

# Building Community Capacity in Oregon

**Everything Matters for Babies!**

September 23, 2014

**PRESENTED BY**

**+DAVID MANDELL**

[Director of Policy, ELD/ODE]

**+DANA HARGUNANI**

[Child Health Director, OHA]

Triple Aim:  
A new vision  
for Oregon.

- 1 **Better health.**
- 2 **Better care.**
- 3 **Lower costs.**

# Coordinated Care Model

Benefits and  
services are  
integrated and  
coordinated

One global budget  
that grows at a  
fixed rate

Metrics: standards  
for safe and  
effective care

Local  
accountability for  
health and budget

Local flexibility

**Coordinated Care Organizations (CCOs):** local networks of all types of health care providers working together to deliver care for Oregon Health Plan (Medicaid) clients.

## Early Learning System Goals

**1**

**ENSURE ALL CHILDREN ARE READY FOR KINDERGARTEN & READING AT GRADE-LEVEL IN 3<sup>rd</sup> GRADE**

**2**

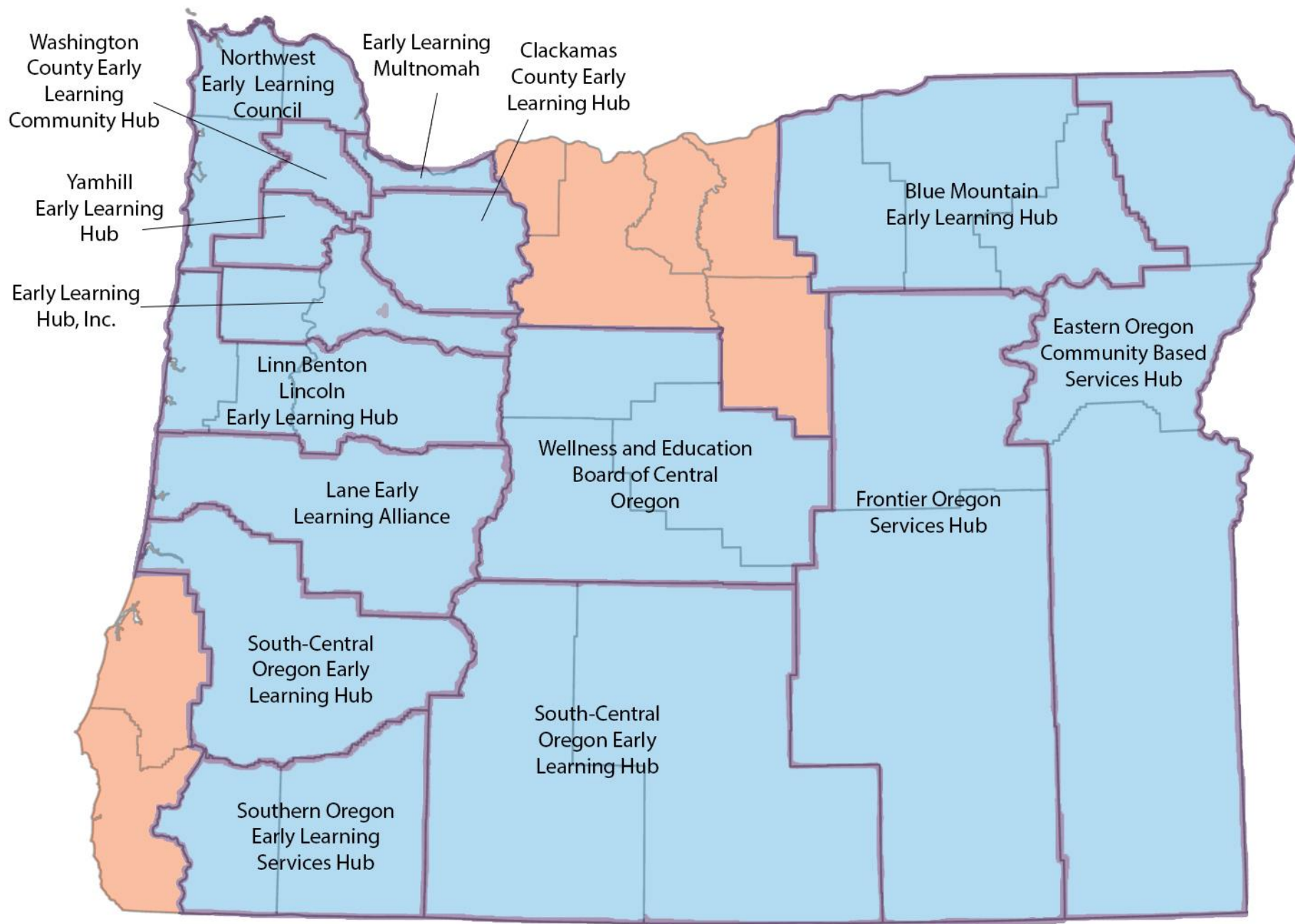
**CHILDREN RAISED IN STABLE AND ATTACHED FAMILIES**

**3**



**INTEGRATE RESOURCES AND SERVICES STATEWIDE**

The Early Learning Division, which manages the day-to-day efforts to achieve the system goals, is overseen by the Early Learning Council, a 17-member public policy board appointed by the Governor.

# Early Learning Hubs



## Key

-  Early Learning Hub
-  Not Awarded - TA Being Provided

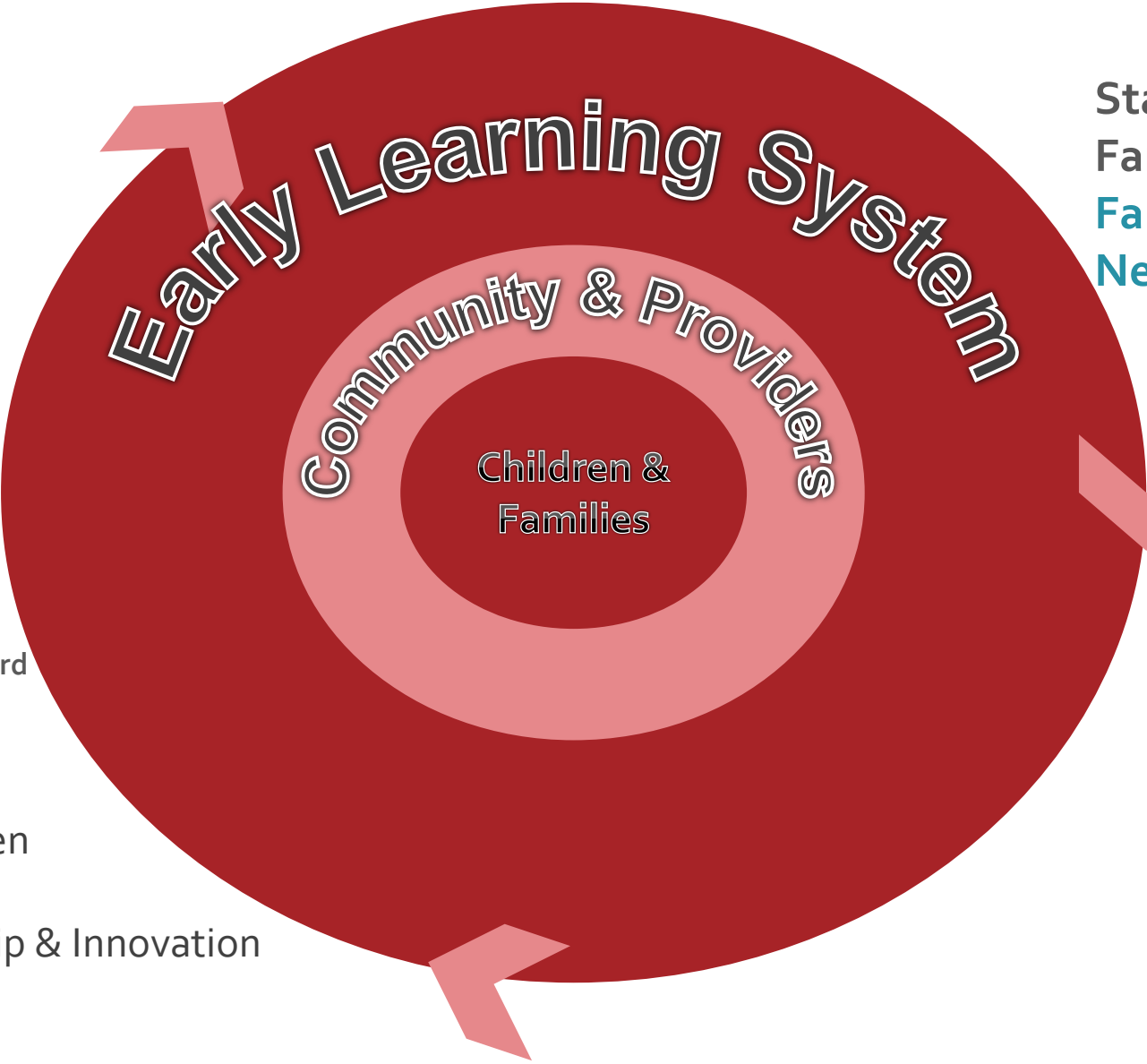
# Oregon Early Learning Division: Our Work

## Systems Coordination: Creating an Aligned & Effective System

- Early Learning Hubs
- OEIB Equity Lens
- Race to the Top

## Ready for Kindergarten & Reading at Grade Level in 3<sup>rd</sup> Grade: Success in School & Beyond

- Oregon Pre-Kindergarten
- Head Start
- Kindergarten Partnership & Innovation Grant
- Early Literacy Grant



## Stable and Attached Families: Getting Children & Families the Supports They Need

- Child Care Licensing & Subsidy
- Quality Rating and Improvement System (QRIS) & quality early learning environments
- Relief Nurseries
- Home Visiting

## Joint ELC/OHPB Committee

Chartered by the **Early Learning Council** and the **Oregon Health Policy Board** in 2012

- Focus:

- Assess areas for potential alignment and/or integration across health and early learning
- Build collective impact across OR's transformation efforts
- Provide opportunities to spread knowledge and best practices across CCOs and Hubs
- Address barriers to community level coordination and capacity-building
- Develop measures for shared success

# Example: Building Community Capacity across Health and Early Learning

- CCOs required to complete a community needs assessment and a Community Health Improvement Plan (CHIP) to drive their work
- Example: ***Eastern Oregon Coordinated Care Organization***
  - Largest service area including 12 counties (10 are considered “frontier”)
  - Needs assessment: quantitative/qualitative data
  - Local CHIPS developed for each county
  - Regional prioritization informed final CCO CHIP
  - Ranking of priorities: Early Childhood #1
    - **Goal:** improve health outcomes for children ages 0-5 through integrated services
    - **Strategy:** establish regular communication and strategic planning with each Hub in region; increase developmental screening & prenatal care
    - **Evidence:** Collective impact



Thank you.

david.p.mandell@state.or.us

dana.hargunani@state.or.us