakers, and

other individuals working on aspects of the opioid crisis; and to develop a long-term sustainability plan. By working together and sharing effective strategies and interventions, we can make progress solving the addiction crisis in our communities.

Our work this year: New initiatives

Oregon Child Integrated Dataset

The Oregon Child Integrated Dataset (OCID) was officially established in 2019 as a resource for policymakers to improve outcomes for Oregon children and families. This unprecedented resource integrates Medicaid, child welfare, education, and other data from across state agencies and provides a longitudinal, cross program and sector view of the well-being of children in Oregon since 2001.



Center staff worked extensively with the Governor's office and state staff to negotiate four-year data use agreements providing refreshed data through 2023, with the datasets remaining available for analysis until 2028.

science

In late 2018 and early 2019, the OCID team at the Center worked with OHSU's Center for Health System Effectiveness and ECONorthwest to develop initial analyses using sophisticated approaches to provide preliminary proof-of-concept. For example, one analysis focused on the range of

demographic and service utilization factors that support being on-track for Oregon students to graduate from high school. The OCID team will pursue additional "deep dive" analyses to investigate correlations between key variables underlying the developmental success of Oregon's children.

policy

OCID provides an innovative new data resource that will shine light on the well-being of Oregon's children across a range of health, education, and social service settings. The analyses outlined above coupled with a public-facing Child

Well-Being Dashboard will provide new tools for Oregon's public policymakers and private stakeholders to better evaluate the impact of past policy or programmatic efforts and help guide future public and private investments.

science + policy

With \$2 million in state funding for the 2019-2021 biennium and what promises to be \$1 million in private matching funds, OCID will establish the Child Well-being Dashboard and provide deeper statistical analyses to support upcoming policy discussions in Oregon. OCID's governance committee includes members of the Governor's

Children's Cabinet, the Legislative Assembly, key state agency directors, and contributing private philanthropies. The committee will prioritize the OCID analyses to support the statewide discussion of how to invest our public and private resources most effectively to improve the overall well-being and future success of Oregon's children.

Team



Rhonda
Anderson



Shawna
Chapman



Beth
Church



Rachel
Currans-Henry



Pam
Curtis



Amanda
Delzer Hill



Virgil
Dickson



Debbie
Dion



Landon
Donsbach



Allyson
Evans



Galen
Gamble



Bethany
Godlewski



Curtis
Harrod



Scott
Harvey



Heather
Katcher



Roz
Kelly



Valerie
King



Brittany
Lazur



Allison
Leof



Dylan
Miksicek

Team



Mandi
Mizuta



Adam
Obley



Moira
Ray



Shannon
Robalino



Erin
Sanborn



Beth
Shaw



Erica
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Lily
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