CCO System Level Social-Emotional Health Measure Overview

Needs Assessment Calls

September 2021

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Oregon Health Authority

Presentation overview

- Go over history of how the measure was developed
- Introduce the four components of the measure

Partnership Effort

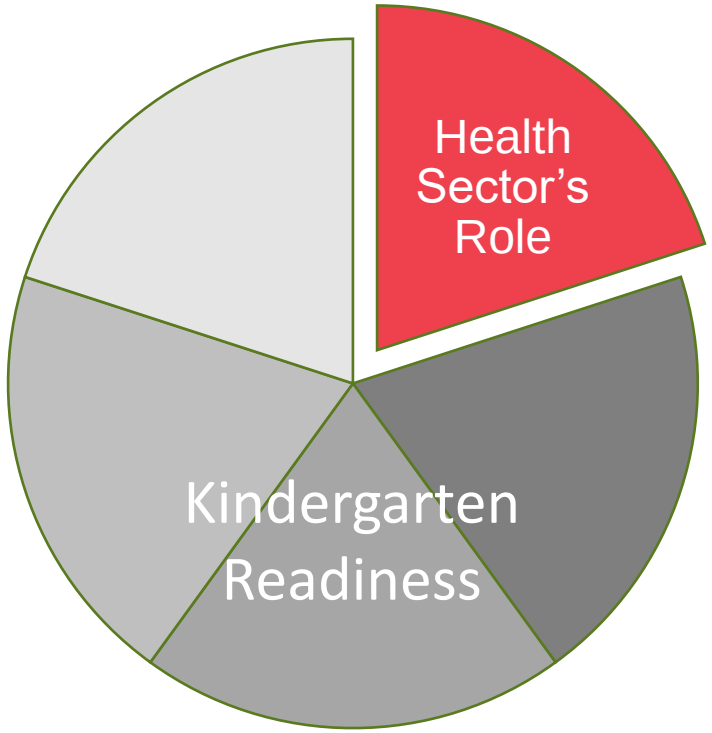
Subsequent slide material provided by partners at the Oregon Pediatric Improvement Partnership and Children's Institute

Health Aspects of Kindergarten Readiness Technical Workgroup Launched in 2018

Workgroup Charge

Recommend one or more health system quality measures that:

- Drive health system behavior change, quality improvement, and investments that that contribute to improved kindergarten readiness
- Catalyze cross-sector collective action necessary for achieving kindergarten readiness
- Align with the intentions and goals of the CCO metrics program



Health Aspects of Kindergarten Readiness Technical Workgroup Members

- Workgroup roster included:
  - CCO representatives
  - Health care providers
  - Early learning hub and early learning program representatives
  - Health care quality measurement expertise
  - Health care consumer representatives
- Support team included Children's Institute, Oregon Health Authority, and consultants
  - Facilitator: Diana Bianco, Artemis Consulting
  - Measurement Expertise: Colleen Reuland, Oregon Pediatric Improvement Partnership

Centering Family Voice

How do health services **support school readiness**?

Take time to build trust, listen to families, and ask about concerns

Provide quality prenatal and postpartum care and parental health services, especially mental health

Monitor child development, provide immunizations and ensure nutrition

Make referrals to needed health, early learning and family support services

How can health services **continue to improve**?

- Spend more time with families, develop trust
- Share expertise, information, and guidance about supporting learning at home
- Identify developmental concerns early, provide referrals to needed services and follow up
- Increase local access to health services, especially in rural areas
- Approach health care holistically, and provide support to parents and caregivers

Health Aspects of Kindergarten Readiness Measurement Strategy Proposal

Stratification and reporting of metrics to examine disparities and for CYSHCN

Preventive Dental Visits for Children 1-5

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 10.8 (out of 13)

Well-Child Visits for Children 3-6

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 8.62 (out of 13)

CCO-Level Metric Focused on Social-Emotional Health

(To be developed)

- Data and information provided by the CCO.
- HAKR domain: Promotion/prevention, Follow-up, and CCO cross-sector collaboration.

Potential components:

- Screen for and identify factors that impact social-emotional health.
- Assess capacity and utilization of behavioral health services.
- Address policies and payment for behavioral health services.

Follow-Up to Developmental Screening*

(Existing practice-level metric to be adapted for a CCO metric; proposed to replace developmental screening metric)

- Data source: EHR.
- HAKR [illegible] Follow-
- Mean score on HAKR measure criteria: 11.5 (out of 13).

CCO-Level Metric Drives Toward a Child-Level Metric to Replace It

(Future) Child-Level Metric Focused on Social-Emotional Health

(To be developed, informed by CCO-level metric)

Potential examples:

- Screening for social-emotional health.
- [illegible] impacting social-emotional health.
- Preventive care bundled metric.
- Dyadic behavioral health services for children 0–6.
- Metric(s) for children and youth with special health care needs.

GOAL

Health system behavior change, investments, and [illegible]ss-sector efforts [illegible]ntribute to improved kindergarten readiness.

We are here.

Estimated Year Metrics Ready for Implementation

2020 | 2022 | 2022 / 2023 | TDB

Metric Vision and Purpose

Vision

- Children from birth to age 5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs.

Purpose

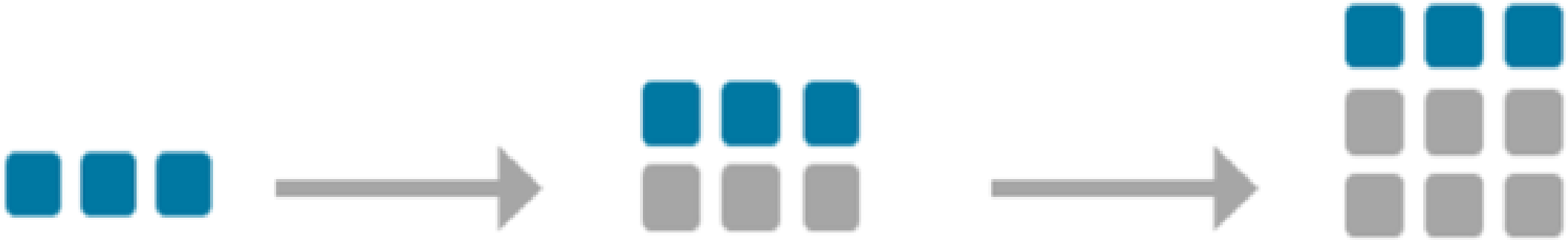
- Drive CCOs to address complex system-level factors that impact the services kids and families receive and how they receive them, and for which there may be payment or policy barriers that need to be addressed.

Activities

- Build capacity within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities.
- Use child-level data to guide and inform efforts, assess the sensitivity and specificity of the child-level metric to those efforts.

Glidepath from System-Level Metric to Child-Level Metric

I specifically went in to [child's provider] to say I need him to see a specialist because I don't know what to do at this point. I asked, "Who could you refer me to?" and they said, "We don't have anyone here and I don't really know anyone nearby." I just didn't know what to do at that point.



Year 1

1. Review Social-Emotional Health Reach Metric data
2. Develop Asset Map
3. Community Partner Engagement to identify services and gaps
4. Develop Action Plan

Years 2-3

1. Review Social-Emotional Health Reach Metric data to identify whether Action Plan strategies led to improvement
2. Deepen Asset Map development
3. Deepen Community Partner Engagement
4. Adjust Action Plan targets and strategies

Year 4

Transition to child-level metric with accountability for improving provision of social-emotional health services

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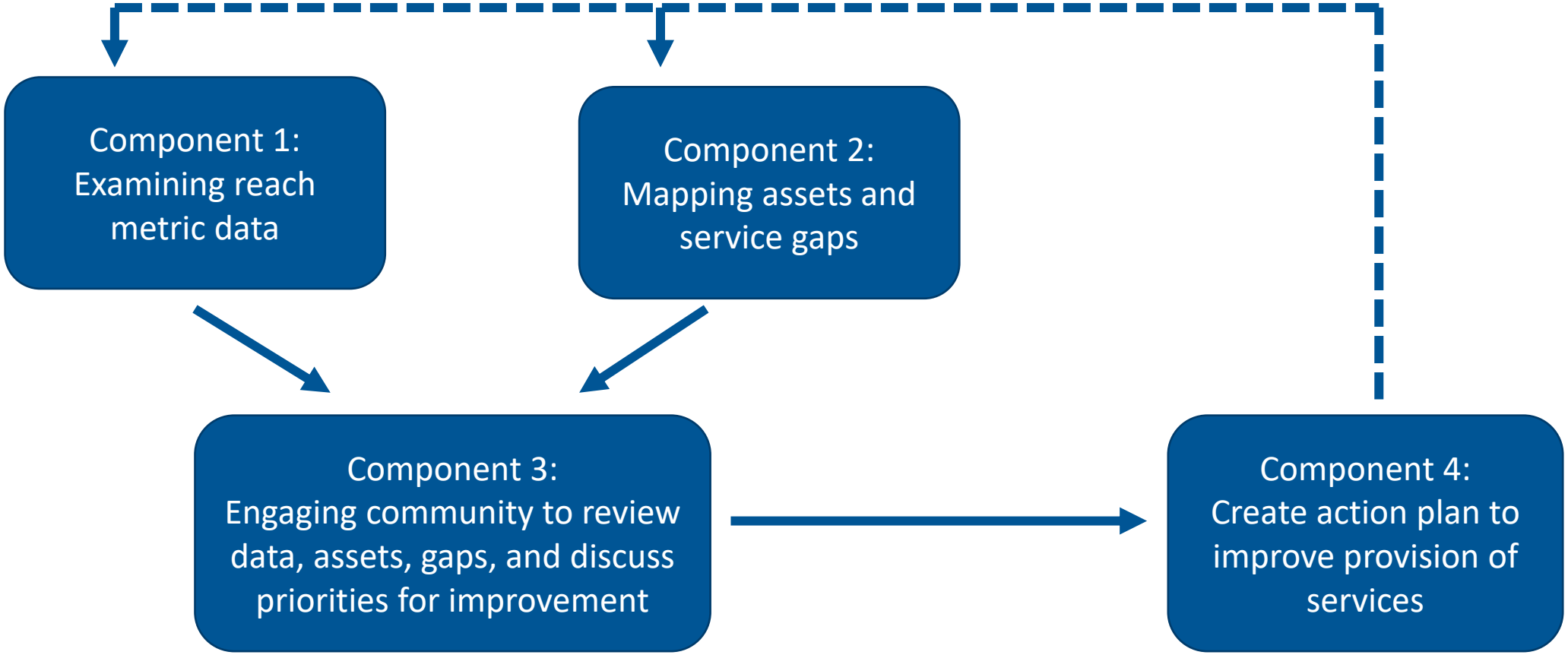
Metric Components Build Toward Improving Provision of Social-Emotional Health Services



- *Data- and community-driven health system transformation*
- *Activities build off each other and create a continuous feedback loop*

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Component 1: Social-Emotional Health Reach Data Review and Assessment

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 1: Social-Emotional Health Reach Metric Data Review and Assessment			
1.	The CCO reviewed the Social-Emotional Health Reach Metric Report provided by OHA, including: 1) **aggregate reports**, and 2) **child-level data file**.	Must pass	Must pass	Must pass
2.	The CCO examined the Social-Emotional Health Reach Metric data for at least one population with historical inequitable outcomes, using CCO data available. (Examples: race, ethnicity, use of translator, geographic region)	Must pass	Must pass	Must pass
3.	The CCO assessed payment policies and contracts for claims in the Social-Emotional Health Reach Metric to ensure a continuum of services addressing Social-Emotional health from prevention to treatment, including community options and arrangements.	Must pass	Must pass	Must pass
4.	The CCO identified missing assessment or service claims and submitted additional data capturing children accessing services not yet reflected in the reach metric data.	Optional	Optional	Optional

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Social-Emotional Health Reach Data to be Provided by OHA to CCOs End of January

- Novel metric, no current tracking of access of services for this population in OHA
- Child-level data meant to capture a ***range of assessments (including screening) and services*** provided across the spectrum of providers and to allow for innovative billing by early learning and other community-based providers.
- Two components:
  - **Component A: Assessments** *(Includes Bright Future's recommended screening for all children)*
  - **Component B: Services**
    - ❖ Services can be provided in an array of settings – integrated behavioral health, home visiting, and in specialty mental health.
    - ❖ Includes applicable codes that are valid, even though they may not be currently used given feedback through engagement and attestation focus on payment and policies.

Reach Measure Report (provided to CCOs in January of each measurement year for Component 1)

1. Child-Level Data File: Whether child had a social-emotional health assessment or services, list-level indicators
2. Aggregate Report: Trended reach metric findings
3. Aggregate Report: Reach metric findings by social complexity factors

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Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 2: Asset Map of Existing Social-Emotional Health Services and Resources			
5.	The CCO developed an Asset Map to capture services in the CCO region that address children's Social-Emotional health, including service and provider characteristics to assess capacity and gaps. • MY 1: Asset map for **contracted behavioral health services**. • MY 2: Expand asset map to **Social-Emotional health services provided in integrated behavioral health**. • MY 3: Expand asset map to **early learning and other community-based Social-Emotional health services**.	Must pass	Must pass	Must pass
6.	The CCO reviewed key considerations and submitted a summary of reflections about asset mapping process.	Optional	Optional	Optional

Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

- Asset map ensures a focus on communities who have been historically marginalized and experience inequitable access to services and support.
  - Template provided to CCOs based on improvement pilots
  - Ensure standardization
  - Framework anchored to evidence based.
- Within each component of the asset map, requirement to identify:
  - Location of services (addressing geographic disparities in access)
  - Race and ethnicity of providers
  - Language(s) spoken by providers

Component 3: CCO-Led Cross-Sector Community Engagement

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 3: CCO-Led Cross-Sector Community Engagement			
7.	The CCO engaged cross-sector community partners to review and discuss: 1) **Social-Emotional Health Reach Metric data,** 2) **Asset Map** of Social-Emotional Health Services and Providers, and 3) **Barriers and opportunities** to improve Social-Emotional Health service capacity and access.	Must pass	Must pass	Must pass
8.	The CCO engaged communities who have been historically marginalized* to review and discuss: 1) **Social-Emotional Health Reach Metric data,** 2) **Asset Map** of Social-Emotional Health Services and Providers, and 3) **Barriers and opportunities** to improve Social-Emotional Health service capacity and access.	Must pass	Must pass	Must pass
9.	The CCO implemented best-practice strategies to obtain meaningful input from the historically marginalized communities*	Must pass	Must pass	Must pass
10.	The CCO submitted a summary of reflections from conversations with cross-sector community partners and families.	Optional	Optional	Optional

Component 4: Action Plan to Enhance Social-Emotional Health Capacity

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 4: Action Plan to Improve Social-Emotional Health Service Capacity and Access			
11.	The CCO has developed an Action Plan informed by data review, asset mapping, and community conversations in Components 1-3. Action Plan includes: • **Target areas** selected • **Improvement strategies** and **progress milestones**	Must pass		
12.	The CCO has included input from communities who have been historically marginalized* in the development of the Action Plan.	Must pass		
13.	The CCO has assessed progress on their Action Plan, measured by meeting target area milestones and making improvements to Social-Emotional Health Reach Metric data, and has revised Action Plan accordingly.		Must pass	Must pass
14.	The CCO included input from cross-sector partners and communities who have been historically marginalized* in the revision of the Action Plan.		Must pass	Must pass

Glidepath from System-Level Metric to Child-Level Metric

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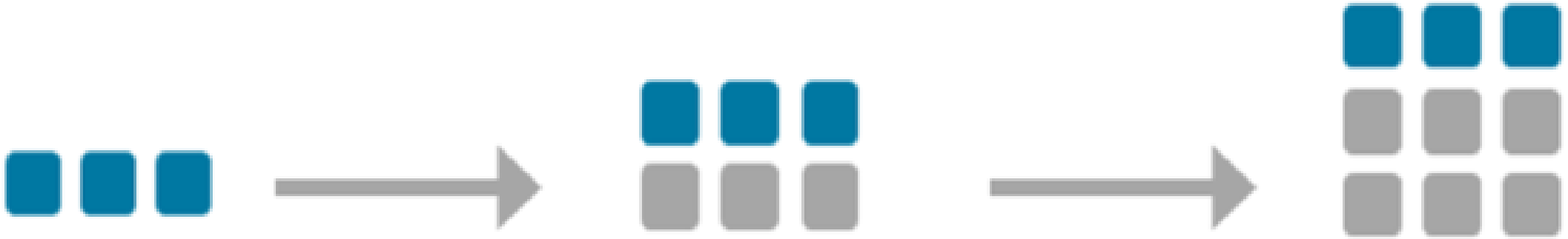

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Year 4

Transition to child-level metric with accountability for improving provision of social-emotional health services

Measurement Year 2022 Timeline

- **May 2021.** Draft specifications shared with Metrics & Scoring Committee.
- **November 2021.** Updated draft specifications for all 2022 incentive measures posted to incentive program webpage
- **By 31 December 2021.** OHA posts final specifications for all 2022 incentive measures on program webpage (will include Asset Map and Action Plan templates)
- **By 31 January 2022.** OHA will share reach measure report with CCOs
- **TBD (Jan. or April 2023).** CCO (a) completes attestation survey; (b) submits copy of Asset Map; and (c) submits copy of Action Plan to OHA
- **June 2023.** CCOs receive incentive program payments for measurement year 2022

Thank You

Oregon Health Authority

Following for Reference Only

Numerator: All members age 1-5 receiving a behavioral health assessment or service within the 12-month measurement year

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Denominator: All attributed Children ages 1-5 within the 12-month measurement year who meet a cont. enrollment requirement

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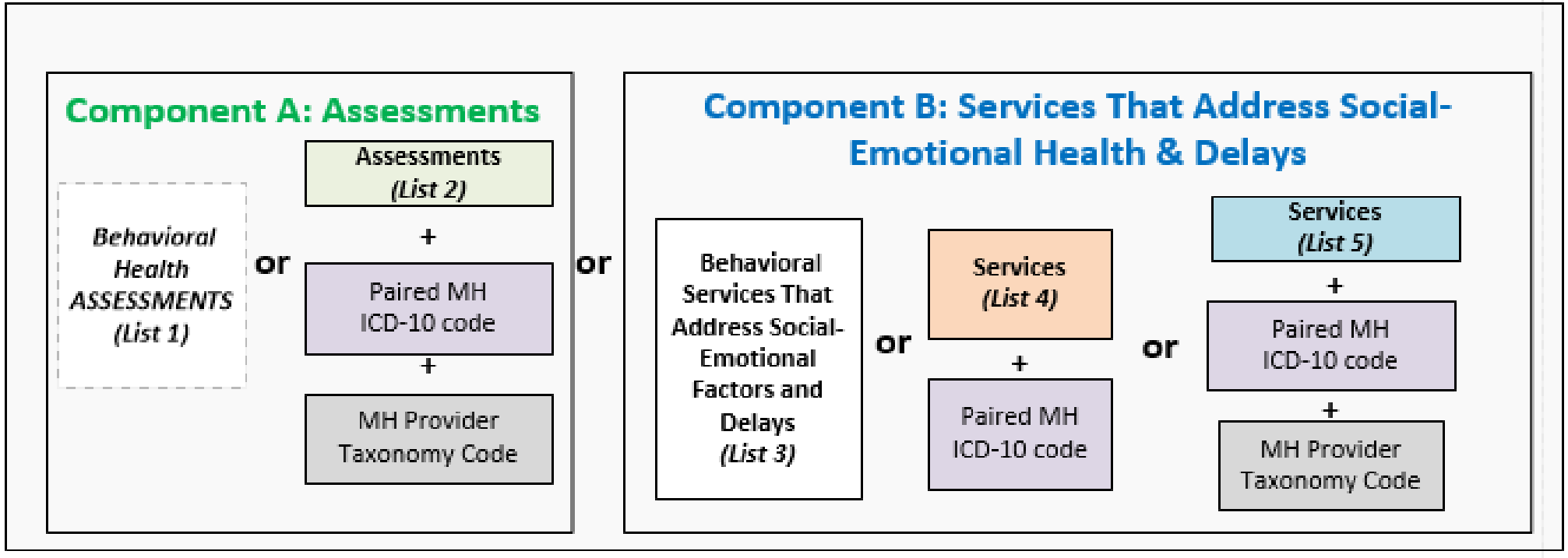
REACH Percentage:
Proportion of attributed children age 1-5 who received an assessment (A) or services (B) in the last 12 months.



Version: 4-18-2021

Social-Emotional Health Assessments and Services by Social Complexity Factors

Factor	Assessments Rate	Services Rate	Any Rate
Poverty –TANF (Child or Either/Both Parent), Below 37% of Poverty Level	6.65%	5.03%	8.09%
Foster care – Child received foster care services since 2012	20.22%	14.62%	23.27%
Parent death – Death of parent/primary caregiver in OR	10.91%	10.10%	13.54%
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon	7.50%	5.87%	9.22%
Mental Health: Child – Received mental health services through DHS/OHA	17.83%	16.58%	22.61%
Mental Health: Parent – Received mental health services through DHS/OHA	6.71%	5.23%	8.26%
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	Too small to report		
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA	8.29%	6.29%	10.01%
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	25.80%	20.00%	30.10%
Potential Language Barrier: Language other than English listed in the primary language	5.90%	4.08%	7.06%
Parent Disability: Parent is eligible for Medicaid due to recognized disability	10.20%	7.70%	12.13%

DHS Oregon Department of Human Services

Oregon Health Authority

OPIP

Measure Requires CCOs to Lead Cross-Sector Community Engagement

- CCOs must engage cross-sector community partners to review and discuss:
    1) **data** on access to social-emotional health services;
    2) **asset map** of social-emotional health services and providers; and,
    3) **barriers and opportunities** to improve social-emotional health service capacity and access.
- CCOs must also engage communities who have been subjected to historical and contemporary injustices in above review, discussion, and planning.
- CCOs must work with community partners to create an action plan to address barriers.