System-Level Social-Emotional Health Metric
Coordinated Care Organization Incentive Metric

2023 Specifications: Update on Area of Focus in Metric & Clarifications Made Based on 2022 Learnings

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Agenda

- High-level Overview of Vision and Intent for the Metric and Purpose of Glidepath Over Time

- Overview of Year 2 (2023) System-Level Social Emotional Health Metric Components

- Overview of Clarifications Made Based on Learnings from 2022 to Address Areas of Confusion and Ensure Alignment of Attestation Activities Intent

- Question and Answer

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# CCO System-Level Social-Emotional 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.

- Address gaps in **CCO incentive metric set**.

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Scope of CCO System-Level Social-Emotional Metric: Red Piece of the Pie

- Focused on the scope of services that are **within the CCO contract** and **opportunities to impact**.

- Aligned with barriers and gaps in social-emotional health services within the health system and CCO contracts.

- Recognizes the flexibilities and opportunities that the CCO global budget may offer.
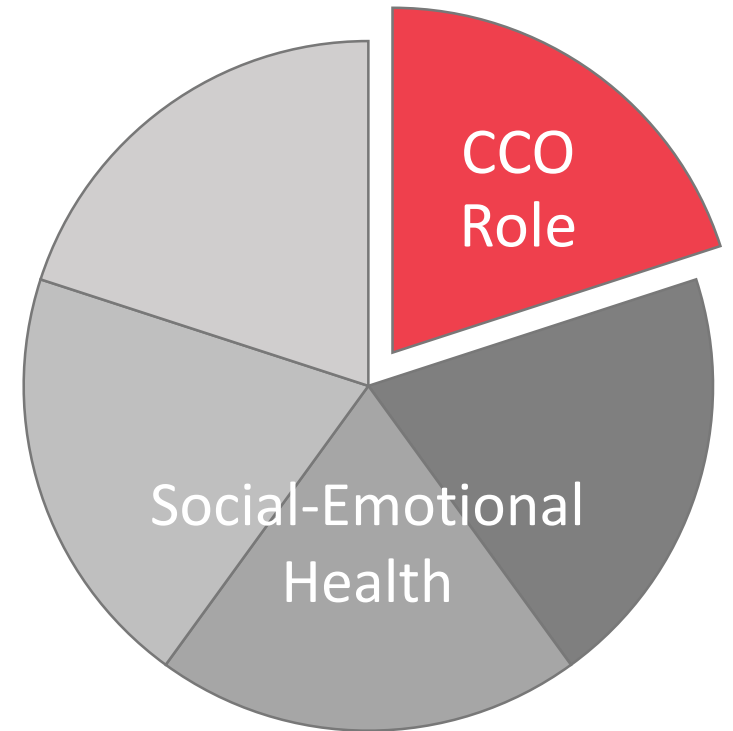
Informed by **Community Engagement:**
CCO-Covered Services that
Support Social-Emotional Health Prioritized in Metric

Biggest Pain Points from Parent & Provider Input

Screening

Assessment

Brief Intervention

Treatment Service

Social-emotional health needs according to families

- Lack of culturally and linguistically responsive services.

- Children are not identified and referred early enough.

- Lack of locally-accessible behavioral health services, including promotion and prevention services, and especially in rural communities.

- Confusing coverage policies for specialty services.

- Lack of access to behavioral health services for parents/caregivers.

- Lack of resources to address families' social determinants of health.

Slides from May 2021 Metrics and Scoring Meeting: Based on Focus Groups and Interviews with Parents

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# Social-emotional health needs according to health care and early learning providers

- Mental health is a stigmatized topic.

- Providers don't feel confident identifying and addressing social-emotional health concerns.

- Wide range of promotion, prevention, and intervention services that families need are not available or accessible.
  - Limited workforce
  - Need for more culturally and linguistically responsive services

- Medical and educational approaches differ greatly (terminology, tools, and intervention models), which hinders collaboration and effective referrals.

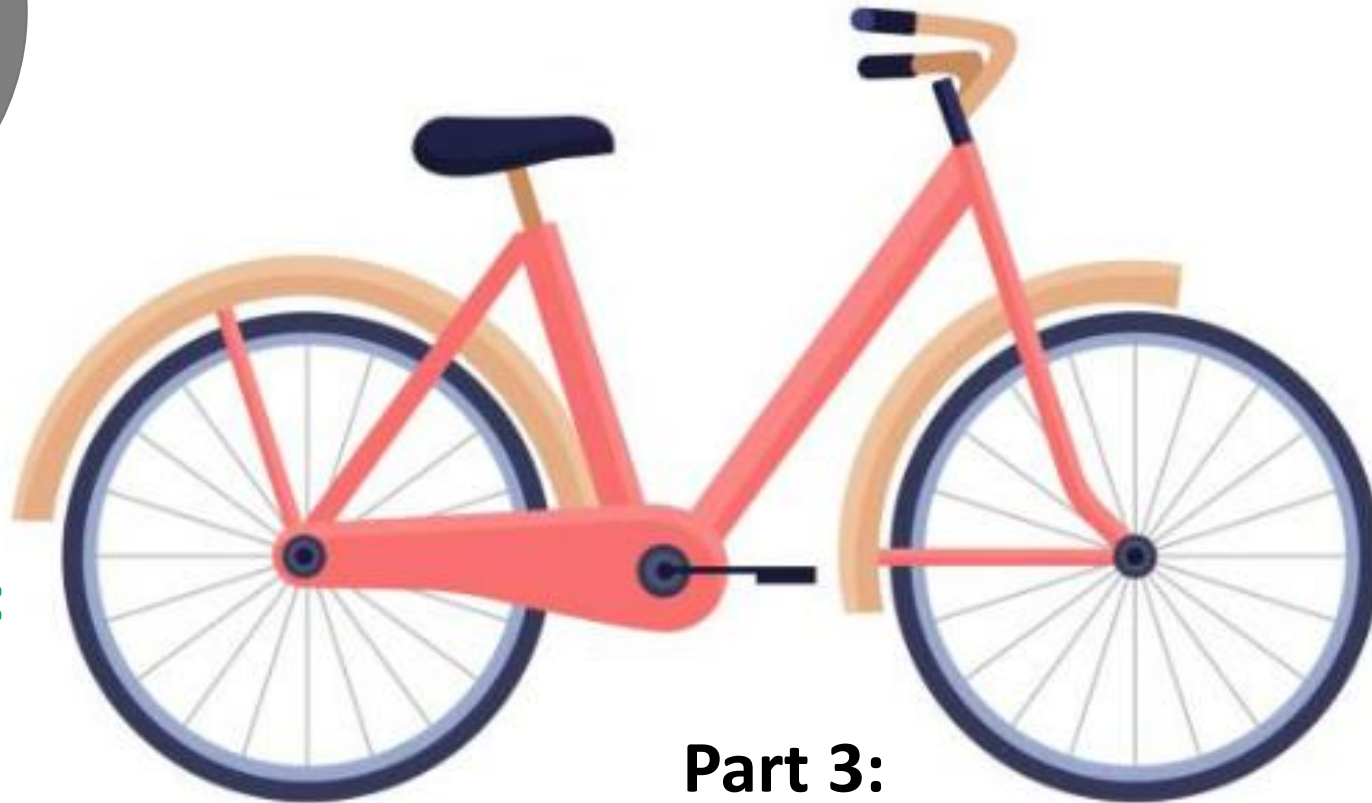- Need for co-location and deeper partnership with early learning and care system.

Slides from May 2021 Metrics and Scoring Meeting: Based on Statewide Survey, Community Proof Pilots, HAKR Workgroup

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CCO Role

Social-Emotional Health
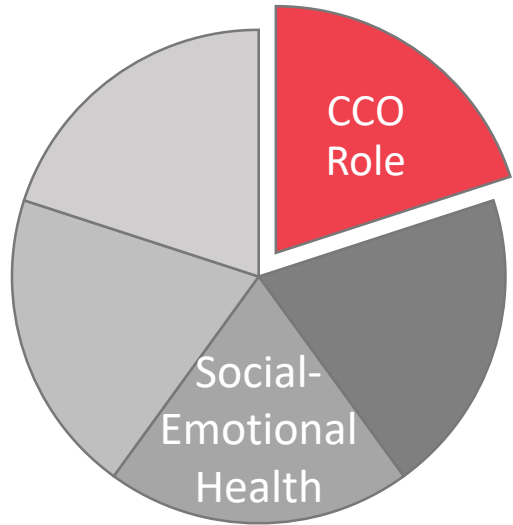
Part 4:
Overall Conditions: Will People Get on Bike, Path of the Bike

Part 2:
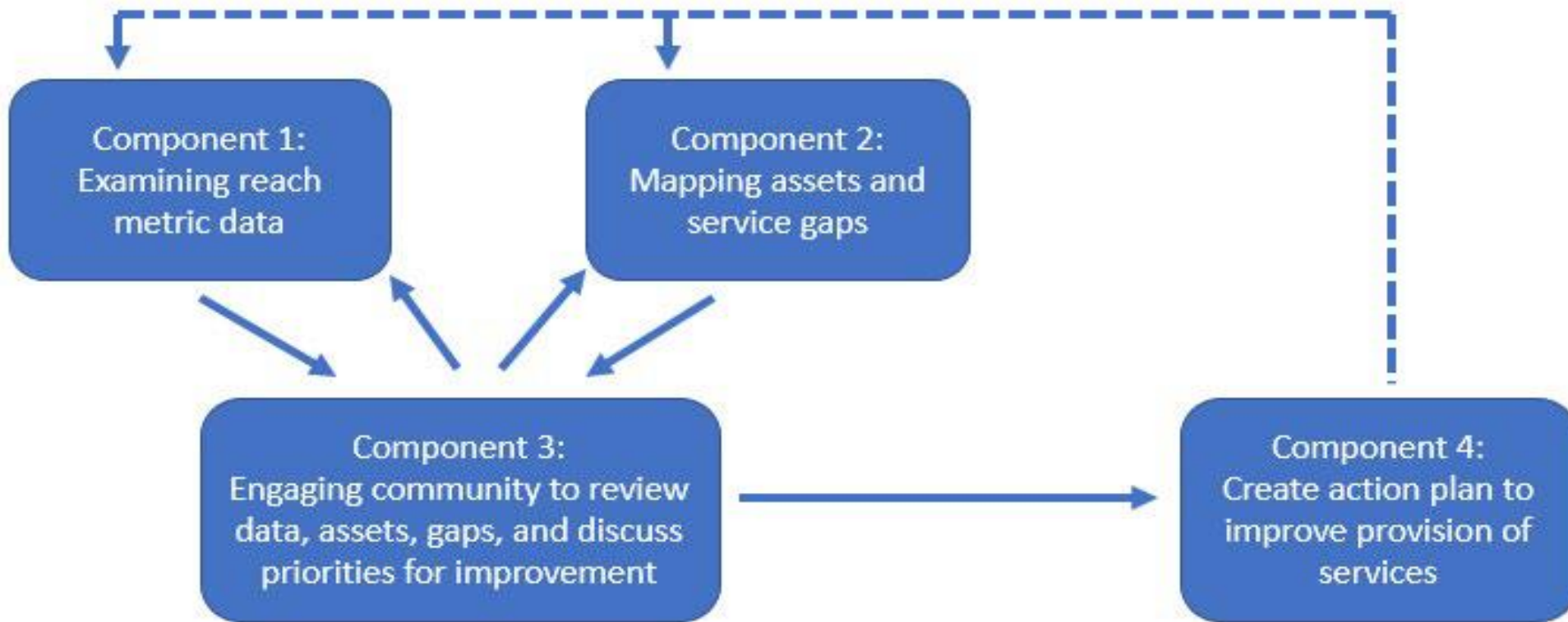**CCO Covered Early Identification: Screening & Assessments**

Part 1:
CCO Covered Therapy Services (Priority)

Part 3:
Referral Pathways

System Level **Social-Emotional Metric**

Metric Type: The metric is an attestation metric in which the CCO will attest to conducted specific activities and engaging specific community partners relative for four component areas.
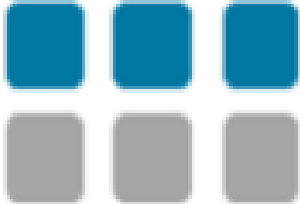
Glidepath from System-Level Metric to Child-Level Metric

2022

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

2023-2024

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
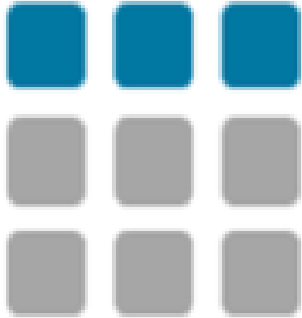
2025

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

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Glidepath & Metric Components Were/Are Pandemic-Informed

- **COVID-19 pandemic informs the need and urgency**

- **Activities are intentionally designed to be feasible to implement in a COVID-19 context**

  o Requirements gradually build over the 3 years.

  o Requirements are synergistic with other work CCOs are leading on children's health, behavioral health integration, and health equity.

  o Requirements drive collaboration with families and community partners to build community capacity and collective action toward improving health outcomes.

  o First year (2022) intentionally did not require new implementation in clinical settings of new processes.

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Intentional Focus on Health Equity & Community Self-Determination

- Education is a social determinant of health and addressing disparities in social-emotional health and school readiness will improve lifelong health.
- Data provided by **child health complexity factors** given alignment with factors that impact kindergarten readiness and adverse childhood experiences.
- CCOs will review and capture **race, ethnicity, and language** data to understand disparities, examine data by health complexity
- Within each component of the metric there are specific requirements to engage populations who have been historically marginalized to inform the priorities and the actions.
- Emphasis on **identifying local strengths and needs** and tailoring activities to leverage local opportunities rather than a one-size-fits-all approach.

Core Components of the Social-Emotional Metric & Glidepath Related to Social Emotional Reach Data

2022

Years 2023-2024

2025
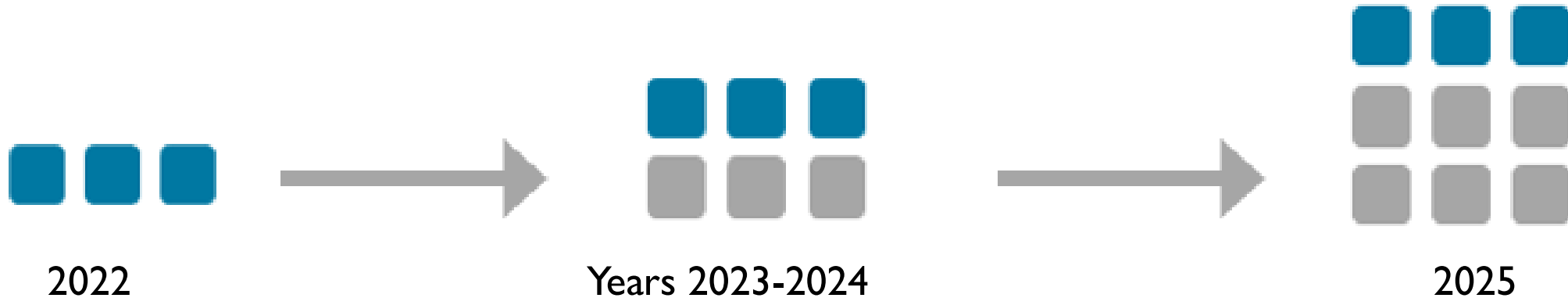
Part 1.1 Social-Emotional Health Reach Metric Data: Review Data Provided by OHA, Analyze, & Interpret Implications.

Part 1.2 Attestation of Activities and Processes to Support Review of Data, Identifying Services and Gaps, and Prioritizing System-Level Activities to Increase Provision of Services.

CCOs address barriers identified in earlier years by attesting to specific interventions in areas such as:
- ✓ Community engagement
- ✓ Workforce
- ✓ Access
- ✓ Care Coordination
- ✓ Payment

Track progress with Reach Metric.

Child-level metric focused on improving equitable receipt of social-emotional health services.

- Learnings from Years 2-3 will inform what version of child-level reach data will be proposed. Option examples:

#1) What part of reach data
  - Therapeutic Services only
  - Services & Assessments/Screen

2) For what population:
  - Full
  - Populations with historical and contemporary inequity

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2023: System-Level Metric Activities

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

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

Component 3: CCO-Led Cross-Sector Community Engagement

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

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

- Asset map template captures services in the CCO region that address children's social-emotional health, including location of services, types of assessments and services provided, race/ethnicity and languages spoken by providers

- CCOs must engage partners in developing their asset map

2022:
Complete asset map for all **contracted specialty behavioral health providers.**

2023:
Expand asset map to all contracted **Patient Centered Primary Care Homes** who have **Integrated Behavioral Health**.

2024:
Expand asset map to include **early learning and other community-based social-emotional health services.**

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

	MY 1 Requirements	MY 2 Requirements	MY 3 Requirements
2.1 The CCO has developed an Asset Map 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 contracted behavioral health therapy services. (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 social-emotional health services, specific to therapy services and assessments/screening provided within Patient Centered Primary Care Home integrated behavioral health. (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 other community-based social-emotional health services, including those provided by early learning. (Must Pass)
Optional: 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)

Reasoning Behind Phased Development of a Comprehensive Asset Map within Component 2

- Asset map development intended to gradually **galvanize conversations and stimulate partnerships to build capacity,** leveraging the **breadth** of services that would support children birth to 5 and their families.
- Templates and lists have been developed and tested through improvement pilots in various counties and incorporate stakeholder feedback about gaps and opportunities for improvement.
- Meant to be feasible for the CCO over time, therefore a staggered strategy that builds over three years.
- Starts with entities **contractually obligated to provide services** and expands to community-based services and providers.

Expansion in 2023 Asset Mapping: Specialty Behavioral AND Patient Centered Primary Care Homes Integrated Behavioral Health (IBH) Services (3.C.3 in PCPCH Standards)

Year 2 Asset Map: Social Emotional Services within Patient Centered Primary Care Homes who Attested to PCPCH Standard 3.C.3 as Having Integrated Behavioral Health	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.		
	# 1	# 2	# 3
Location of Clinic Site (City)			
Number of IBH Providers Who Currently Serve Birth to Five and Have Applicable Skill Sets *(Drop down that will then customize form)*			
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. Numerator: # of open (available for booking) appt slots in the next 2 months for new referrals 0-5 ; Denominator: # of total appt slots in the next 2 months			
Provider(s) Identified Race, Ethnicity - *(Drop down of REAL-D Categories)*			
Languages the Provider(s) are able to Use to Provide Services *(Drop down of languages aligned with CLAS metric)*			
Screening and Assessments: Does this provider currently conduct applicable social emotional assessments and screenings for birth to five *(Drop down of tools in compendium**)*			
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?*(Drop down anchored to claims and codes aligned with reach metric)*			
Therapy Services (Dyadic) and Modalities the Provider(s) Offer: What behavioral health services does this provider offer? *(Drop down anchored to specific therapy modalities)*			
Other Social Emotional Services Provided Not Captured Above: (Open Field Text)			

**Assessments and Screenings: *Drop down Options*

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- Question and Answer

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Overview of Clarifications & Enhancements Made to 2023 Specifications

- Refined and enhanced clarification language (<u>no change</u>).

- 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
    1. Therapy Services by CCO Contracted Providers,
    2. Screening & Assessment by CCO Contracted Providers,
    3. Supporting Access – Referral Pathways
    4. Supporting Access – Environment

- 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).
    - Ensures 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.

Overview of Clarifications & Enhancements to 2023 Specifications

- **Refined and enhanced clarification language (no change)**
  - 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.
  - 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 <u>intent</u> 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.

Example of Clarification Language Added to Ensure Alignment of Activities with Intent

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.

<u>Answer yes</u> 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.

- **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:**

  1. Therapy Services by CCO Contracted Providers,

  2. Screening & Assessment by CCO Contracted Providers,

  3. Supporting Access – Referral Pathways

  4. Supporting Access – Environment

  o 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.

  o Provides 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.

Part 4:

Overall Conditions: Will People Get on Bike, Path of the Bike

Part 2:
CCO Covered Early Identification: Screening & Assessments

Part 1:
CCO Covered Therapy Services (Priority)
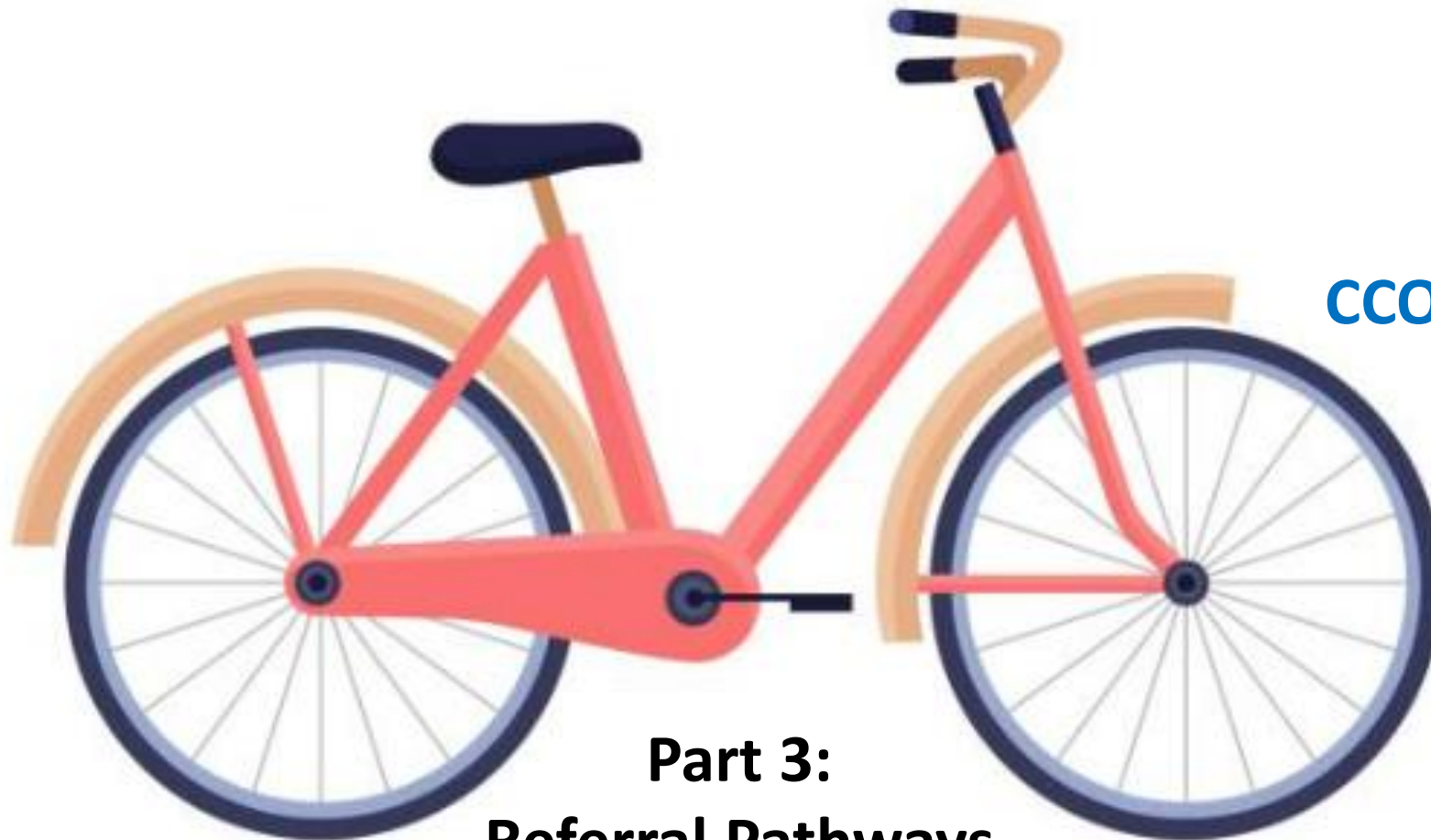
Part 3:
Referral Pathways

Action Plan Reorganization

1) 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

2) 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

3) 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

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

Resources for Additional Background

- [Health Aspects of Kindergarten Readiness Technical Workgroup Final Report](#)

- [Recorded Educational Webinar for the Oregon Health Policy Board: Detailed review of the development of the metric and of the specifications](#)

- [Webpage with links to CCO pilot webinar recordings](#)

- [Social-Emotional Health Metric specifications and guidance](#)

Resources Specific to Child-Level Reach Data (Component 1)
- Webinar #1: Overview of the Social Emotional Reach Metric Data
  https://us06web.zoom.us/rec/share/1eDgv6lA0TMu-aG4SmtU-eOqEm9CvFMNqEMe4g6kIamf4l_Xd5b7_GV5DxnDHzkV.yF5bYd0bGdpO6Opc
       Passcode: ivP.uQ7#
- Webinar #2: Q&A on the Reach Metric Data : In this webinar we answered questions received.
  https://us06web.zoom.us/rec/share/7xpx2Y4__PLJjxqtzAeluguR7RUcw0tIJ_KV7I_e6txQYQpxmf1bq2Hl2niP8wIc.YmPgMDC0BdqpnQwl
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