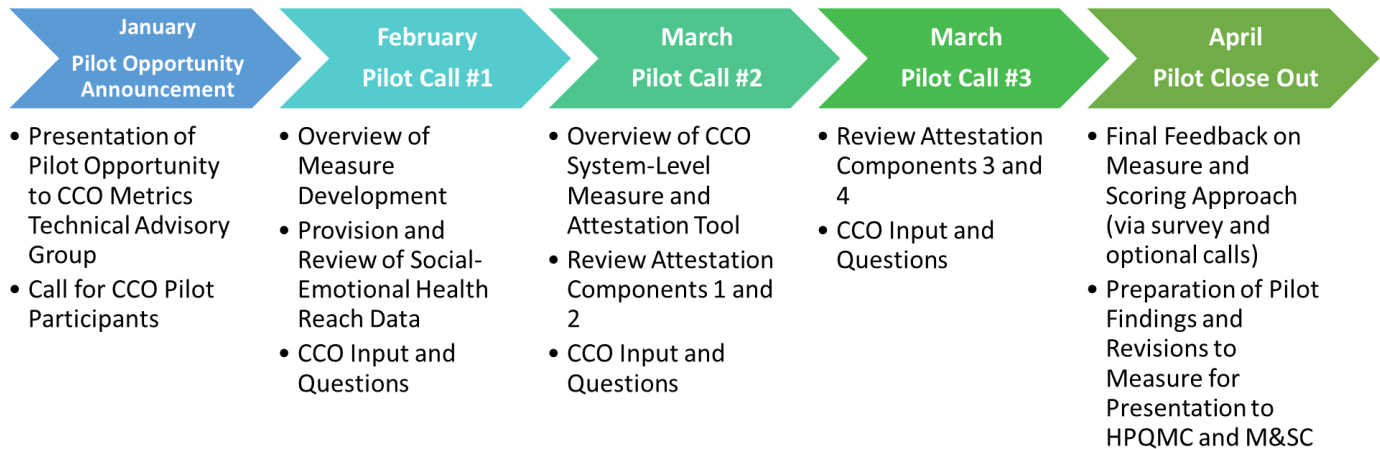# Summary of CCO System-Level Social-Emotional Health Metric Pilot Findings

In November 2020, the Metrics and Scoring Committee heard a presentation from the team at the Children's Institute, Oregon Pediatric Improvement Partnership, and Oregon Health Authority that was leading work to identify, develop, and implement CCO incentive metrics focused on the health aspects of kindergarten readiness. The Committee reviewed progress to develop a new CCO System-Level Social-Emotional Health Metric and supported the team to move into a pilot phase to broaden the testing base for the measure and collect data to assess measure feasibility, reliability, and validity.

The team developed a CCO pilot plan and in January 2021 presented the pilot opportunity to the CCO Metrics Technical Advisory Group. The CCO pilot goals were to:
✓ Gain CCO input on the components of the CCO System-Level Social-Emotional Health Metric to ensure clarity and hear input on the feasibility and anticipated impact.
✓ Review measure requirements, tools, and templates to assess feasibility, reliability, and validity.
✓ Support CCOs to gain familiarity with the metric and build awareness and readiness for future metric implementation, pending adoption.

Pilot activities took place in January – April 2021 and included:

January — Pilot Opportunity Announcement	February — Pilot Call #1	March — Pilot Call #2	March — Pilot Call #3	April — Pilot Close Out
• Presentation of Pilot Opportunity to CCO Metrics Technical Advisory Group • Call for CCO Pilot Participants	• Overview of Measure Development • Provision and Review of Social-Emotional Health Reach Data • CCO Input and Questions	• Overview of CCO System-Level Measure and Attestation Tool • Review Attestation Components 1 and 2 • CCO Input and Questions	• Review Attestation Components 3 and 4 • CCO Input and Questions	• Final Feedback on Measure and Scoring Approach (via survey and optional calls) • Preparation of Pilot Findings and Revisions to Measure for Presentation to HPQMC and M&SC

11 CCOs volunteered to participate in the pilot, with representation of CCOs of various sizes, various regions of the state, and some of whom had and had not been part of previous improvement pilots.
1. All Care
2. Cascade Health Alliance
3. Columbia Pacific CCO
4. Eastern Oregon CCO
5. Health Share
6. Jackson Care Connect
7. Pacific Source – Central Oregon
8. Pacific Source – Columbia Gorge
9. Pacific Source – Lane
10. Pacific Source – Marion and Polk
11. Umpqua Health Alliance

Pilot Webinars Findings

Each webinar provided an overview of the specific component of the attestation metric (there are four components) and included intentional time and opportunity for CCOs to ask questions and provide input. Polls were used to gather input from CCOs. Follow-up individual phone calls were also offered. Learnings are summarized below.

Learnings about the Social-Emotional Health Reach Data, One Piece of the Attestation Metric

- CCOs received and reviewed their individual CCO's child-level data file and aggregate report provided by the Oregon Health Authority. They provided input about the validity and inclusivity of claims and codes included in the reach metric, gave input about the process of reviewing the data, and asked questions to help understand the data.
- CCOs indicated that this is new data they have not reviewed prior and the novel aggregate data showing the findings by children's social complexity was data they did not have currently available. Therefore, CCOs noted it would be new and important work to review and analyze the data with teams and partners. The majority of CCOs favored being as inclusive as possible with claims and codes in the first years to capture the broadest range of Social-Emotional health assessments and services. CCOs also shared that they would like continued opportunities to inform revisions to the reach metric.

Learnings about the CCO System-Level Social-Emotional Health Reach Metric, Including All Four Attestation Components

- CCOs reviewed an overview of each component and the required activities, including previewing templates and tools. They provided input about the meaningfulness, feasibility, and scoring reliability for the attestation components and provided input about the alignment and synergy of required activities with other CCO requirements and priorities.
- CCOs indicated that they have varying experience with this topic and activities; some CCOs have led substantial work in this area and others are new to engaging in this focused work. CCOs indicated the required activities align with work they are already leading around elevating children's health needs, supporting integrated behavioral health efforts, and engaging cross-sector partners and historically marginalized communities.

Pilot Close-Out Findings

4 CCOs participated in optional close-out calls with the measure development team and all 11 CCOs completed a close-out survey to provide summary feedback. CCOs offered final input about the meaningfulness and validity of the metric, metric feasibility and transformative potential, and indicated whether they would support the metric for adoption. Input gathered via close-out activities are summarized below.

CCO Support for the Metric
All 11 pilot CCOs indicated that they would support the metric for adoption.

Input about the Meaningfulness and Validity of the Metric

All 11 CCOs indicated they had no concerns about the meaningfulness and validity of the metric.
- 10 out of 11 CCOs agreed or strongly agreed that the metric will result in improved cross-sector collaboration in support of children's Social-Emotional health and kindergarten readiness. (1 CCO responded neutrally.)
- 9 out of 11 CCOs agreed or strongly agreed that the metric will create a focus on addressing gaps in Social-Emotional health services for children birth to age 5. (2 CCOs responded neutrally.)
- 9 out of 11 CCOs agreed or strongly agreed that the metric will create a focus on addressing gaps in Social-Emotional health services for children in historically marginalized communities. (1 CCOs responded neutrally and 1 CCO disagreed.)

Input about the Feasibility of the Metric

3 CCOs indicated they had no concerns about feasibility and 8 CCOs expressed some level of feasibility concerns given the metric included new work and activities that they hadn't done before. The most common concerns identified were:
- Challenges building an adequate behavioral health panel to meet identified need, including workforce development, recruitment, and retention (6 CCOs)
- Helping providers and community stakeholders understand the work (3 CCOs)
- Limited team capacity given this was novel and new work that they hadn't done before. These CCOs noted needing tools and support for addressing identified gaps (2 CCOs)

To that end, CCOs shared that the templates and tools provided would help them to feasibly meet the requirements. They would also appreciate additional implementation support, such as a CCO learning collaborative and consultation supports, similar to those provided by the Transformation Center for other incentive metrics. Some CCOs noted the value of synergy and alignment <u>within OHA</u> of the activities represented within the metric and requested additional OHA guidance and assurance around how activities accomplished within the metric align with other CCO requirements.

Lastly, some CCOs noted the value of state-level activities that could support addressing barriers likely to be identified across CCOs, such as public messaging campaigns to address stigma and potential adjustment to OHP coverage of behavioral health services for young children that don't require a diagnosis.

Input about the Transformative Potential of the Metric

CCOs identified several components and activities in the metric that would drive transformation, including:
- Having and sharing access to child-level reach data and comparing to other CCOs and the state
- Increasing focus on social complexity factors
- Asset mapping with partners and cross-walking data with asset maps
- Family needs and asset analysis
- Working with partners to identify improvement opportunities
- Leveraging technology to improve referrals
- Leveraging community trust to increase awareness of Social-Emotional health and supports
- Workforce development planning
- Facilitating behavioral health integration for this young age group