

# Health Aspects of Kindergarten Readiness: Coordinated Care Organization (CCO)

## System-Level Social-Emotional Health Metric

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# What I Will Cover

- **Background** : What led to this metric, alignment with policies & priorities
- **Development**: High-level overview, and why it matters that it was community-driven and informed by cross-sector stakeholders
- **Describe**: Overview of CCO System-Level Social-Emotional Health metric and the four components

# National & State Priorities Paired with Increasing Need

## *National:*

- Updated Bright Futures recommendations on addressing social-emotional health
- Public Health priorities for child health and school readiness (E.g., Healthy People 2020)
- Numerous efforts focused on social-emotional health led by AAP, CHCS, NICHQ

## *State:*

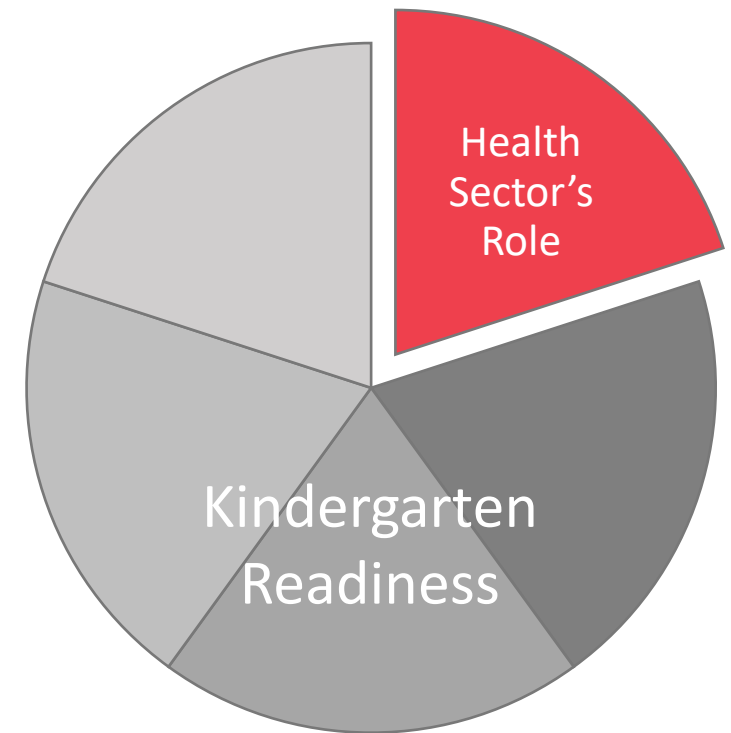
- Governor Kate Brown has prioritized young children prenatal to age 5, including in her September 2018 Children's Agenda focused on health, early learning, human services, and housing supports
- Oregon Health Policy Board adopted policy recommendations for CCO 2.0, including key elements focused on improving children's physical, oral, and behavioral health outcomes and value-based care.
- **Raise Up Oregon** names school readiness and family support goals, including ensuring children are connected to social-emotional health services
- Component of Oregon's participation in Center for Health Care Strategies Aligning Early Childhood and Medicaid
- **Cross-sector health equity priorities**
- CCO Performance Improvement Project Mental Health Service Access for Persons with

# Health Aspects of Kindergarten Readiness Technical Workgroup (2018)

## Workgroup Charge:

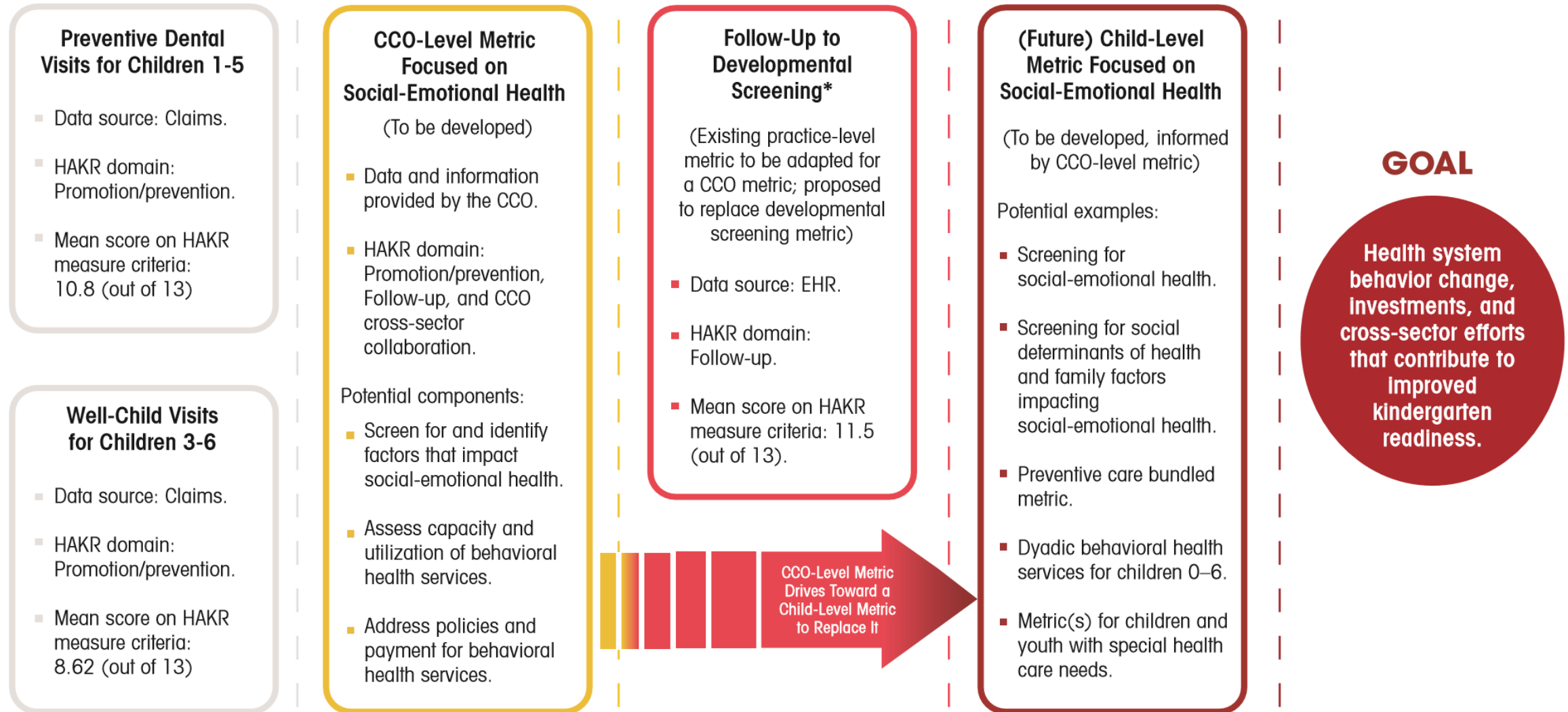
Recommend one or more health system quality measures that:

- **drive health system behavior** change, quality improvement, and investments that contribute to improved kindergarten readiness
- catalyze **cross-sector collective action** necessary for achieving kindergarten readiness
- **align with the intentions** and goals of the Coordinated Care Organization (CCO) metrics program



# Health Aspects of Kindergarten Readiness Measurement Strategy Proposal

Stratification and reporting of metrics to examine disparities and for CYSHCN



Estimated Year Metrics Ready for Implementation

2020

2022

2022 / 2023

TDB

# Health Aspects of Kindergarten Readiness Measurement Strategy Proposal

Stratification and reporting of metrics to examine disparities and for CYSHCN

## Preventive Dental Visits for Children 1-5

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 10.8 (out of 13)

## Well-Child Visits for Children 3-6

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 8.62 (out of 13)

## CCO-Level Metric Focused on Social-Emotional Health

(To be developed)

- Data and information provided by the CCO.
- HAKR domain: Promotion/prevention, Follow-up, and CCO cross-sector collaboration.

Potential components:

- Screen for and identify factors that impact social-emotional health.
- Assess capacity and utilization of behavioral health services.
- Address policies and payment for behavioral health services.

## Follow-Up to Developmental Screening\*

(Existing practice-level metric to be adapted for a CCO metric; proposed to replace developmental screening metric)

- Data source: EHR.
- HAKR domain: Follow-up.
- Mean score on HAKR measure criteria: 11.5 (out of 13).

## (Future) Child-Level Metric Focused on Social-Emotional Health

(To be developed, informed by CCO-level metric)

Potential examples:

- Screening for social-emotional health.
- Screening for social-emotional health and family factors impacting social-emotional health.
- Preventive care bundled metric.
- Dyadic behavioral health services for children 0–6.
- Metric(s) for children and youth with special health care needs.

## GOAL

Health system behavior change, investments, and cross-sector efforts that contribute to improved kindergarten readiness.

# This Metric

CCO-Level Metric Drives Toward a Child-Level Metric to Replace It

Estimated Year Metrics Ready for Implementation

2020

2022

2022 / 2023

TDB

# 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 that need to be addressed.
- **Address gaps** in existing CCO incentive metric set.

## Activities:

- **Build capacity** within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities.
- **Use child-level data** to guide and inform efforts, assess the sensitivity and specificity of the child-level metric to those efforts.

2020-21

*Measure Development Progress:*

*Led by OPIP and CI, with Support  
from OHA*





# Measure Development Informed by Broad and Deep Front-Line & Community-Level Input

Gathered input on barriers to access and opportunities for supporting children's social-emotional health from **families** (n=87), **health care and early learning providers** (n=673), and **cross-system leaders** (n=228). Summarized Improvement Proof Pilots.

Generated **list of themes, focusing on outcomes desired**, not specific strategies. Affirmed themes with stakeholders.

Identified **priority CCO activities** that address barriers and can fit as components of a CCO system-level metric within the scope of the incentive measure program.

Used **design parameters to narrow activities and draft measure specifications**, with careful attention to the **levers in the metric and how they interact** to build on, but not duplicate, other CCO levers.

Piloted the metric with 11 Coordinated Care Organizations.

# CCO System-Level Social-Emotional Health Measure Overview

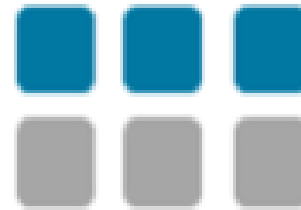
# Glidepath from System-Level Metric to Child-Level Metric

*I specifically went in to [child's provider] to say I need him to see a specialist because I don't know what to do at this point. I asked, "Who could you refer me to?" and they said, "We don't have anyone here and I don't really know anyone nearby." I just didn't know what to do at that point.*



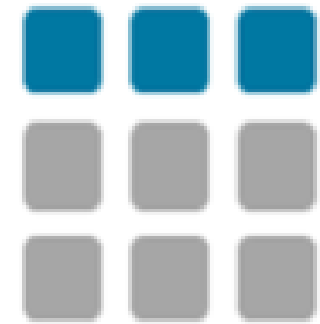
**2022**

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

# **System-Level Metric Activities: 4 Components**

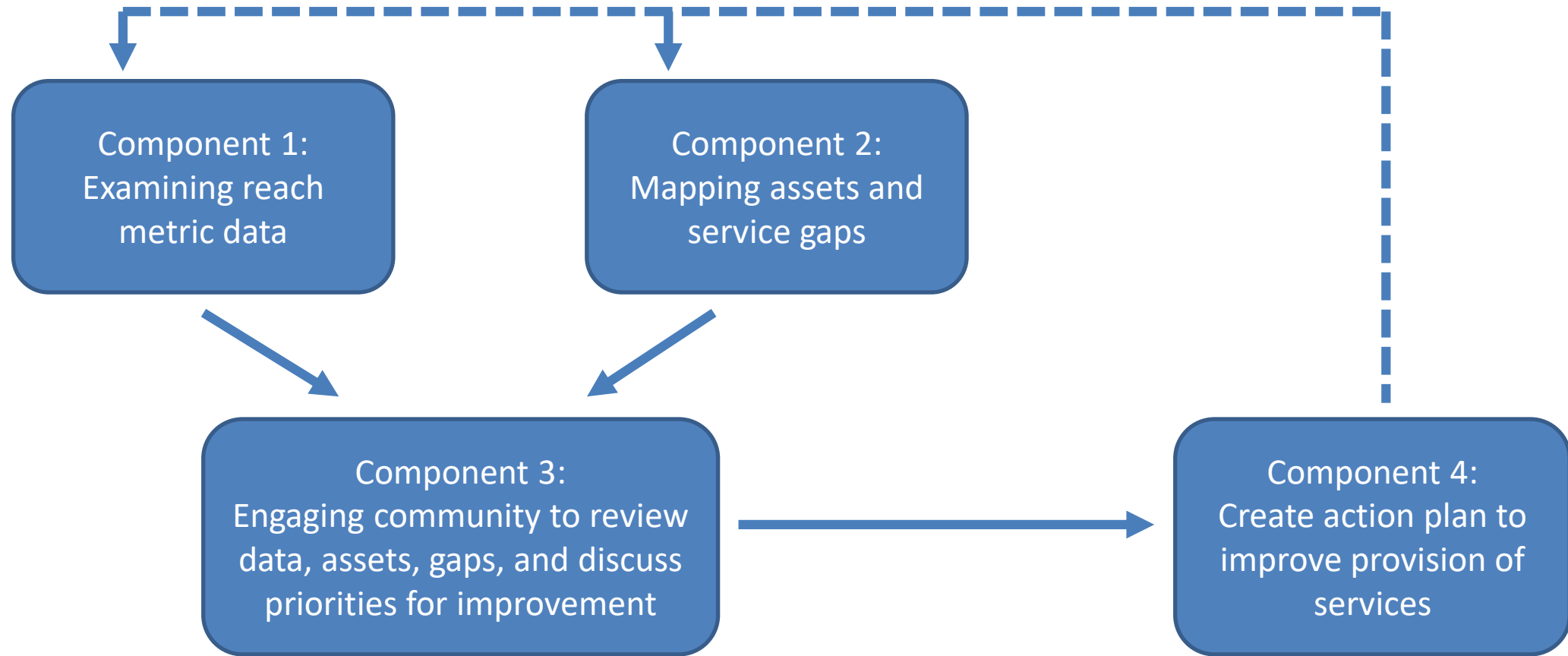
**Component 1:** Social-Emotional Health Reach Data: Review and Assessment

**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

# Metric Components Build Toward Improving Provision of Social-Emotional Health Services



- *Data- and community-driven health system transformation*
- *Activities build off each other and create a continuous feedback loop*

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

	Must Pass Items	Optional Items to Enhance Measure
Component 1		
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>

# Social-Emotional Health Reach Data to be Provided by OHA to CCOs

- Novel metric, no current tracking of access of services for this population in OHA or in 11 pilot CCOs.
- Child-level data meant to capture a ***range of assessments (including screening) and services*** provided across the spectrum of providers and to allow for innovative billing by early learning and other community-based providers.
- Two components:
  - Component A: Assessments** (*Includes Bright Future's recommended screening for all children*)
  - Component B: Services**
    - ❖ Services can be provided in an array of settings – integrated behavioral health, home visiting, and in specialty mental health.
    - ❖ Includes applicable codes that are valid, even though they may not be currently used given feedback through engagement and attestation focus on payment and policies

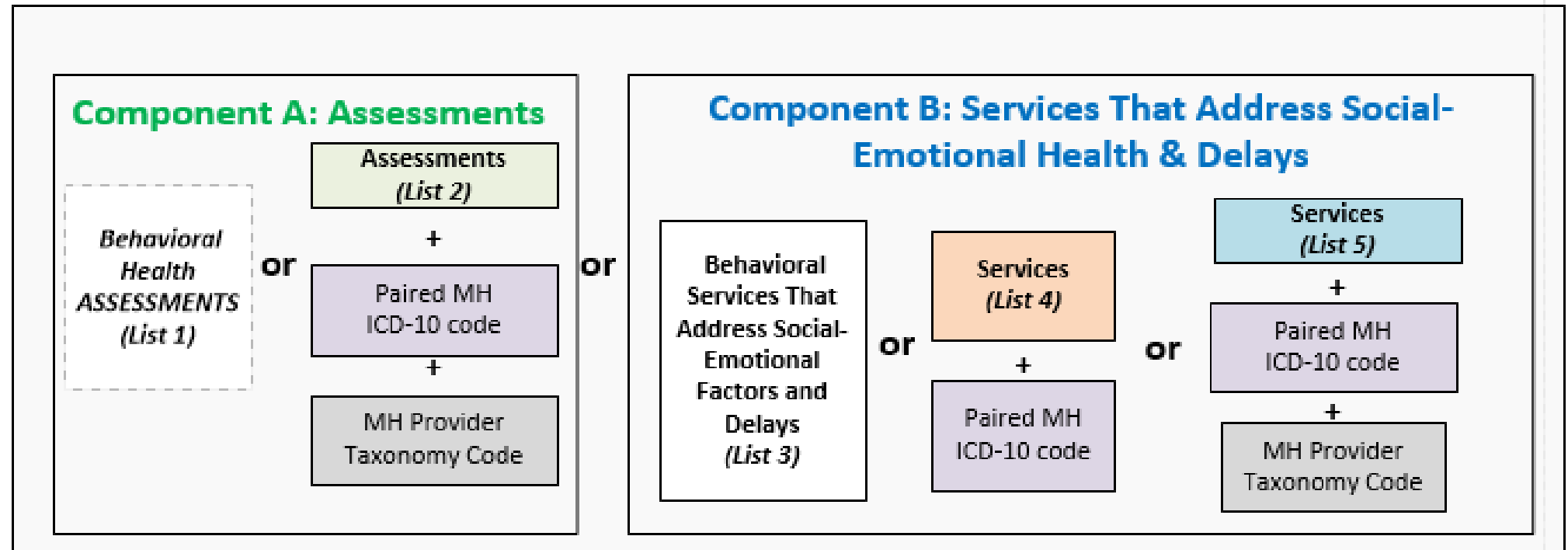
Numerator: All members age 1-5 receiving a behavioral health assessment or service within the 12-month measurement year

Denominator: All attributed Children ages 1-5 within the 12-month measurement year who meet a cont. enrollment requirement

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### REACH Percentage:

Proportion of attributed children age 1-5 who received an **assessment (A)** or **services (B)** in the last 12 months.

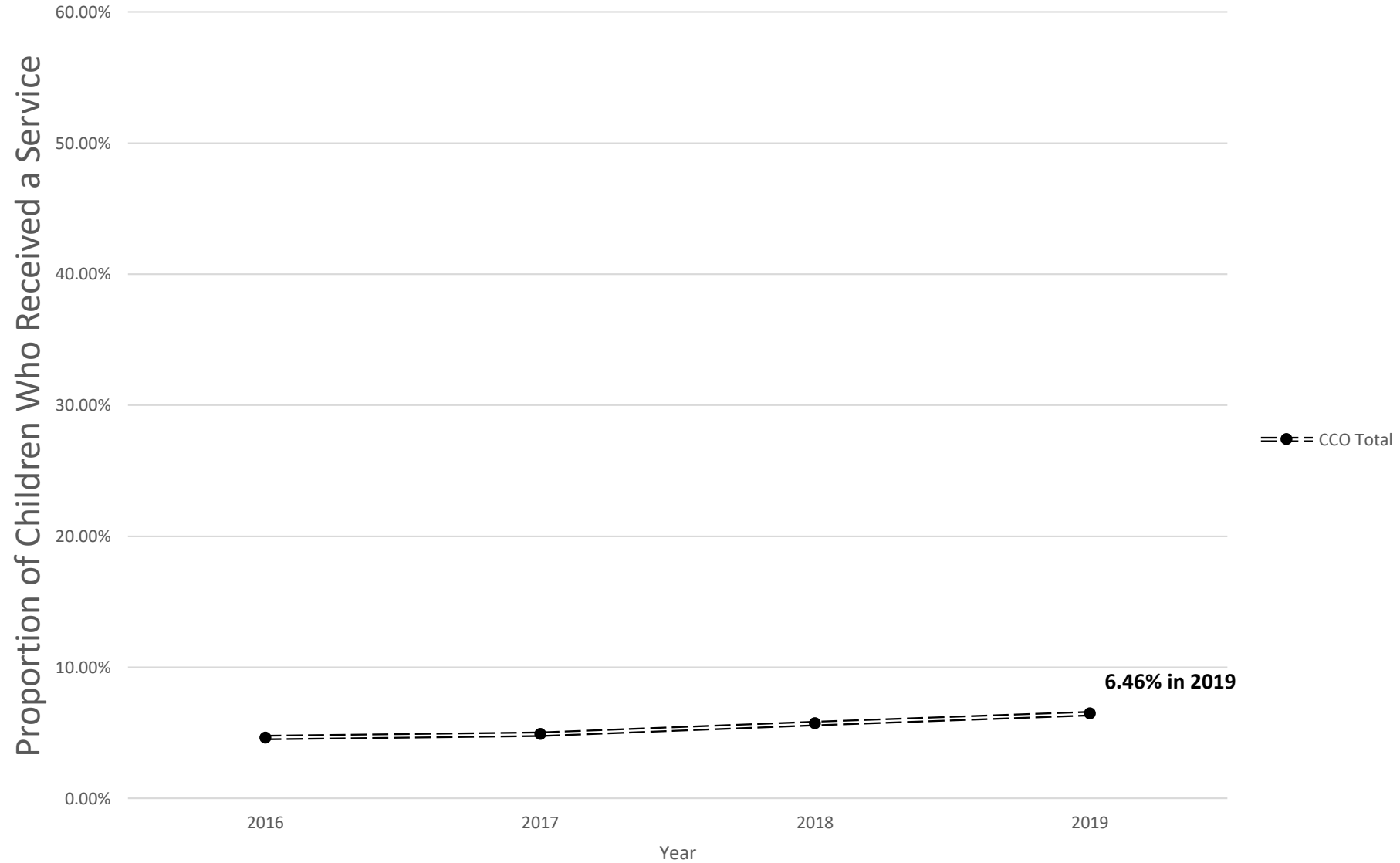




# Data to Be Provided to CCOs

1. Child-Level Data File: Whether child had a social-emotional health assessment or services, list-level indicators
2. Aggregate Report: Reach metric findings over four-year period
3. Aggregate Report: Reach metric findings by **social complexity factors**

# Part 1.1 Social-Emotional Health Reach Metric – Statewide Data



# Purpose for Inclusion of **Social Complexity** Data in Reach Metric Data Report

- Overall need for all children to have their social-emotional health assessed, and for children with factors identified to have services to address delays or to provide preventive behavioral health anchored to the risk.
- Adverse Childhood Experiences data and other evidence suggest that children who experience one or more of the social complexity factors would benefit from at least an assessment.
  - Lifelong and potential two-generational impact of ACES
- Examination of data for children who have specific social complexity factors can inform community-level outreach, partner engagement, and potential strategies to target efforts for children with historically inequitable outcomes.

# 1.1 Social-Emotional Health Assessments and Services by Social Complexity Factors

Factor	Assessments Rate	Services Rate	Any Rate
Poverty – TANF (Child or Either/Both Parent), Below 37% of Poverty Level	6.65%	5.03%	8.09%
Foster care – Child received foster care services since 2012	20.22%	14.62%	23.27%
Parent death – Death of parent/primary caregiver in OR	10.91%	10.10%	13.54%
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon	7.50%	5.87%	9.22%
Mental Health: Child – Received mental health services through DHS/OHA	17.83%	16.58%	22.61%
Mental Health: Parent – Received mental health services through DHS/OHA	6.71%	5.23%	8.26%
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	Too small to report		
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA	8.29%	6.29%	10.01%
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	25.80%	20.00%	30.10%
Potential Language Barrier: Language other than English listed in the primary language	5.90%	4.08%	7.06%
Parent Disability: Parent is eligible for Medicaid due to recognized disability	10.20%	7.70%	12.13%

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

	Must Pass Items	Optional Items to Enhance Measure
Component 2		
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:</p> <p><b>Year 1:</b> Contracted Behavioral Health Services</p> <p><b>Year 2:</b> Social-Emotional health services provided within integrated behavioral health</p> <p><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>

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

	Must Pass Items	Optional Items to Enhance Measure
Component 3		
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>

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

	Must Pass Items	Optional Items to Enhance Measure
Component 4		
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:</p> <ul style="list-style-type: none"><li>1) Target areas selected</li><li>2) Improvement strategies and progress milestones for target areas</li></ul> <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>	

# For More Information:

## **Children's Institute** Facilitated Health Aspects of Kindergarten Readiness:

- <https://childinst.org/our-work/health-and-kindergarten-readiness/>

## **Oregon Health Authority** page for the Social-Emotional Metric:

- <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Social-Emotional-Health-Metric.aspx>

## **Oregon Pediatric Improvement Partnership:**

- [Information about community level improvement efforts:  
https://oregon-pip.org](https://oregon-pip.org)