Alignment: SE health metric and other requirements

How does the SE Health metric work align to existing CCO contract quality deliverables?

- **Total Quality Strategy (TQS)**
  - *Can metric inform TQS?* Likely fits with the SDOH component
- **Process Improvement Projects (PIP)**
  - *MH access PIP?* Depends on the population the CCO statewide PIP is focusing on

Alignment: SE health metric and other requirements

SE health metric is an upstream population health initiative

How does this metric align to my CCO's strategic plan or priorities?

- How does this metric align to the CCO's overall **quality program**?
- How does this metric work fit into your CCO's **population health initiatives**?
- How is your CCO **resourcing** the implementation of this metric work?

2023 implementation support for social emotional health metric *(potential)*

CCO FEEDBACK/THEMES (from 12/2022 LC)	LC/SUPPORT TOPICS
More subject matter expertise and targeted TA	• Tell us more! - which experts and on what topics? (pediatric behavioral health, clinical assessments, nurse home visiting, early learning priorities and practices, tribal engagement, specifics on how to code/bill, convening/facilitating partners, integrating/translating data for engagement, BH workforce opportunities)
Data support	• Integrate & interpret reach data with other data sets • Use data as communication and engagement tool (data viz) • Discuss/inform the child-level metric (data set)
Coordination	• Support/encourage more CCO-to-CCO sharing (e.g. CCO board engagement, implementing action plan strategies, tribal engagement) • Invite “metric partners” (e.g. EL Hubs) to LC or to CCO specific work earlier • Alignment of metric w/ PIP, TQS and other requirements
Specific metric components	• Measure steward provide 2023 metric specification update • Using data as engagement tool • Partner engagement strategies • Action plan sharing session among CCOs
OHA role/state level work	SEE NEXT SLIDE (State—local aligned solutions)
Other	• Co-develop workplan/timeline for metric implementation • Understanding and applying *collective impact* approach to metric work • Raise awareness among providers and parents • Train providers • Billing/coding supports

State-local aligned solutions *(potential)*

TOPIC	POSSIBLE OUTCOMES & ACTIONS
Campaign/communications*	*Outcome*: Increase awareness about SE health of young kids for both parents and
	Actions: Co-create messaging/materials for CCO use w/ providers and members
Provider training*	*Outcome*: Providers have access to tools, training & resources to care for young kids SE health
	Actions: Co-create/offer provider training (e.g. assessments, services, referral resources, billing/coding)
BH workforce strategies	*Outcome*: CCOs/provider networks understand HC/BH workforce strategies & how to plug-in
	Actions: OHA share re: HC/BH workforce efforts; CCOs share current efforts on workforce expansion
Braided funding	*Outcome*: Understand & access other funding streams related to early intervention
	Actions: OHA research, share & support State/regional access of additional funding as needed
Tribal engagement	*Outcome*: CCOs are better equip to engage with Tribal health
	Actions: OHA to convene CCO Tribal liaison and CCO SE health staff
Metric alignment w/ PIP, TQS	*Outcome*: CCOs better understand potential alignment of metric and TQS, PIP, other reqs
	Actions: OHA present & discuss potential alignment strategies for metric, TQS, PIP
Implementation timeline	*Outcome*: General timeline/workplan for implementing SE health metric work
	Actions: Co-create timeline/workplan

* *These two topics require financial resources, OHA would need to determine budget, scope and timing to support*

Many of the above outcomes/actions require partnership/co-creation between OHA and CCOs