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SE Health Metric Learning Collaborative
Summary of feedback and discussion at 12/1/22 meeting

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Initial reflections
- Like the feeling of the learning collaborative
- Like small groups
- Felt OHA wasn't sufficiently prepared and needed more expertise
- Needed more detail, discussion and examples of how CCOs can be successful
- Hearing from SMEs wasn't helpful
- Should've been a PIP or QI based
- Can we see other CCO's Action Plans? Group us by areas of interest.

Mentimeter poll results (includes chat)
What are one or two small wins you've had in the first year of this system-level metric? What are you most proud of?
20 responses from 18 respondents

Community/partner/Early Learning Hub relationships
- Building relationships with Early Learning Hub (x6).
- We hosted 12 Community Conversations with over 250 people - that informed our action plan.
- Successfully engaging families both in person and via survey. Our in-person conversation with families was especially insightful – we heard thoughts and perspectives that only families with lived experience would be able to share (things we did not hear from clinical providers or CBOs). We are very grateful for the opportunity to speak with families, and for their generosity with us!
- Strengthening our relationships with community partners, especially the region's early learning hub and ESD.
- Great community engagement meetings. Internal and external collaboration with community organizations who serve this population.
- We were successful in collaborating with our community partners and there seems to be genuine determination to increase capacity for 0-5 in our region.
- Meaningful relationships within each of our communities and understanding that this topic and these kiddos have a lot of support.
- Hosting highly attended and meaningful meetings with (in Spanish) with our Latino/a/x families about social emotional health Collaboration with other partners was so successful and helpful!

Other
- Securing funding from our board to operationalize our Action Plan in 2023.
- Pulling together different teams within CCO.
- Building our own internal data set for SEH reach.
- I got involved in this work in late July, so my experience has been quite positive. However, I can't directly indicate any success/failures as I was absent from the work at launch.
- This is the first metric I've been primarily responsible for. I'm most proud of rising to the challenge, setting a timetable, sticking to it, and sharing successful strategies with the community.

What are one or two of your biggest learnings in implementing this metric thus far? What would you do differently next year?
19 responses from 12 respondents

Timing issues
- Start earlier (on all components) (x5)
- Training should follow timeline-provide an example of where we should be in the project with real examples so we can better stay on track.
- There is a long game to this work that is easily lost in doing the individual steps. Finding ways to keep the long-term goal in mind will be helpful.

Family and community engagement
- Our biggest learning(s) had to do with engaging families. We planned an evening community conversation in Spanish that we promoted through our networks and the ESD, but unfortunately no one attended. We later learned that the timing/season could have been challenging because of school sports happening in the evenings in the fall. Also, some families, and perhaps specifically non-English speaking families, may be more comfortable completing a survey than attending an event hosted by the CCO. So we learned we could lean on surveys more in this community as a way of meeting people where they're at. We're continuing to receive surveys through this month.
- Get marketing involved to get better engagement at engagement forums.
- Communicate frequently with partners involved in this work, even if you're just providing an update.
- Continuous communication within our agency and with our partners.
- Build work into budget (especially paying partners and community members for their time).

Tribal engagement
- Work through OHA for engagement with tribal entities.
- OHA to work directly with the Tribes. Was a miss requiring CCOs to do this disjointed work.
- We also learned from our Tribal liaison that tribes across the state, who met in August for the Tribal advisory council meeting, gave the CCOs feedback that they were receiving multiple requests for engagement by overlapping CCOs. This was just more evidence for the critical need to do Tribal engagement thoughtfully and intentionally, with the understanding that as sovereign nations they can choose to not engage. This is also feedback for OHA, so that moving forward, perhaps we can all think carefully about Tribal engagement so that CCOs do not bombard them with requests.
- Request the OHA to facilitate the work with the Tribal Governments so the work is more organized vs 16 CCOs approaching 9 tribes.

Data needs
- As this is still being built, the work done in the first year will vary greatly from the second year. I would like to see more data informed decision making examples next year.
- Initial data lacked detail. We weren't able to deep dive into how to replicate success at the clinic level until after we re-pulled the whole dataset ourselves. Next year, more than 5 columns of raw data please?
- Establish a community baseline of all the services that already exist so easier to identify gaps.
- Figure out how to ingest data from CBOs to illustrate the true work going on in the communities.
- TA around how we can utilize supplemental data.

Access issues
- Not adequate access. Parents have trouble navigating systems.
- Access is so, so inadequate; I have learned we have a lot of work to do.

What do you think we should do collectively do *more* of next year?
22 responses from 11 respondents

More subject matter expertise and technical assistance
- Bring in SMEs (social-emotional health; behavioral health providers focus 0-5; OPIP).
- Less of a speaker series and more actual TA on the metric.

Data
- Show how data (including health complexity data) is informing the work and priority populations that might be focused on.
- Showing how the data gathered during 2022 is informing the action plans and helping to make sure that the cohort in most need is being directly elevated by the work done.
- Produce a more robust dataset so we can analyze more cleanly where the breakpoints are (TA work).
- Figure out how to ingest CBO data to paint clearest picture of full work going on in the communities.
- Help us access social complexity data at member-level.

Coordination
- More resource sharing between CCOs who share regions/providers to reduce abrasion and duplication.
- Bring in partners earlier to assist us with the metric.

Specific metric components
- I remember OPIP had a webinar (in September I think?) which laid out the rationale for the metric, what led to its creation, and specifically the details of the numerator and denominator. This was super helpful and I would have liked to see it at the very beginning of the metric process. I know we're all coming to this work at different moments, but if the LC/OHA/OPIP could provide this information at the very beginning of the metric cycle, that would be super helpful for understanding context.
- Share any adaptations to the asset mapping that might help us get what we want from it.
- Help refocusing and/or expanding our action plan.
- I also think having sessions dedicated to different components of the metric is very helpful.
- Refinements are needed to the asset map templates.

OHA role/state level work
- OHA should determine what they can do centrally to help us and reduce duplication (e.g. tribal engagement, etc...) as well as identifying ways this metric is complimentary to or duplicative to other OHA projects.
- Discuss solutions that might be better done at the state level vs done at each CCO level (payment and policy related work).
- Align the universal home visiting work.

Other
- There were some attempts to use software like Mural, which I think was challenging for some folks, so I would suggest the less technology the better.
- I think sticking with break out rooms and the chat (keeping it easy) is actually the most helpful and best use of our time.
- Lastly, this is maybe more of a suggestion for the metrics & scoring committee, but I would start the metric (Year 1) looking at screenings and services provided by CBOs rather than contracted CCO providers. This is because CBOs are doing so much of this work!! So when we presented the asset map to partners in public health, Head Start, early learning, etc., and showed them the low rates we have, naturally their response was, "but we're screening kids

all the time!" I think having the asset map reflect CBO data in Year 1 (if the metric happens in future years) would actually really center community voices/data and show clinical providers what is possible.

Logistics

Would inviting Early Learning Hubs to attend Learning Collaborative meetings in 2023 increase the benefit of the meetings?

- 16 respondents: 100% said <mark>yes</mark>
- Chat: maybe not all meetings – be strategic

Should we continue small group discussions with other CCOs during Learning Collaborative meetings?

- 15 respondents:
  - <mark>Yes</mark>: 14
  - No: 1

Should we group CCOs by region for small group discussions?

- 15 respondents:
  - <mark>Yes</mark>: 12
  - No: 3
- Chat: Some loved regional groupings, others not as much. Mix it up, based on topic (same region, all urban/rural, CCOs with similar action plans or target populations)

Should we shorten LC meetings to 60 minutes or 90 minutes in 2023?

- 16 respondents:
  - Yes: 8
  - No: 8

For small group discussions, would you rather be grouped with others from your CCO or be spread out amongst the groups?"

- 13 respondents:
  - With My CCO: 8
  - Spread Out: 5

Should meetings be 60- or 90-minutes?

- 17 respondents:
  - 90-minutes: 9
  - 60-minutes: 8
- Chat: consider continuing optional; depends on topic

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Feedback about future meetings
- We received little feedback, though feedback we got was positive
- Coding best practices (simplified) – Peg and David

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Feedback after Action Plans small groups
- Can OHA do public education around social emotional health?
- Aligned messaging in multiple formats (webinars, flyers)
- For SME: Center of Study of Social Policy on Early Relational Health (David Willis – contact Peg)

Small Group Discussion Notes

Group 5: AllCare, Cascade Health Alliance, Jackson County and Advanced Health

What questions do you have for other CCOs about Action Plans?

- For CHA, Action Plan was developed from public input; the public didn't know how to access services. We had available capacity, but the community didn't know how to access that availability. Partnering with faith based organizations is going to be key.
- For UHA- AP grew out of community oriented feedback and input. More education needed was identified, we wanted to elevate community voice.

Where has your CCO been challenged around Action Plans? How have you addressed that?

- Allcare: we are working on our AP now.
- CHA: felt like it wrote itself, community feedback drove it. Need to give feedback to OHA on workforce.
- UHA: wanting to ensure feedback from the community matched the development of the AP. Trying to get internal staff on board.
- AH: trying to get groups to go beyond workforce issues.

Where has your CCO been successful?

- AllCare: collaborating with our partner CCO's and ELH.
- CHA: realizing that ELH would be helpful and will engage them sooner.