Introduction

As stated in the Health Aspects of Kindergarten Readiness Measure: System-Level Social-Emotional Health measure specifications, CCOs must attest to all required components of the measure that took place as of December 31 of the measurement year. CCOs must complete all of the required must-pass items for the measurement year. No partial credit will be given. The questions below describe each must-pass requirement and optional actions for MY 1 (2022). Please review the details of each question and answer accordingly for your CCO. This survey must be completed by February 28, 2023. Additionally, completed Action Plans and Asset Maps must also be submitted to metrics.questions@odhsoha.oregon.gov by February 28, 2023.

Health Aspects of Kindergarten	Readiness: S	System-Level	Social-Emotional	Health
Attestation Survey, MY 1 (2022)				

Respondent Information

* 1. Name	
* 2. CCO	
* 3. Email	_

Aggregate Reports and Child-Level Data File Review (Component 1.1)

Required item details:

Review of the aggregate and child level reports provided in the Social-Emotional Health Reach Metric Report. The aggregate report provides the CCO-level findings over time and specifically by the child health complexity data specific to the social complexity factors, a number of which are anchored to adverse childhood events (ACEs) correlated with social-emotional health needs and after which social-emotional health assessments are particularly recommended.

* 4. Answer yes if applicable CCO staff have reviewed both the aggregate and child-level
reports provided in the Social-Emotional Health Reach Metric Report. Roles within the CCC
that may benefit from reviewing the data include: Population Health, Quality Staff, Quality
Improvement, Data Analysts, and teams focused on Child Health. Otherwise, answer no.

Yes No

Examination of Data for Population with Historical Inequitable Outcomes (Component 1.2)

Required item details:

CCOs are required to examine the Social-Emotional Health Reach Metric data for at least one population with historical inequitable outcomes, using CCO data available. Specific examples provided are anchored to stakeholder and data findings such as examining data by race, ethnicity, use of translator, and geographic region.

* 5. Answer yes if you have examined the data provided in the aggregate or child-level file
broken down to at least one population with historical inequitable outcomes to understand
the population(s) served by your CCO. Otherwise, answer no.
Yes
○ No

Assessment of Payment Policies and Contracts for Claims and Services (Component 1.3)

Required item details:

O No

CCOs are required to assess payment policies and contracts for the claims and services included in the Social-Emotional Health Reach Metric to ensure there is a continuum of services that address social-emotional health from prevention to treatment, including community options and arrangements.

* 6. Answer yes if you have reviewed your CCO's written payment policies and contracts with
entities that could provide services that support Social-Emotional health to better understand
opportunities for clarification and improvement, and gaps in payment policies and contracts
that could be focused on. Otherwise, answer no.
○ Yes

Identification of Missing Assessment or Service Claims (OPTIONAL) (Component

Optional item details:

CCOs have the option to identify missing assessment or service claims and submined additional data capturing children accessing services not yet reflected in the react metric results. (Documentation for proposed enhancement of the data to be base on CCO-provided claims for OHA measure validation.)	c h
* 7. Answer yes if your CCO has identified missing assessment or services claims and to submit additional data capturing children accessing services not yet reflected in the metric results. Otherwise, answer N/A.	
Yes	
○ N/A	

Asset Map Development (Component 2.1)

Required item details:

CCOs are required to develop an Asset Map to capture services and resources in the CCO region that address children's social-emotional health by using the standardized asset map form provided, anchored to evidence-based services and with specific indicators impacting access to service.

To receive credit, CCOs will submit the developed asset map and attest to the completion of this task. CCOs may use the standardized form provided or another form. If another form is used, it must include all components outlined in the specifications (see Appendix C, Year 1 Asset Map). The asset map must include the following components:

- Location of clinic or program site
- County(ies) served by clinic or program site
- Number of providers who currently serve children birth to age five and have applicable skill sets
- Capacity for new referrals specific for children birth to age 5
- Race, ethnicity of provider(s)
- Language spoken by provider(s)
- · Service modalities provided

O No

For MY 1 (2022), the asset map must at a minimum document contracted behavioral health providers.

The asset map should be submitted to metrics.questions@odhsoha.oregon.gov by February 28, 2023.

* 8. Answer yes if your CCO has developed and submitted an Asset Map for contracted
behavioral health providers to attest to the completion of this task using the standardized
form provided or ensuring that all components of the standardized form are addressed.
Otherwise, answer no.
Vac

Review of Key Considerations for Reflection (OPTIONAL) (Component 2.2) Optional item details:

CCOs have the ontion to share key considerations and reflection questions that were

art of their asset mapping process, and which were shared with community artners and stakeholders in Component 3. See page 16 of the measure pecifications for more on these considerations and reflections. Summaries can be ubmitted to metrics.questions@odhsoha.oregon.gov.
* 9. <u>Answer yes</u> if your CCO has submitted a summary of key considerations and reflection questions as part of the asset mapping process that you shared with your community partner in Component 3. <u>Otherwise</u> , <u>answer N/A</u> .
Yes N/A

CCO-Led Cross-Sector Community Engagement (Component 3.1)

Required item details:

CCOs are required to engage cross-sector community partners to review and discuss the Social-Emotional Health Reach Metric data (Component 1), the Asset Map of Social-Emotional Health Services and Providers developed by the CCO (Component 2), and barriers and opportunities to improve Social-Emotional Health services that can inform the CCO's Action Plan to address service capacity and access.

- * 10. **Answer yes** if your CCO engaged **all** the required cross-sector community partners below:
- Primary care practices/providers
- Behavioral health programs/providers that serve children
- Early Learning Hub(s)
- Tribal government(s) and/or the Urban Indian Health Program (to answer 'yes' CCOs are required to reach out to tribal government(s) and/or the Urban Indian Health Program (UIHP). Whether tribal government(s) and/UIHP choose to participate is at their sole discretion. So long as the CCO invited tribal government(s)/UIHP to participate, the CCO may answer 'yes,' regardless of whether the tribal government(s)/UIHP chose to respond or participate).
- Regional Education Service District(s), including the Early Intervention and Early Childhood Special Education program.
- If applicable, any other CCO serving members in the same region

Otherwise, answer no.	
Yes	
○ No	
* 11. CCOs are also required to engage at leas social complexity indicators. Please select all a	st two partners providing services aligned with applicable partners engaged by your CCO.
Culturally-specific organizations serving children birth to age 5 and their families Local department of human services program, including offices of child welfare and self-sufficiency Other behavioral health programs/providers	Local criminal justice agencies My CCO did not engage with a partner providing services aligned with social complexity indicators.
serving children birth to age 5 and their families Other (please specify)	

Early care and education programs, including preschool and childcare programs	Faith-based organizations My CCO did not engage any additional parts
Local public health programs serving children birth to age 5 and their families (e.g., WIC, home visiting)	
Regional health equity coalitions	
Other community-based organizations serving family Please specify.	ilies with young children (e.g., Family Relief Nurse

Engagement of Communities Experiencing Historical and Contemporary Injustices (Component 3.2)

Required item details:

O No

CCOs are required to engage communities experiencing historical and contemporary injustices* to review and discuss the Social-Emotional Health Reach Metric data (Component 1), Asset Map of Social-Emotional Health Services and Providers (Component 2), and barriers and opportunities to improve Social-Emotional Health service capacity and access to inform the Action Plan.

*Communities experiencing historical and contemporary injustices include but are not limited to:

- Families who identify as Black, Indigenous, and people of color (BIPOC)
- Families experiencing social challenges including poverty, substance use disorder, mental illness, child welfare involvement, parental incarceration, parental disability, parental death, or language access barriers
- Other groups, depending on the community history and context (e.g., families living in a geographically isolated area of the region).
 - * 13. <u>Answer yes</u> if you engaged at least one population who experiences historical and contemporary injustices to review and discuss the Social-Emotional Health Reach Metric data, Asset Map of Social-Emotional Health Services and Providers, and barriers and opportunities to improve Social-Emotional Health service capacity and access to inform the Action Plan.

opportunities to improve Social-Emotional Health service capacity and
Action Plan.
Otherwise, answer no.
Yes

Strategies to Obtain Meaningful Community Input (Component 3.3) Required item details:

CCOs are required to implement strategies to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in Component 3.2.

* 14. <u>Answer yes</u> if your CCO utilized one or more of the strategies below to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2.

Strategies the CCO can use to obtain meaningful input from communities experiencing historical and contemporary injustices include:

- The CCO reviewed existing data that has been collected in the CCO region about families' experience accessing Social-Emotional health services.
- The CCO partnered with and paid parent/family representatives from communities experiencing historical and contemporary injustices to engage on advisory councils or in meetings.
- The CCO included providers and/or advocacy groups that represent communities experiencing historical and contemporary injustices on advisory councils or in partner meetings.
- The CCO attended meetings hosted by families, providers, and/or advocacy groups that represent communities experiencing historical and contemporary injustices (e.g., Early Learning Hub Parent Advisory Council meetings) to hear family perspectives.
- The CCO partnered with families, providers, and/or advocacy groups that represent communities experiencing historical and contemporary injustices to collect new family data (e.g., via focus groups or listening sessions).
- Other

Otherwise, answer no.	
Yes	
O No	

select at least one strategy to meet this require	ement.
 The CCO reviewed existing data that has been collected in the CCO region about families' experience accessing Social-Emotional health services. The CCO partnered with and paid parent/family representatives from communities experiencing historical and contemporary injustices to engage on advisory councils or in meetings. The CCO included providers and/or advocacy groups that represent communities experiencing historical and contemporary injustices on advisory councils or in partner meetings. 	 The CCO attended meetings hosted by families, providers, and/or advocacy groups that represent communities experiencing historical and contemporary injustices (e.g., Early Learning Hub Parent Advisory Council meetings) to hear family perspectives. The CCO partnered with families, providers, and/or advocacy groups that represent communities experiencing historical and contemporary injustices to collect new family data (e.g., via focus groups or listening sessions). My CCO did not engage communities experiencing historical and contemporary injustices.
Other (please specify)	

Reflections from Conversations with Community Partners and Families (OPTIONAL) (Component 3.4)

Optional item details:

CCOs have the option to submit a summary of reflections from conversations with cross-sector community partners and families. Reflections may include steps the CCO took to minimize harm and specific lessons learned about engaging communities experiencing historical and contemporary injustices. Summaries can be submitted to metrics.questions@odhsoha.oregon.gov.

* 16. Answer yes if your CCO has submitted a summary of reflections from conversations
with cross-sector community partners and families. $\underline{\text{Otherwise, answer N/A.}}$
Yes
○ N/A

Action Plan Required Items - Target Areas (Component 4.1)

Required item details:

CCOs are required to identify at least two target areas to be included in their Action Plan informed by data review, asset mapping, and community conversations in Components 1-3.

* 17. <u>Answer yes</u> if your CCO has identified at least two target areas from the options below for improvement, informed by Components 1-3 of this measure. <u>Otherwise</u>, <u>answer no.</u>

Target areas for improving provision of Social-Emotional health services, informed by family input, improvement pilots, and stakeholder survey findings, include:

- Workforce development to improve skills of available providers (e.g., training, support for credentialing, tool provision, quality improvement facilitation)
- Workforce development to increase provider diversity and availability (e.g., recruitment strategies, training, support for credentialing or other educational attainment)
- Increase range of Social-Emotional health service modalities provided
- Address access barriers for families (e.g., improve language access supports, provide child care supports, provide transportation supports, expand hours or offer flexible scheduling)
- Improve care coordination for families, including providing support navigating Social-Emotional health services and improving referral pathways
- Address contract or payment barriers for existing providers who provide Social-Emotional health services
- Pursue new contract and payment options for community-based providers to enhance provision of Social-Emotional health services.
- \bullet Public health messaging efforts to increase awareness of Social-Emotional health services and/or reduce stigma

Other		
Yes		
○ No		

Workforce development to improve skills of available providers (e.g., training, support for credentialing, tool provision, quality improvement	Address contract or payment barriers for existing providers who provide Social-Emotional health services
Morkforce development to increase provider diversity and availability (e.g., recruitment strategies, training, support for credentialing or other educational attainment) Increase range of Social-Emotional health service modalities provided Address access barriers for families (e.g., improve language access supports, provide childcare supports, provide transportation supports, expand hours or offer flexible scheduling) Improve care coordination for families, including providing support navigating Social-Emotional health services and improving referral pathways	Pursue new contract and payment options for community-based providers to enhance provision of social emotional health services Public health messaging efforts to increase awareness of Social-Emotional health services and/or reduce stigma. My CCO did not select any target areas in our Action Plan.
Other (please specify)	

Action Plan Required Items - Community Input (Component 4.2) Required item details:

CCOs are required to include input from communities experiencing historical and contemporary injustices in the development of the Action Plan.

* 19. Answer yes if feedback and input identified from conversations and/or meetings
facilitated with communities experiencing historical and contemporary injustices was
included in the Action Plan submitted for Component 4.3. Otherwise, answer no.
○ Yes
○ No

Action Plan Submission (Component 4.3)

Required item details:

O No

CCOs are required to submit their Action Plan, including:

- Target areas selected
- Improvement strategies and progress milestones for each target area

The Action Plan must be submitted to metrics.questions@odhsoha.oregon.gov by February 28, 2023.

* 20. <u>Answer yes</u> if your CCO has submitted an Action Plan that includes target areas selected and improvement strategies and progress milestones for each target area.

<u>Otherwise, answer no.</u>

Yes

Optional Section - Additional Information on Action Planning

CCOs are not required to complete this section. It includes Action Plan target area options reorganized into four categories anchored to the domains of the child-level reach metric and contextual factors that impact access and capacity.

The categories provide more specific examples anchored to the domains of the childlevel reach metric and increase documentation of how CCOs are prioritizing increasing access and capacity.

Attestation surveys for future years of the measure will be organized in this fashion. C pl

COs are encouraged, but not required, to prelaming they completed for MY1 (2022).	3
21. Does your Action Plan target Therapy Servi Integrated Behavioral Health)? Yes No No 22. If your Action Plan targeted Therapy Servi	ices (within Specialty Behavioral Health
and Integrated Behavioral Health), identify apply) N/A - did not target Therapy Services Increase range of Social-Emotional health therapy services by CCO contracted providers Workforce development to improve skills of available providers (e.g., training, support for credentialing, tool provision, quality improvement facilitation) Workforce development to increase provider diversity and availability (e.g., recruitment strategies, training, support for credentialing or other educational attainment)	Enhancement of the types of therapy modalities offered (e.g. group, focused on trauma, etc.) Enhancement to how the therapy services are provided to address barriers to access (provision in home, community-based settings, etc.) Pursue new contract and payment options for community-based providers to enhance provision of Social-Emotional health services.
Other (please specify) 23. Does your Action Plan target Screening & Providers? Yes No	Assessment by CCO Contracted

24. If your Action Plan targeted Screening &	Assessment by CCO Contracted Providers,
identify the specific target areas below (select	all that apply)
N/A - did not target Screening & Assessment by CCO Contracted Providers	Workforce development to increase provider diversity and availability (e.g., recruitment
Increase Social-Emotional health assessments provided to children in CCO covered settings.	strategies, training, support for credentialing or other educational attainment)
Increase Social-Emotional screening of young children in CCO covered settings.	Workforce trainings/quality improvement support on flags of social-emotional delays based on current screenings conducted that could be used
Workforce development to improve skills of available providers (e.g., training, support for credentialing, tool provision, quality improvement	to flag children for assessments. Workforce trainings/quality improvement support
facilitation)	to implement population-based screening of children birth to five for social-emotional delays in primary care.
Other (please specify)	
_	
 25. Does your Action Plan target Supporting A Yes No 26. If your Action Plan targeted Supporting A 	
specific target areas below (select all that appl	
N/A - did not target Supporting Access - Referral Pathways	Support Publicly Available Information about Providers to Inform Referrals: Materials about
Address access barriers for families (e.g., improve language access supports, provide child care supports, provide transportation supports, expand	behavioral health providers identified in the asset made available in easy-to-use formats, including provider capacity
hours or offer flexible scheduling)	and descriptive characteristics that inform referrals/access
Improve care coordination for families, including providing support navigating Social-Emotional health services and improving referral pathways	Pilot of "warm referrals", feedback loops.
	Address barriers to accessing services through open time slots for evaluation.
Other (please specify)	
27. Does your Action Plan target Environmen	t?
Yes	
O No	

	N/A - did not target Environment
	Public health messaging efforts to increase awareness of Social-Emotional health services and/or reduce stigma.
	Other (please specify)
L	