

# Health Aspects of Kindergarten Readiness Measure: System-Level Social-Emotional Health Metric

## Measure Basic Information

**Name and date of specifications used:** The System-Level Social-Emotional measure specifications were developed by the Oregon Pediatric Improvement Partnership (OPIP) and Children’s Institute (CI) with support from the Oregon Health Authority.

**URL of Specifications:** N/A.

**Measure Type:**

HEDIS     PQI     Survey     Other Specify: Attestation Survey Form Completed by CCOs

**Measure Utility:**

CCO Incentive     State Quality     CMS Adult Core Set     CMS Child Core Set     Other

**Data Sources:**

Attestation Survey Form completed by Coordinated Care Organizations (CCOs), inclusive of four different components. Within Attestation Component 1 there is required review of child-level reach metric data (data provided by the Oregon Health Authority).

**Measurement Period:** Calendar Year

**2023 Benchmark:** CCOs are required to attest to all required components for MY 2 (2023) for the following components, including submission of the following by timeline set by OHA (a) attestation survey; (b) asset map; (c) action plan

- 1) Social-Emotional Health Reach Metric Data Review and Assessment
- 2) Asset Map of Existing Social-Emotional Health Services and Resources
- 3) CCO-Led Cross-Sector Community Engagement in Which Components 1 and 2 are Shared Together, Reflections Are Gathered, and Input is Obtained to Inform the Action Plans
- 4) Action Plan to Improve Social-Emotional Health Service Capacity and Access

**Note on telehealth:** Not applicable to this Attestation Survey Form

**Changes in specifications from MY2022 to MY2023:**

- Refined and enhanced language to the required components of the measure to ensure clarity, to address areas of confusion identified in 2022, and to ensure that CCO activities conducted when attesting to the metric align with the intent within Component 1, Component 2, and Component 3 (CCO-Led Cross-Sector Community Engagement in Which Components 1 and 2 are Shared Together, Reflections Are Gathered, and Input is Obtained to Inform the Action Plans).
- Added clarification language related to data collection and reporting “important dates” to align with MY2.

- Added clarification language in 2.1 that asset mapping needs to be completed within the Measurement Year (MY).
- Added clarification language in Component 3 Attestation Table to ensure each descriptive component of the attestation is aligned with the measurement components.
- Added clarification language to Components 3.1 and 3.2 to ensure specificity and provide details of activities and materials the CCO should complete and share, aligned with the intent of the community engagement as it relates to Components 1 and 2.
- Added clarification language to 3.1 and 3.2 on what is needed to attest ‘yes’ to these components.
- Reorganized the Action Plan target area options into 4 categories anchored to the domains of the child-level reach metric and contextual factors that impact access and capacity:
  - Therapy Services by CCO Contracted Providers,
  - Screening & Assessment by CCO Contracted Providers,
  - Supporting Access – Referral Pathways
  - Supporting Access – Environment
- Within each of the 4 categories, all options included in MY1 are included and there is an “Other” option to ensure any Action Plan strategies identified in MY1 could be carried forward. The categories were added to provide more specific examples anchored to the domains of the child-level reach metric and to increase documentation of how CCO’s are prioritizing increasing access and capacity. Additional and specific examples were added to the Action Planning, per the input received from CCOs, informed by the previous improvement proof pilots.
- To ensure alignment with the intent of the metric and the priority pain points of need for Therapy Services as identified by feedback from community engagement, parents of young children, proof pilots, and the [Health Aspects of Kindergarten Readiness Workgroup](#), language was added in component 4.5 strongly encouraging that one of the Action Plan target strategies in MY2 (2023) address the expansion of Therapy Services (including brief interventions) AND highlighting that the inclusion of an Action Plan strategy focus on Therapy Services will be **required** in MY3 (2024).

## Measure Details

There are four components in this measure:

- 1) Social-Emotional Health Reach Metric Data Review and Assessment
- 2) Asset Map of Existing Social-Emotional Health Services and Resources
- 3) CCO-Led Cross-Sector Community Engagement in Which Components 1 and 2 are Shared Together, Reflections Are Gathered, and Input is Obtained to Inform the Action Plans
- 4) Action Plan to Improve Social-Emotional Health Service Capacity and Access

For the self-assessment, **CCOs will answer questions based on actions that have taken place as of December 31 of the measurement year.** Data collection will occur through a survey tool that OHA will distribute to CCOs.

**The following are important dates related to data collection and reporting:**

- **December 30, 2022.** OHA will post the following final supporting materials on the incentive program webpage here: <https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx>:
  - Fillable version of asset map for use by CCOs (fillable version of Appendix C)
  - Fillable version of work plan for use by CCOs (fillable version of Appendix E)
- **January 31, 2023.** OHA will post social-emotional health reach metric data report to each CCO’s SharePoint site. CCOs will review these data and engage with partners through the remainder of the

measurement year as required in components 1, 3, and 4. This report will include assessments and services for the period October 1, 2021 – September 30, 2022.

- **February 29, 2024.** CCO must submit:
  - Completed attestation survey (link will be available on the incentive program webpage here: <https://www.oregon.gov/oha/hpa/analytics/pages/cco-metrics.aspx>)
  - Completed Asset Map (submit electronic copy to [metrics.questions@odhsoha.oregon.gov](mailto:metrics.questions@odhsoha.oregon.gov))
  - Completed Action Plan (submit electronic copy to [metrics.questions@odhsoha.oregon.gov](mailto:metrics.questions@odhsoha.oregon.gov))

CCOs must complete all of the required must-pass items for the measurement year. No partial credit will be given. The components intentionally work to build upon each other within each year and from year to year. Descriptions of the work to be accomplished in each measurement year (MY) are briefly summarized in this table, with must-pass requirements and optional activities clearly noted. **Relevant materials provided in appendices as well as the complete details about each item are provided following each table.**

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

	<b>MY 1 Requirements</b>	<b>MY 2 Requirements</b>	<b>MY 3 Requirements</b>
1.1 The CCO has reviewed the 1) <b>aggregate reports</b> and 2) <b>child-level data file</b> provided by OHA in the Social-Emotional Health Reach Metric Data Report for children ages 1 –5 years (Appendix A).	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
1.2 The CCO has examined the Social-Emotional Health Reach Metric <b>data for at least one population with historical inequitable outcomes</b> , using CCO data available (Examples: race, ethnicity, use of translator, geographic region).	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
1.3 The CCO has <b>assessed payment policies and contracts for the claims and services</b> 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.	Yes/No (Must Pass)	Yes/No (Must Pass)	Yes/No (Must Pass)
<b>Optional:</b> 1.4 The CCO has identified missing assessment or service claims and intends to submit additional data capturing children accessing services not yet reflected in the reach metric results. (Documentation for proposed enhancement of the data to be based on CCO-provided claims for OHA measure validation.)	Yes/No (Optional)  If applicable, incorporate into OHA Validation Process	Yes/No (Optional)  If applicable, incorporate into OHA Validation Process	Yes/No (Optional)  If applicable, incorporate into OHA Validation Process

Relevant Materials:

**Appendix A:** Example Social-Emotional Health Reach Metric Report Based on Statewide Data (CCOs would receive reports specific to their member population)

**Appendix B:** Compendium of Codes included in Social-Emotional Health Reach Metric Data

Required Item Details:

- 1.1** Reviewed 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 for 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.

- **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 CCO that may benefit from reviewing the data include: Population Health, Quality Staff, Quality Improvement, Data Analysts, teams focused on Child Health.
- **Otherwise, answer no.**

**1.2** Examined the 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, geographic region.

- **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.**

**1.3** Assessed 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.

- **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.**

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

	<b>MY 1 Requirements</b>	<b>MY 2 Requirements</b>	<b>MY 3 Requirements</b>
2.1 The CCO <b>has developed an Asset Map</b> to capture services and resources in the CCO region that address children’s Social-Emotional health, including key characteristics of services and providers to assess capacity and gaps.	CCO completes Asset Map form provided, summarizing the capacity and characteristics of <b>contracted behavioral health therapy services.</b> (Must Pass)	CCO updates Asset Map for contracted behavioral health services (from MY 1) and completes Asset Map form summarizing the capacity and characteristics of <b>social-emotional health services, specific to therapy services and assessments/screening provided within Patient Centered Primary Care Home integrated behavioral health.</b> (Must Pass)	CCO updates Asset Map for contracted behavioral health services, integrated behavioral health in PCPCH, and completes Asset Map form summarizing the capacity and characteristics of <b>other community-based social-emotional health services, including those provided by early learning.</b> (Must Pass)
<i>Optional:</i> 2.2 The CCO has discussed key considerations and reflection questions as part of their asset mapping process, to be shared with community partners in Component 3.	Text entry (Optional)	Text entry (Optional)	Text entry (Optional)

Relevant Materials:

**Appendix C:** Sample Asset Map Form

Required Item Details:

**2.1** Within the measurement year, the CCO needs 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 services.

- **To receive credit**, the CCO will upload developed asset map to attest to the completion of this task, using the standardized form provided or ensuring that all components of the standardized form are addressed. 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 Young Children Birth to Age Five
  - Capacity for New Referrals (Clarification: New Referrals Specifically to Serve Young Children Birth to Age Five)
  - Race, Ethnicity of Provider(s)
  - Language(s) Spoken by Provider(s)
  - Service Modalities Provided

The CCO must provide information for each component noted above to pass this required item. **Appendix C** provides the Sample Asset Map Form that CCOs can use when collecting the asset mapping information in a way that will allow the CCO to meaningfully attest to this requirement. In MY 1 the CCO will develop an asset map for contracted behavioral health providers, in MY 2 the CCO will develop an asset map for applicable Patient Centered Primary Care Home integrated behavioral health providers who serve children birth to age five, and in MY 3 the CCO will develop an asset map for other community-based social-emotional health services, including those provided by early learning.

**Component 3: CCO-Led Cross-Sector Community Engagement**

	<b>MY 1 Requirements</b>	<b>MY 2 Requirements</b>	<b>MY 3 Requirements</b>
<p>3.1 The CCO engaged cross-sector community partners to review and discuss:</p> <ul style="list-style-type: none"> <li>• <b>Social-Emotional Health Reach Metric data (Component 1)</b></li> <li>• <b>Asset Map</b> of Social-Emotional Health Services and Providers (Component 2)</li> <li>• <b>Barriers and opportunities</b> to improve Social-Emotional Health service that can inform the CCO’s Action Plan to address service capacity and access.</li> </ul>	<p>Partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>	<p>Required content from 1.1, 1.2 and 2.1 shared: Yes/No</p> <p>Required partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>	<p>Required content from 1.1, 1.2 and 2.1 shared: Yes/No</p> <p>Required partners included: Yes/No</p> <p>Additional partners: Select at least 4 (Must Pass)</p>
<p>3.2 The CCO engaged communities experiencing historical and contemporary injustices* to review and discuss:</p> <ul style="list-style-type: none"> <li>• <b>Social-Emotional Health Reach Metric data (Component 1)</b></li> <li>• <b>Asset Map</b> of Social-Emotional Health Services and Providers (Component 2)</li> <li>• <b>Barriers and opportunities</b> to improve Social-Emotional Health that can inform the CCO’s Action Plan to address service capacity and access.</li> </ul>	<p>Select at least 1 (Must Pass)</p>	<p>Select at least 2 (Must Pass)</p>	<p>Select all 3 (Must Pass)</p>
<p>3.3 Select the strategies the CCO implemented to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2 above.</p>	<p>Check all that apply (Must Pass)</p>	<p>Check all that apply (Must Pass)</p>	<p>Check all that apply (Must Pass)</p>
<p>3.4 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.</p>	<p>Text entry (Optional)</p>	<p>Text entry (Must Pass)</p>	<p>Text entry (Must Pass)</p>

\*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)

Relevant Materials:

**Appendix D:** Inventory of Recent Family and Community Engagement Efforts on Social Emotional Health created by the Children’s Institute.

**Required Item Details:**

3.1 The CCO engaged cross-sector community partners to review and discuss Component 1 (the Social-Emotional Health Reach Metric data) and Component 2 (Asset Map of Social-Emotional Health Services), shared the CCO reflections, and obtained input about **barriers and opportunities** to improve Social- Emotional Health service capacity and access to inform the Action Plan. This engagement must include the content described below, address the partners listed below, and include one or more group-level meeting(s) with the proposed entities collectively to ensure shared understanding and input.

During the meeting(s), the CCO must display or provide copies of the findings from **Component 1.1, Component 1.2 and Component 2.1** in order to ensure that the community engagement to inform the Action Plan is anchored to a shared understanding of: 1) The current state of child-level **CCO-covered social emotional services** that are within scope of the metric, 2) An understanding of the current network of CCO-covered service providers identified in the Asset Map (Component 2), and 3) Descriptive characteristics about the service providers including contracted services available and factors that impact access, capacity, and service modality availability that address the needs of children in the community.

**Answer yes** if in the meeting(s), the CCO shared Component 1.1, 1.2, and Component 2.1:

**Component 1.1 and 1.2 materials:**

- The Social-Emotional Health Reach Metric data presented in the CCO aggregate report and CCO reflections about the implications of the findings for the Action Plan intended to increase access and capacity of CCO-covered Social-Emotional services (1.1).
- The Social-Emotional Reach Metric data findings for at least one population with historical inequitable outcomes (examples: social complexity factors, race, ethnicity, or geographic region) and CCO reflections about the implications of the findings for the Action Plan intended to increase access and capacity of CCO-covered Social-Emotional services (1.2).

**Component 2 materials:**

- A summary of the information gathered in the CCO’s Asset Map. This should include the overall number of providers identified, and a summary for each of the descriptive information variables listed in the Asset Map (e.g. rows in the table). This also includes the capacity of the current providers for new referrals and the descriptive factors collected (e.g. *each row in the Asset Map about the services that impact access and availability of service modalities that meet the needs of children*). The CCO should share their reflections on the findings from the Asset Map and implications of the findings for the Action Plan needed to increase access and capacity of CCO covered Social-Emotional services.

**And your CCO engaged the required cross-sector community partners from the following three categories:**

- 1) **All the required cross-sector community partners included in this menu (menu continues on next page):**
  - 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. Whether tribal government(s)/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
- 2) At least 2 partners providing services aligned with [social complexity indicators](#), such as:**
  - Culturally-specific organizations serving children birth to age 5 and their families
  - Local department of human services programs, including offices of child welfare and self-sufficiency
  - Other behavioral health programs/providers serving children birth to age 5 and their families
  - Local criminal justice agencies
  - Other: please define
- 3) At least 2 additional partners, such as:**
  - Early care and education programs, including preschool and child care programs
  - Local public health programs serving children birth to age 5 and their families (e.g., WIC, home visiting)
  - Regional health equity coalitions
  - Faith-based organizations
  - Other community-based organizations serving families with young children (e.g., Family Relief Nursery): please define
- **Otherwise, answer no.**

3.2 The CCO engaged communities experiencing historical and contemporary injustices\* to review and discuss Component 1 (the Social-Emotional Health Reach Metric data) and Component 2 (Asset Map of Social-Emotional Health Services), shared the CCO reflections, and obtained input about **barriers and opportunities** to improve Social-Emotional Health service capacity and access to inform the Action Plan. This engagement must address the partners listed below, include the content described below, and include one or more group-level meeting(s) with the proposed entities collectively to ensure shared understanding and input.

During the meeting(s), the CCO must display or provide copies of the findings from **Component 1.1, Component 1.2 and Component 2.1** in order to ensure that the community engagement to inform the Action Plan is anchored to a shared understanding of: 1) The current state of child-level **CCO-covered social emotional services** that are within scope of the metric, 2) An understanding of the current network of CCO-covered service providers identified in the Asset Map (Component 2) and 3) Descriptive characteristics about the service providers that include the services that are available and factors that impact access, capacity, and degree to which the service modalities address the needs of children.

**Answer yes** if in the meeting(s), the CCO shared Component 1.1, 1.2, and Component 2.1:

**Component 1.1 and 1.2 materials:**

- The Social-Emotional Health Reach Metric data presented in the CCO aggregate report and CCO reflections about the implications of the findings for the Action Plan intended to increase access and capacity of CCO-covered Social-Emotional services (1.1).
- The Social-Emotional Reach Metric data findings for at least one population with historical inequitable outcomes (examples: social complexity factors, race, ethnicity, or geographic region) and CCO reflections about the implications of the findings for the Action Plan intended to increase access and capacity of CCO-covered Social-Emotional services (1.2).



**Component 2 materials:**

- A summary of the information gathered in the CCO’s Asset Map, CCO reflections to Asset Map and implications for the Action Plan as described in 3.1 (Page 7), with specific emphasis on the Asset Map findings specific to the population and the population needs.

Otherwise, answer no.

*Note: When engaging with communities experiencing historical and contemporary injustices, CCOs and their partners must take steps to ensure that communities are not being engaged in a way that tokenizes their identities or perpetuates harm. Best practice principles<sup>1</sup> that CCOs should use for engaging communities include:*

- *Seeking awareness of individual and systemic biases and building capacity for meaningful community engagement.*
- *Acknowledging historical traumas and inequities openly.*
- *Fostering a safe and engaging process that meets all access needs (e.g., interpretation, child care, transportation).*
- *Centering communities’ expertise, resilience, and ownership of their stories and community solutions.*
- *Providing reciprocity and compensation (e.g., stipends, resources, information, etc.)*

**3.3** Select the strategies the CCO implemented to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2.

- **Answer yes**, if you utilized one or more of the strategies below to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2.
- **Otherwise, answer no**

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

- The CCO reviewed qualitative data from their region about families’ experience accessing Social-Emotional health services to help contextualize and inform Component 1 and Component 2. (See **Appendix D** as a starting place.)
- 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: please define

**3.4** Attach a written summary from conversations with cross-sector community partners and families.

<sup>1</sup> Best practice principles are adapted from [Brink Communications](#) community listening principles, Chicago Beyond’s [Why Am I Always Being Researched?](#), and Family Voices’ [Family Engagement in Systems Toolkit](#).

**Component 4: Action Plan to Improve Social-Emotional Health Service Capacity and Access**

	<b>MY 1 Requirements</b>	<b>MY 2 Requirements</b>	<b>MY 3 Requirements</b>
4.1 The CCO has identified at least two target areas for improvement to be included in their Action Plan, informed by data review, asset mapping, and community conversations in Components 1-3.	Select at least 2 (Must Pass)		
4.2 The CCO has included input from communities experiencing historical and contemporary injustices in the development of the Action Plan.	Yes/No (Must Pass)		
4.3 The CCO has attached/uploaded their Action Plan, including: 1) Target areas selected 2) Improvement strategies and progress milestones for each target area	Yes/No (Must Pass)		
4.4 The CCO has assessed progress on their Action Plan.		Yes/No (Must Pass)	Yes/No (Must Pass)
4.5 The CCO has attached/uploaded a revised Action Plan, including: 1) At least 2 target areas selected 2) Improvement strategies and progress milestones for each target area		Yes/No (Must Pass)	Yes/No (Must Pass)

Relevant Materials:

**Appendix E:** Sample Action Plan Template

Required Item Details:

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

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

**Therapy Services (within Specialty Behavioral Health and Integrated Behavioral Health) (Identifying an Action Within This Category is Strongly Encouraged in 2023 as one or more of these strategies will be required in 2024).**

- 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 define

### Screening & Assessment by CCO Contracted Providers

- Increase Social-Emotional health assessments provided to children in CCO covered settings.
- Increase Social-Emotional screening of young children in CCO covered settings.
- 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)
- Workforce trainings/quality improvement support on flags of social-emotional delays based on current screenings conducted that could be used to flag children for assessments.
- Workforce trainings/quality improvement support to implement population-based screening of children birth to five for social-emotional delays in primary care. .
- Other: please define

### Supporting Access - Referral Pathways

- 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
- Support Publicly Available Information about Providers to Inform Referrals: Materials about behavioral health providers identified in the asset made available in easy-to-use formats, including provider capacity and descriptive characteristics that inform referrals/access
- Pilot of “warm referrals”, feedback loops.
- Address barriers to accessing services through open time slots for evaluation.
- Other: please define

### Environment

- Public health messaging efforts to increase awareness of Social-Emotional health services and/or reduce stigma.
- Other: please define

**4.2** The CCO has included input from communities experiencing historical and contemporary injustices in the development of the Action Plan.

- **Answer yes** if feedback and input identified from conversations and/or meetings facilitated as part of Component 3 of this metric is included in the Action Plan uploaded in Component 4.3.
- **Otherwise, answer no.**

**4.3** The CCO has attached/uploaded their Action Plan, including target areas selected, what type of social-emotional health service is targeted (if applicable) and improvement strategies and progress milestones for each target area. (**Appendix E** is a Sample Action Plan Template to consider when drafting your Action Plan in a way that will allow the CCO to meaningfully attest to this component of the work.)

- **Answer yes** if your CCO has uploaded an Action Plan that includes target areas selected and improvement strategies and progress milestones for each target area.
- **Otherwise, answer no.**

**4.4 For MY 2 and 3:** The CCO has assessed progress on their Action Plan.

- **Answer yes** if your CCO assessed your action plan in all of the following ways:
  - The CCO assessed whether they achieved progress on their Action Plan, measured by meeting progress milestones the CCO set in the Action Plan.
  - The CCO involved communities experiencing historical and contemporary injustices to evaluate the success of improvement strategies in the CCO Action Plan and offer suggestions for revising the targets and strategies in the Action Plan.

- MY 3: The CCO assessed whether their action plan resulted in improvements in the Social-Emotional Health Reach Metric data provided by OHA and/or based on internal and more updated calculations of the Social-Emotional Reach Metric data.

- **Otherwise, answer no.**

**4.5** For MY 2 and 3: The CCO has attached/uploaded a revised Action Plan, including target areas selected and improvement strategies and progress milestones for each target area. It is **strongly encouraged** that one target area in this year's Action Plan address expansion of Social-Emotional therapy services (including brief interventions), as this will be a required target area in MY3 (2024). (**Appendix E** is a Sample Action Plan Template to consider when drafting your Action Plan in a way that will allow the CCO to meaningfully attest to this component of the work.)

- **Answer yes** if your CCO has uploaded a revised Action Plan that includes target areas selected and improvement strategies and progress milestones for each target area.
- **Otherwise, answer no.**

## Measure Scoring

### Summary of System-Level Social-Emotional Health Metric Scoring

Component within CCO Attestation Tool	MY 1	MY 2-3
<b>Component 1:</b> CCO reviews and interprets the provided Social-Emotional Health Reach Metric data Required Items: 1.1-1.3 Optional Items: 1.4	<b>1.1</b> 1 point <b>1.2</b> 1 point <b>1.3</b> 1 point	<b>1.1</b> 1 point <b>1.2</b> 1 point <b>1.3</b> 1 point
<b>Component 2:</b> CCO develops Asset Map of existing Social-Emotional Health Services and Providers Required Items: 2.1 Optional Items: 2.2	<b>2.1</b> 1 point	<b>2.1</b> 1 point
<b>Component 3:</b> CCO leads Cross-Sector Community Engagement Required Items 3.1-3.4 3.4 Reflection: No Points Assigned	<b>3.1</b> 1 point <b>3.2</b> 1 point <b>3.3</b> 1 point <b>3.4</b> 0 point	<b>3.1</b> 1 point <b>3.2</b> 1 point <b>3.3</b> 1 point <b>3.4</b> 0 point
<b>Component 4:</b> CCO develops Action Plan to improve provision of Social-Emotional Health Services MY 1 Required Items: 4.1-4.3 MY 2 Required Items: 4.1-4.4 MY 3: Required Items: 4.1-4.5	<b>4.1</b> 1 point <b>4.2</b> 1 point <b>4.3</b> 1 point	<b>4.4</b> 1 point <b>4.5</b> 1 point*  * Action Plan must include a strategy focused on increasing access to and capacity of therapy services
<b>Total Count of Required Attestation Items</b>	<b>10 points</b>	<b>9 points</b>
<b>Proposed Scoring Threshold for CCO Meeting the Metric</b>	<b>10/10 Required Items Completed</b>	<b>9/9 Required Items Completed</b>

## Measure Reference Materials

To support this novel measure, Oregon Pediatric Improvement Partnership and Children’s Institute have compiled a number of Appendices to support CCOs to meaningfully complete and attest to measure requirements.

**Appendix A:** Example Social-Emotional Health Reach Metric Report Based on Statewide Data (CCOs will receive reports specific to their member population)

**Appendix B:** Compendium of Codes for the Child-Level Social-Emotional Health Reach Metric Data

**Appendix C:** Sample Asset Map Form

**Appendix D:** Inventory of Recent Family and Community Engagement Efforts on Social-Emotional Health Developed by the Children’s Institute

**Appendix E:** Sample Action Plan Template

**Appendix F:** Summary of Four Components of System-Level Social-Emotional Health Metric

# Appendix A: Example Social-Emotional Health Reach Metric Report Based on Statewide Data (CCOs will receive reports specific to their member population)

<p><b>Title:</b> CCO Child-Level Reach Metric of Social Emotional Health (Assessments &amp; Services)  <b>Date:</b> 2/22/2021  <b>Summary:</b> As part of the piloting activities for the child-level social emotional health reach metric, the Oregon Health Authority (OHA) is providing data to each CCO to guide and inform efforts and to assess the sensitivity and specificity of the metric.</p> <p>OHA will provide two data findings:</p> <ol style="list-style-type: none"> <li>1) <b>A child-level data file</b>, and an</li> <li>2) <b>Aggregate report</b> of the most recent metric findings to each CCO. As part of this report, and to provide information that could guide community level engagement, OHA matched the social emotional health services reach child-level data to the Child Health Complexity data and prepared results of the reach metric by the social complexity indicators.</li> </ol> <p>It is important to note that the <b>reference periods for the data vary</b>, thus the reach metric findings in the report may not be consistent. Please see the table below:</p>		
Output	Data Reference Period	Notes
<p><b>Child-Level Data File</b></p> <p>Child-level data file of reach metric findings – latest rolling period.</p>	<p><b>Claims Data</b> October 2019 – September 2020</p> <p><b>Enrollment Data</b> Members attributed to CCOs based on 12/31/2020 enrollment snapshot.</p>	<ul style="list-style-type: none"> <li>• File includes the most recent rolling period of claims for the metric.</li> <li>• Findings include continuous enrollment criterion.</li> <li>• Findings are not available for all CCOs participating in pilot.</li> </ul>
<p><b>Aggregate Report: Social Emotional Health Reach Metric Findings over Four Year Span</b></p> <p>2016-2019 reach metric findings</p>	<p><b>Claims Data</b> January – December 2016 January – December 2017 January – December 2018 January – December 2019</p> <p><b>Enrollment Data</b> Members attributed to CCOs based on continuous enrollment and enrollment in CCO as of last day of year.</p>	<ul style="list-style-type: none"> <li>• Findings include continuous enrollment criterion (no more than one gap in enrollment of less than 45 days).</li> <li>• Findings are not available for all CCOs participating in pilot given some CCOs were not operating in the regions at the time.</li> </ul>
<p><b>Aggregate Report: Social Emotional Health Reach Metric Findings by Child Health Complexity Data</b></p> <p>Reach metric findings matched to child health complexity file.</p>	<p><b>Social Emotional Health Reach Metric</b></p> <ul style="list-style-type: none"> <li>• <b>Claims Data:</b> January 2019 – December 2019</li> </ul> <p><b>Child Health Complexity</b></p> <ul style="list-style-type: none"> <li>• <b>Claims Data:</b> Medical Complexity determined using All Payer All Claims (APAC) data from January 2017 through December 2019</li> <li>• <b>Enrollment Data:</b> Cohort includes all children enrolled in Medicaid/CHIP as of 5/31/2020. CCO member attribution is based on a 5/31/2020 enrollment snapshot.</li> </ul>	<ul style="list-style-type: none"> <li>• CY2019 reach metric findings were used to be more closely aligned with the child health complexity reference period.</li> <li>• Findings do not include continuous enrollment criterion.</li> </ul>
<p><b>Contact:</b> Please email <a href="mailto:metrics.questions@dhsola.state.or.us">metrics.questions@dhsola.state.or.us</a> with questions about this metric.</p>		

## Appendix B: Compendium of Codes for the Child-Level Social-Emotional Health Reach Metric Data

The reach measure numerator logic is below (SEM=social-emotional health measure):

1. Any proc code in SEM1\_PROC, or
2. Any proc code in SEM2\_PROC + Any diagnosis in SEM245\_DIAG + Any provider taxonomy in SEM25\_TAX, or
3. Any proc code in SEM3\_PROC, or
4. Any proc code in SEM4\_PROC + Any diagnosis in SEM245\_DIAG, or
5. Any proc code in SEM5\_PROC + Any diagnosis in SEM245\_DIAG + Any provider taxonomy in SEM25\_TAX

The full code set is available here:

[https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/SEM%20VSD%20MY2022%20CCO%20use\\_2021.11.17\\_CCO%20Social-emotional%20Health%20Reach%20Measure%20Value%20Set.xlsx](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/SEM%20VSD%20MY2022%20CCO%20use_2021.11.17_CCO%20Social-emotional%20Health%20Reach%20Measure%20Value%20Set.xlsx).

A more descriptive version of the code lists that may be helpful to providers is available here:

<https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Social-Emotional-Health-Reach-Metric-Descriptive-Code-Lists.xlsx>

## Appendix C: Sample Asset Map Form

### **THIS SAMPLE FORM WILL SUPPORT CCOS IN COMPLETING AND ATTESTING TO THIS COMPONENT OF THE WORK**

**Year 1:** Required to complete table for all **behavioral health providers** contracted with CCO.

- Focused on assets and services specific to children birth to age five who the CCO contracts with to provide mental and behavioral health services. These are providers that specifically serve publicly insured (Medicaid/CHIP) children birth to age five in need of mental and behavioral health services.
- This should include contracted providers that PCPCH clinics note being “co-located” within in PCPCH 3.C.1.

**Year 2:** Required to complete table for contracted **Patient Centered Primary Care Homes** who have attested to the PCPCH standards with Standard 3C3 to indicate that they provide **integrated behavioral health services**, including population-based, same-day consultations by behavioral health providers. <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/2020-PCPCH-TA-Guide.pdf>

**Year 3:** Required to complete table for **Early learning providers** and **other community-based Social-Emotional services** identified in Attestation Component 3 in Years 1 and 2.

- A specific asset map template will be developed to capture these additional community assets based on CCOs’ attestation responses in Year 1 regarding partners they have engaged.
- A sample draft of the Year 3 community-based providers asset map is provided for example purposes and includes Social-Emotional services identified in previous quality improvement proof pilots. That said, these services will be highly individualized to each community and the community settings and to areas in which the intended community-level engagement identifies a need and opportunity to build or leverage supports and services in the community.



<b>Year 1 Asset Map: Contracted Behavioral Health Providers – Social Emotional Services for Birth to Five</b>	<b>Behavioral Health Organizations Contracted with CCO That Have Providers Who Serve Children Birth to Five</b>				
	<b>Organization # 1</b>	<b>Organization #2</b>	<b>Organization # 3</b>	<b>Organization # 4</b>	<b>Organization # 5</b>
<b>Location of Clinic Sites (City)</b>					
<b>County(ies) Served by the Clinic Site</b>					
<b>Number of Providers Who Currently Serve Birth to Five and Have Applicable Skill Sets</b> <i>(Drop down that will customize form)</i>					
<b>Provider’s Average Capacity for New Referrals Specific to Birth to Five. Please note this will need to be calculated for each provider within each organization in order to understand capacity.</b> <i>Measurement Options:</i> <b>Numerator:</b> # of <u>open</u> (available for booking) appt slots in the next 2 months <u>for new referrals 0-5</u> <b>Denominator:</b> # of total appt slots in the next 2 months					
<b>Provider(s) Identified Race, Ethnicity</b> <i>(Drop down of REAL-D Categories)</i>					
<b>Languages the Provider(s) are able to Use to Provide Services</b> <i>(Drop down of languages)</i>					
<b>Therapy Modalities the Provider(s) Offer</b> <i>(Drop down of evidence-based modalities*, addition of an “other”. See Next Page.)</i>					

# Behavioral Health Services for Children Under Five with Social Emotional Delays

Selected Parent-Child Programs for Children Under 5 with a Scientific Rating of 1-3 Focused on  
(1) Positive parenting, (2) Effective limit setting and safe discipline, and (3) Child-parent relationship building

Therapy/ Program Name	Delivery Method <sup>1</sup>	Age of Child	Scientific Rating	Organization(s)	Number of Provider(s)
<b>SERVICES TARGETED TO CHILDREN WITH <u>DISRUPTIVE BEHAVIOR PROBLEMS</u></b>					
Parent Child Interaction Therapy (PCIT)*	Dyadic	1-7	1		
<i>* PCIT is also effective program for children with known trauma history (see categories below).</i>					
Generation-PMTO	Dyadic, Family, or Group	2-18	1		
Triple P Positive Parenting Program	Level 3 - Dyadic	0-12	2		
	Level 4 - Group				
Theraplay	Dyadic	0-18	3		
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>					
Collaborative Problem Solving	Family, Individual	3-21	1		
Play Therapy	Family, Individual	3-12	3		
Helping the Non-compliant Child	Dyadic	3-8	3		
<b>SERVICES TARGETED TO CHILDREN WITH KNOWN <u>TRAUMA HISTORY</u></b>					
Child Parent Psychotherapy (CPP)	Dyadic	0-5	2		
Eye Movement Desensitization and Reprocessing (EMDR)	Individual	2-17	1**		
Attachment Regulation and Competency (ARC)	Dyadic, Family, or Individual	0-21	NR		
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>					
Trauma Focused CBT	Dyadic	3-18	1		
<b>SERVICES TARGETED TO CHILDREN WITH <u>AT-RISK PARENTS/ FAMILIES</u></b>					
Family Check-Up	Dyadic	2-17	1		
Attachment and Biobehavioral Catch-up (ABC)	Dyadic	0-2	1		
<i>SERVICES VALID FOR CHILDREN OLDER THAN 3 (PATHWAYS PROJECT IS PRIMARILY FOCUSED ON CHILDREN UNDER 3)</i>					
Incredible Years*	Dyadic or Group	4-8	1		
<i>* Incredible Years is also good for children with disruptive behavior problems (see categories above).</i>					

1 Dyadic therapies are those done with the parent and the child together. Group therapies can be group-level classes delivered to a group of parents without children present, or delivered to a group of families with both children and caregivers present.

\*\*None of the evidence used to rate EMDR was conducted on children under 4 years of age

October – 2021 Developed by the Oregon Pediatric Improvement Partnership based on information derived from <https://www.cebc4cw.org>

***Year 1: Key considerations and reflection questions for asset mapping and community engagement*** Use the Social-Emotional Reach Metric findings and data showing the findings by specific social complexity factors for children birth to five to consider how many children would potentially benefit from these services but are not getting them, compared with the number of available new referrals.

- Each “row” of the map reflects an area where there may be a gap in access and availability as compared to the need.
  - For each characteristic (geography, provider availability for new referrals, provider race or ethnicity, languages spoken by the provider, modalities offered) consider where there are opportunities for discussion and reflection in Attestation Component #3 when engaging community-based providers.
  - Consider community-based organizations and advocacy groups that represent children and families in your community and consider community-based educational opportunities for enhanced understanding of what services do exist and how they can address the factors in the data. Engage these communities potentially impacted by gaps and consider how they can be engaged on solutions.

<p align="center"><b>Year 2 Asset Map:</b>  <b>Social Emotional Services within Patient Centered Primary Care Homes who Attested to PCPCH Standard 3.C.3 as Having Integrated Behavioral Health</b></p>	<p align="center"><b>Patient Centered Primary Care Homes To Which CCO Members Birth to Five Are Attributed and Who Attested to PCPCH Standard 3.C.3 to indicate that they provide integrated behavioral health (IBH) services.</b></p>		
	# 1	# 2	# 3
Location of Clinic Site (City)			
Number of IBH Providers Who Currently Serve Birth to Five and Have Applicable Skill Sets <i>(Drop down that will then customize form)</i>			
Average Capacity for New Referrals Specific to Birth to Five (per week). Note: This will need to be completed for each provider in the organization to obtain a summary of capacity in the site. <u>Numerator</u> : # of <u>open</u> (available for booking) appt slots in the next 2 months <u>for new referrals 0-5</u> ; <u>Denominator</u> : # of total appt slots in the next 2 months			
Provider(s) Identified Race, Ethnicity - <i>(Drop down of REAL-D Categories)</i>			
Languages the Provider(s) are able to Use to Provide Services <i>(Drop down of languages aligned with CLAS metric)</i>			
<u>Screening and Assessments</u> : Does this provider currently conduct applicable social emotional assessments and screenings for birth to five <i>(Drop down of tools in compendium**)</i>			
Therapy-Brief Intervention Services Provider(s) Offer: What brief interventions addressing social-emotional health for patients birth to five does this provider offer that are, or could be, submitted through claims? <i>(Drop down anchored to claims and codes aligned with reach metric)</i>			
Therapy Services (Dyadic) and Modalities the Provider(s) Offer: What behavioral health services does this provider offer? <i>(Drop down anchored to specific therapy modalities)</i>			
Other Social Emotional Services Provided Not Captured Above: (Open Field Text)			

**\*\*Assessments and Screenings: Drop down Options**

**Examples of Screening and Assessment Tools that are allowable under code 96127:**

- Ages and Stages Questionnaire-Social-emotional (ASQ-SE)
- Survey of Well-being of Young Children (SWYC)
- Devereux Early Childhood Assessment- (DECA)
- Pediatric Symptom of Checklist (PSC)
- Behavioral Assessment System for Children (BASC)
- Child Behavior Checklist (CBCL)
- Devereux Early Childhood Assessment for Infants (1-18 months) Record Form (DECA)
- DECA for Toddlers (18-36 months) Record Form
- Strengths and Difficulties Questionnaire (SDQ)
- Thinking Skills Inventory
- Eyberg Child Behavior Inventory (ECBI)
- McMaster Family Assessment Device
- SCAS Anxiety Scale for Preschool
- Beck's Depression Inventory
- Multidimensional Assessment of Parenting Scale (MAPS) Parenting Scale
- Other Screens (provide name)

**Examples of Additional Assessment and Screening Tools Documented to Support Other Claims (Please reference the Social-Emotional Reach Metric Specifications for an Exhaustive List):**

- 96130/96131 (Psychological testing evaluation by psychologist)
- 96132 (Neuropsychological testing evaluation services by qualified healthcare professional)
- 96136/96137 (Psychological or neuropsychological testing administration and scoring by qualified professional)

**Year 2: Key considerations and reflection questions for asset mapping and community engagement**

- How many of the PCPCHs you contract with that serve children do **not** have Integrated Behavioral Health (IBH)?
  - Are there any gaps in services by region?
- How many PCPCH sites attested to PCPCH Standard 3.C.3 and have Integrated Behavioral Health staff, but those IBH providers don't serve children birth to five?
- Examine each of the rows describing the integrated behavioral health services:
  - For each characteristic (geography, provider availability for new referrals, provider race or ethnicity, languages spoken by the provider, assessments, interventions and therapy modalities offered), consider where there are opportunities for discussion and reflection in Attestation Component #3 when engaging community-based providers.
  - Consider opportunities for training and coaching of integrated behavioral health staff

**Year 3: Sample Asset Map Draft of Early learning providers and other community-based Social-Emotional services identified in Attestation Component #3 in Years 1 and 2.**

**Year 3: Key considerations and reflection questions for asset mapping and community engagement**

- Where applicable, are there opportunities to address policies and payment that would allow for these services to be reimbursed by the CCO given their direct alignment with needed social What are specifics strategies to enhance education and information about these services at a community-level?
- If applicable, is there a way to address areas where you may have identified limited capacity within these services to see more children birth to five?
- If applicable, is there a way to address areas where you may have identified limited capacity within these services to see more children birth to five?

<b>Year 3 Asset Map:</b> <b>Early Learning, Family Support Services, and Other Community-Based Services with specific expertise and training on infant and early childhood mental health.</b> <i>(Potential Examples Below)</i>	<b>Community-Based Social Emotional Services</b>							
	<b>What social-emotional services are provided?</b> <i>(Drop down of evidence-based modalities)</i>	<b>Are there eligibility requirements impacting access for publicly insured children?</b>	<b>Do they have openings for more children to be served by this program?</b>	<b>Counties in which these services are available ?</b>	<b>Is there a focus on populations with historically inequitable outcomes?</b>	<b>Can this provider perform screenings and assessments of Social-Emotional health?</b>	<b>Could the provider submit a claim for these services?</b>	<b>Does the CCO provide supports or investments to the program?</b>
3.1. Home visiting providers								
3.2. Early Head Start/Head Start								
3.3. Early Intervention/Early Childhood Special Education staff								
3.4. Evidence-based/ evidence informed parenting classes with a specific focus on attachment and Social-Emotional health								
3.5. Children’s Relief Nurseries								
3.6. Other Services Identified								

# Appendix D: Inventory of Family and Community Engagement Efforts Focused on Children’s Social-Emotional Health Developed by the Children's Institute

## Commitment to Centering the Voices of Families and Communities Experiencing Historical and Contemporary Injustices

Throughout work to improve capacity of and access to social-emotional health services for children ages 0-5 and their families, it is crucial to center the experience, needs, and assets of children and families experiencing historical and contemporary injustices and therefore experience the greatest health and learning disparities.

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)

One strategy for learning about the experiences, needs, and assets of children and families is to review existing data that has been collected across Oregon about families’ social-emotional health needs and health care access barriers. Using this information as a starting place ensures we are valuing the time and energy that communities have already committed to sharing their experiences and priorities and may help CCOs and their partners identify and prioritize future engagement.

## Family Engagement on Social-Emotional Health and Access Needs to Date

Below are specific efforts over the last few years to engage families and communities, including those experiencing historical and contemporary injustices, on the topic of children’s social-emotional health needs and health care access barriers. Links to reports are provided.

Project	Communities engaged	Research questions	Findings
CI and PSU Kindergarten Readiness Family Focus Groups (2017-2018)	<ul style="list-style-type: none"> <li>- Black and Latino families</li> <li>- Families with limited English proficiency/DLL</li> </ul>	<ul style="list-style-type: none"> <li>- What does school readiness mean to families?</li> <li>- How do early learning programs support school readiness?</li> </ul>	<p>Social-emotional health and development is a top priority for families. Families identified several health system barriers:</p> <ul style="list-style-type: none"> <li>- Not enough time with health care providers to build trust, voice concerns</li> <li>- Lack of culturally and linguistically responsive services</li> <li>- Children are not identified and referred early enough</li> </ul>

	<ul style="list-style-type: none"> <li>- Families of children with special health care needs</li> <li>- Families in rural communities</li> </ul>	<ul style="list-style-type: none"> <li>- How do health care services support school readiness?</li> <li>- How do families want early learning programs and health services to improve?</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of locally accessible services</li> <li>- Confusing coverage policies for specialty services</li> <li>- Lack of access to BH services for parents/caregivers</li> <li>- Lack of resources to address SDOH</li> </ul> <p><a href="#">Summary report</a> <a href="#">Summary slides</a></p>
Racism in Oregon's Health Care System: Experiences of Families of Black and Latino Children and Youth with Special Health Care Needs (2020)	<ul style="list-style-type: none"> <li>- Black and Latino immigrant families of children with special health care needs</li> </ul>	<ul style="list-style-type: none"> <li>- What are the experiences of racism for Black and Latino immigrant families of children with special health care needs?</li> </ul>	<p>Families' experiences of racism include:</p> <ul style="list-style-type: none"> <li>- Lack of cultural understanding, respect, and assumptions about Black people</li> <li>- Culturally insensitive and discriminatory comments that invalidate families' concerns about their child's health and create hostile environments for families</li> <li>- Language barriers</li> </ul> <p><a href="#">Summary report</a></p>
Oregon Early Learning Hub Family Focus Groups and Surveys for Sector Plans (2019)	<ul style="list-style-type: none"> <li>- Black, Latino, Asian/Pacific Islander/Native Hawaiian, and Native American families</li> <li>- Families with limited English proficiency/DLL</li> <li>- Families involved in child welfare</li> <li>- Families of children with developmental delays/disabilities</li> <li>- Families in rural communities</li> </ul>	<ul style="list-style-type: none"> <li>- What are family priorities for early care and education programs?</li> <li>- What are barriers to access to early care and education programs?</li> <li>- What supports are needed?</li> </ul>	<p>Findings relevant to supporting social-emotional health and development:</p> <ul style="list-style-type: none"> <li>- Families seek programs and providers skilled in supporting social-emotional development</li> <li>- Providers need training and support on trauma</li> <li>- Families need support accessing BH services</li> </ul> <p>Findings about barriers to accessing early care and education programs, which may also be relevant for accessing social-emotional health services:</p> <ul style="list-style-type: none"> <li>- Transportation</li> <li>- Language access</li> <li>- Honoring family culture and values</li> <li>- Lack of trust in systems</li> </ul> <p><a href="#">Early Learning Hub Sector Plans</a></p>



<p>Oregon’s Preschool Development Grant Needs Assessment Family Surveys and Listening Sessions (2019-2020)</p>	<ul style="list-style-type: none"> <li>- Latino, Native American, and East African refugee/immigrant families</li> <li>- Families with limited English proficiency/DLL</li> <li>- Families of children with developmental delays/disabilities or special health care needs</li> <li>- Incarcerated mothers (potential child welfare involvement)</li> </ul>	<ul style="list-style-type: none"> <li>- What are families’ experiences, satisfaction, and challenges with early care and education?</li> <li>- What are families’ experiences with suspension and expulsion?</li> <li>- How do families support children’s healthy development at home?</li> </ul>	<p>Findings relevant to supporting social-emotional health and development:</p> <ul style="list-style-type: none"> <li>- Families prioritize social-emotional development opportunities when choosing early care and education programs</li> <li>- Families value early identification and referrals for developmental delays and disabilities</li> <li>- Providers need more training and support for children with developmental delays, disabilities and BH needs</li> <li>- Behavior challenges and social-emotional health needs are the top reason children are “asked to leave care” (suspended or expelled)</li> </ul> <p>Findings about barriers to accessing early care and education programs, which may also be relevant for accessing social-emotional health services:</p> <ul style="list-style-type: none"> <li>- Lack of trust in public programs and systems</li> <li>- Transportation needs</li> </ul> <p><a href="#">Oregon PDG Needs Assessment reports</a></p>
<p>CCO Community Health Improvement Plans</p>	<ul style="list-style-type: none"> <li>- Consumers and community partners</li> </ul>	<ul style="list-style-type: none"> <li>- What are the health needs in our community?</li> <li>- What are the priorities for improving community health in our region?</li> </ul>	<p>Some findings may illuminate broad needs and priorities around barriers accessing health care services, and some may be specific to the needs of young children, their social-emotional development and behavioral health, and early learning and kindergarten readiness.</p> <p><a href="#">CCO Community Health Improvement Plans</a></p>
<p>Coalition of Communities of Color Research Justice Institute Report on Investing in Culturally and Linguistically</p>	<ul style="list-style-type: none"> <li>- Respondents from diverse geographies including Eastern and Central Oregon, the Gorge, the Coast, the Portland metro area, Salem,</li> </ul>	<ul style="list-style-type: none"> <li>- What are sources of stress, anxiety, frustration, and worry, including for children and elders?</li> <li>- What are the barriers to seeking behavioral health care?</li> </ul>	<p>Key findings:</p> <ul style="list-style-type: none"> <li>- Majority of BIPOC people receive behavioral health care from religious figures, traditional healers, community-based organizations, and clinics.</li> <li>- Awareness about behavioral health services is a major barrier and translation is insufficient for communicating culturally relevant information.</li> </ul>

<p>Responsive Behavioral Health Care in Oregon (2022)</p>	<p>Eugene, and Medford</p> <ul style="list-style-type: none"> <li>- Respondents who identify as Black/African American and Latino/a/x were the majority of participants</li> <li>- Representation of Native/Indigenous, Asian, and Pacific Islander communities</li> </ul>	<ul style="list-style-type: none"> <li>- What are experiences of discrimination by and distrust of health care professionals?</li> <li>- What are experiences of local and culturally specific resources for behavioral health support?</li> </ul>	<ul style="list-style-type: none"> <li>- Rates of behavioral health care utilization are low among BIPOC people largely due to a lack of multilingual and multicultural providers.</li> <li>- BIPOC people have low rates of enrollment in CCOs, especially outside of the Portland metro area.</li> <li>- BIPOC people experience high rates of racism, discrimination, and bias in medical settings.</li> <li>- BIPOC needs and experiences cannot be understood without collecting disaggregated, community-informed, actionable data.</li> <li>- Western and Anglo-centric assumptions about behavioral health alienate and harm BIPOC communities.</li> </ul> <p><b><u>Full report</u></b>, including actionable recommendations</p>
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Appendix E: Sample Action Plan Template

Target Area 1 Identified for Improvement (Aligned with 4 Target Areas)							
Aim Statement/Desired Outcome (Ensure that is a <a href="#">SMART Aim</a> , List the Specific Social Emotional Service or Target Areas of Focus):							
Improvement Strategies or Action Steps	Target area for improvement: Therapy, Screening, Referral Pathway or Environment	Responsible Person/Party	Community-Level Partners Engaged	Deadline	Resources Needed	Methods that will be used to track progress and impact	Status/Update
1.							
2.							
3.							

Target Area 2 Identified for Improvement: (Aligned with 4 Target Areas)							
Aim Statement/Desired Outcome (Ensure that is a <a href="#">SMART Aim</a> , List the Specific Social Emotional Service or Target Areas of Focus):							
Improvement Strategies or Action Steps	Target area for improvement: Therapy, Screening, Referral Pathway or Environment	Responsible Person/Party	Community-Level Partners Engaged	Deadline	Resources Needed	Methods that will be used to track progress and impact	Status/Update
1.							
2.							
3.							

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

- I. Therapy Services (within Specialty Behavioral Health and Integrated Behavioral Health)
- II. Screening & Assessment by CCO Contracted Providers
- III. Referral Pathways
- IV. Environment

**Therapy Services (within Specialty Behavioral Health and Integrated Behavioral Health)**

**Improvement Strategies:**

- 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)
- 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 define

### **Screening & Assessment by CCO Contracted Providers**

#### ***Improvement Strategies:***

- Increase Social-Emotional health assessments provided to children in CCO covered settings.
- Increase Social-Emotional screening of young children in CCO covered settings.
- 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)
- Workforce development to increase provider diversity and availability (e.g., recruitment strategies, training, support for credentialing or other educational attainment)
- Workforce trainings/quality improvement support on flags of social-emotional delays based on current screenings conducted that could be used to flag children for assessments.
- Workforce trainings/quality improvement support to implement population-based screening of children birth to five for social-emotional delays in primary care. .
- Other: please define

### **Supporting Access - Referral Pathways**

#### ***Improvement Strategies:***

- 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
- Supporting Publicly Available Information about Providers: Materials about behavioral health providers available in region for children birth-to-five that are easy to access and use, including provider capacity and descriptive characteristics that inform referrals/access
- Pilot of “warm referrals”, feedback loops.
- Address barriers to accessing services through open time slots for evaluation.
- Other: please define

### **Environment**

#### ***Improvement Strategies:***

- Public health messaging

**Appendix F: Summary of Four Components of System-Level Social-Emotional Health Metric**

	<b>Must Pass Items</b>	<b>Optional Items to Enhance Measure</b>
<b>Component 1</b>		
CCO has reviewed and interpreted the provided Social-Emotional Health Reach Metric data	<p><b>The CCO will attest to:</b></p> <p><b>1.1</b> The CCO has reviewed the 1) aggregate reports and 2) child-level data file provided in the Social-Emotional Health Reach Metric Report for children ages 1 –5 years.</p> <p><b>1.2</b> The CCO has 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)</p> <p><b>1.3</b> The CCO has assessed 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.</p>	<p><b>1.4</b> The CCO has identified missing assessment or service claims and intends to submit additional data capturing children accessing services not yet reflected in the reach metric results.</p>
<b>Component 2</b>		
CCO develops Asset Map of Existing Social-Emotional Health Services and Resources	<p><b>The CCO will attest to:</b></p> <p><b>2.1</b> Submit the Asset Map that summarizes capacity for:  <b>Year 1:</b> Contracted Behavioral Health Services  <b>Year 2:</b> Social-Emotional health services provided within integrated behavioral health  <b>Year 3:</b> Other community-based Social-Emotional health services, including those provided by early learning</p>	<p><b>2.2</b> The CCO has submitted reflections about asset mapping and key learnings to share with community partners in Component 3.</p>
<b>Component 3</b>		
CCO leads Cross-Sector Community Engagement activities	<p><b>The CCO will attest to:</b></p> <p><b>3.1</b> The CCO engaged cross-sector community partners to review and discuss Social-Emotional Health Reach Metric data, Asset Map, and barriers and opportunities to improve service capacity and access.</p> <p><b>3.2</b> The CCO engaged communities experiencing historical and contemporary injustices such as racism and other systemic bias* to review and discuss Social-Emotional Health Reach Metric data, Asset Map, and barriers and opportunities to improve service capacity and access.</p> <p><b>3.3</b> Select the strategies the CCO implemented to obtain meaningful input from the communities experiencing historical and contemporary injustices engaged in 3.2 above.</p>	<p><b>3.4</b> The CCO has submitted a summary of reflections from conversations with cross-sector community partners and families.</p>
<b>Component 4</b>		
CCO develops Action Plan to Improve Provision of Social-Emotional Health Services	<p><b>The CCO will attest to:</b></p> <p><b>4.1</b> The CCO has identified at least two target areas for improvement in their Action Plan informed by data review, asset mapping, and community conversations in Components 1-3</p> <p><b>4.2</b> The CCO has included input from communities experiencing historical and contemporary injustices in Action Plan development.</p> <p><b>4.3</b> The CCO has attached/uploaded their Action Plan, including:  1) Target areas selected  2) Improvement strategies and progress milestones for target areas</p> <p><b>4.4</b> The CCO has assessed progress on their Action Plan.</p> <p><b>4.5</b> The CCO has attached/uploaded a revised Action Plan.</p>	