# ELC/OHPB Joint Subcommittee Agenda

**October 1, 2013: 9-11 am**  
Portland State Office Building, Room 1D

**Public Call-In Line:** 1-888-251-2909  
**Participant Code:** 539618

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Curtis</td>
<td>Mike Bonetto</td>
</tr>
<tr>
<td>Teri Thalhofer</td>
<td>Carla McKelvey</td>
</tr>
<tr>
<td>Janet Dougherty-Smith</td>
<td>Tina Edlund</td>
</tr>
<tr>
<td>Erinn Kelley-Siel</td>
<td></td>
</tr>
<tr>
<td>Jada Rupley</td>
<td>Dana Hargunani (staff)</td>
</tr>
</tbody>
</table>

## Agenda

<table>
<thead>
<tr>
<th>Document(s)</th>
<th>Time</th>
<th>Discussion/Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting minutes</strong></td>
<td>5</td>
<td>Consent</td>
</tr>
<tr>
<td>• 8/19 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 9/3 minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **ELC and OHPB presentation recap**  
   • Joint Subcommittee Proposal with Revisions  
   **30**

3. **Joint Subcommittee Charter 2014**  
   • Draft charter  
   **30**

4. **Joint ELC/OHPB Technical Advisory Committee**  
   • Draft charter  
   **30**

5. **Grant updates: MIECHV, ECCS, RTT**  
   • Grant update documents  
   • ELC Data System Steering Committee Charter  
   **20**

6. **Schedule, Next Steps**  
   **Proposed Schedule 2014:**  
   • Quarterly Joint Subcommittee Meetings (Jan, April, July, Oct)  
   • Monthly Technical Advisory Cte Meetings (beginning Dec. 2013)  
   **5 min**

Adjourn
Charter: Early Learning Council (ELC) Data System Steering Committee

**AUTHORITY**

Senate Bill 909 (2011) established the Oregon Education Investment Board (OEIB) and the Early Learning Council (ELC). The ELC is responsible for assisting the OEIB in overseeing a unified system of early learning services for the purpose of ensuring that children enter school ready to learn by kindergarten. HB 4165 (2012) expanded the Early Learning Council to serve as the state advisory council for the purpose of the federal Head Start Act.

The OEIB is statutorily charged with establishing a statewide longitudinal student database. The ELC is charged with establishing an early childhood data system that can be aligned with the statewide student database. The ELC Data System Workgroup was convened and submitted a final report to the ELC in May 2012, including the vision, objective, goals and initial work plan for the creation of the Early Childhood Data System.

**Subcommittee membership & Governance**

**Co-Chairs:**
Rob Saxton
Dana Hargunani

**Committee Members:**
Lynne Saxton (ELC)
Dawn Woods (ELD)
Megan Irwin (ELD)
Doug Kosty (ODE)
Nancy Johnson-Dorn (ODE)
Carolyn Lawson (OHA/DHS)
Angela Long (DHS)
Lisa Parker (OHA)
Brian DeForest (DAS)

**Staff:**
Seth Allen

**Scope**

The ELC Data System Steering Committee will serve as the standing oversight body for the ELC's Early Childhood Data System. The steering committee will oversee implementation of the Early Childhood Data System including fulfillment of the goals outlined in the ELC Data System Workgroup Report (May 2012), and others set by the ELC. The committee will ensure that all early childhood data systems align with the statewide longitudinal data system, and that the home visiting data system is established as a first phase of the early childhood data system. It will also assist in aligning early childhood data system with health care data and data systems, as determined by the ELC.
**Major Deliverables**

- Provide immediate recommendations regarding any needed amendments to home visiting data system plans
- Develop guidance on integration of the early childhood data system with the statewide early childhood data system, and health care data systems
- Define additional resources needed to fulfill ELC early childhood data system plans
- Develop function and work plan for ELC Steering Committee activities moving forward

**Exclusions or Boundaries**

Policy recommendations will be brought forth to the ELC for decision-making. Cross-agency data governance issues will be deferred to a future, anticipated governance body. Legislative responsibilities placed on the OEIB or ELC are excluded from this charter.

**Dependencies**

- Oregon Education Investment Board: P-20 education policy
- Early Learning Council: early learning policy
- Federal privacy policies: FERPA, HIPAA
- Race to the Top grant deliverables
- Maternal, Infant and Early Childhood Home Visiting grant deliverables
- Statewide agency data systems

**Schedule**

The steering committee will meet immediately to provide timely input on the home visiting data system RFP. The frequency of meetings will be adjusted to fit ongoing timelines, with expected quarterly meetings in the long-term.

**Deliverable Timeline:**

- 7/2013: Steering committee convenes; recommendations for home visiting data system RFP created
- 8/2013: Develop work plan and function of ELC Steering Committee for consideration by the ELC
- 9/2013 and beyond: Ongoing oversight of the early childhood data system and support for integration with the statewide longitudinal database
Joint ELC/OHPB Subcommittee Recommendations
Towards Collective Impact

Prepared for:
The Early Learning Council (ELC) and Oregon Health Policy Board (OHPB)

Prepared by:
Members of the Joint ELC/OHPB Subcommittee

Committee Members:
- Pam Curtis, Director, Center for Evidence-based Policy, Chair, Early Learning Council
- Teri Thalhofer, Director, North Central Public Health, Early Learning Council
- Janet Dougherty-Smith, Early Childhood Education Consultant, Early Learning Council
- Mike Bonetto, Health Policy Advisor to Governor John A. Kitzhaber, Oregon Health Policy Board
- Carla McKelvey, Coos Bay Pediatrician, Oregon Health Policy Board
- Erinn Kelley-Siel, Director, Department of Human Services

Executive Sponsors:
- Jada Rupley, Early Learning System Director
- Tina Edlund, Chief of Policy, Oregon Health Authority

Staff:
- Dana Hargunani, Child Health Director, Oregon Health Authority

Acknowledgements:
The Joint Subcommittee thanks Jennifer Gilbert and Richelle Borden for their assistance with the Joint Subcommittee and contributions during the preparation of this report.
Executive Summary

Under Governor Kitzhaber’s leadership, Oregon has initiated simultaneous transformation of its health, education and human service systems. The opportunity to align these reform efforts will dramatically influence our ability to meet desired short and long-term outcomes and position Oregon for success in the global economy of the 21st century.

Based on the charge from the Oregon Health Policy Board and Early Learning Council, the goal of the Joint ELC/OHPB Subcommittee (“Joint Subcommittee”) was to develop strategies, a policy framework and a timeline to ensure alignment and/or integration between health and early learning system transformation. After seven meetings and review of existing research, we make the following recommendations to achieve our desired outcomes. Our recommendations are based on a collective impact approach, whereby no single entity has the resources or authority to bring about the necessary change. It requires a systematic approach including disciplined and integrated relationships across health, early learning and human services that drive progress toward shared outcomes. The structure of this report and our recommendations reflect the five conditions of collective success as described by the authors of Collective Impact (Kania & Kramer, 2011): common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and backbone support organizations.

The Joint Subcommittee imparts a sense of urgency to address the foundations of health and education outcomes and to meet the needs of Oregon’s children. Many of the proposed recommendations can be implemented immediately. Where a step-wise approach is needed, a four year implementation timeline has been proposed.

Summary of straw proposal recommendations:

- Adopt this collective impact framework to guide the joint work of the Early Learning Council and Oregon Health Policy Board.
- Designate kindergarten readiness as the common agenda for the Oregon Health Policy Board and Early Learning Council with a focus on equity.
- Adopt kindergarten readiness as a shared outcome with the included implementation timeline.
- Establish shared incentives linked to joint outcomes.
- Adopt the Child and Family Well-being measurement strategy and identify a technical advisory committee to support implementation.
- Identify additional resources to ensure capacity for cross-system learning and health information exchange dedicated to care coordination.
- Adopt and implement a statewide system of developmental screening including identified core components.
- Renew the Joint ELC/OHPB Subcommittee Charter with new deliverables focused on a shared measurement strategy, care coordination, information exchange and shared incentives.
- Designate the Transformation Center as the backbone structure for fostering shared learning and alignment at the local level.
- Implement shared communication strategies that facilitate local, cross-system learning between health and education.
Introduction

Science tells us that meeting the developmental needs of young children is as much about building a strong foundation for lifelong physical and mental health as it is about enhancing readiness to succeed in school. (Center on the Developing Child at Harvard University, 2010)

The preconception, prenatal and early childhood periods are critical for long-term health and education outcomes (Shonkoff & Phillips, 2000). An extensive body of scientific evidence shows that the most common diseases in adults (hypertension, diabetes, cardiovascular disease and stroke) are linked to negative experiences during sensitive periods in brain and other organ development, such as stress and poor nutrition (Felitti et al., 1998; Barker, 2004). Physical and mental health problems in childhood are associated with poor adult health and also impact human capital development and long-term socioeconomic status (Delaney & Smith, 2012). Health outcomes are influenced by factors well beyond medical care, including genetic endowment, social circumstances, environmental conditions and behavioral choices (Robert Wood Johnson Foundation Commission to Build a Healthier America, 2009).

High quality, early learning environments are essential for lifelong health and education outcomes. Home visiting programs for pregnant women, infants and young children have been shown to improve school performance, employment rates, and reductions in welfare use among participants (the PEW Center on the States, 2010). Two longitudinal, preschool studies- the High/Scope Perry and Abecedarian studies- have shown significant, long-term impacts from high quality early learning programs for socioeconomically at risk children. Outcomes from these programs were broad and sustained, including: reductions in special education, crime and need for welfare, as well as increases in employment and income (Knudsen, Heckman, Cameron & Shonkoff, 2006). Researchers for the High/Scope Perry program have estimated a public return on investment of $12.90 for every dollar spent on the program (Schweinart et al., 2005).

Finally, nurturing and stable relationships are crucial for ensuring optimal health and development. “A child’s environment of relationships can affect lifelong outcomes in emotional health, regulation of stress response systems, immune system competence and the early establishment of health-related behaviors” (Center on the Developing Child at Harvard University, 2010). The absence of these solid relationships and exposure to adverse childhood experiences (ACEs) are correlated with both academic failure and chronic disease (Felitti et al., 1998).

Long-term outcomes, such as those sought by Oregon’s health and education system reform, are reliant on secure attachments between children and the adults in their lives, early health, early learning, and the investments we choose to make during the most sensitive and optimally receptive periods. As stated by Gabriella Conti and James Heckman (2011), “The evidence is quite clear: Early health and early childhood development from birth to age 5 is a form of preventive health and economic investment that drives achievement and economic returns.”

The Joint Subcommittee

With knowledge of the evidence linking health and early learning, the Joint Subcommittee was chartered by the Oregon Health Policy Board (OHPB) and Early Learning Council (ELC) to develop strategies, a policy framework and a timeline to ensure alignment between health care and early learning system transformation. Specifically, the Joint Subcommittee was charged with the following deliverables: a strawperson proposal for alignment and/or integration of health and early learning
policy and service delivery, a proposal and timeline for establishing kindergarten readiness as a shared outcome, and a proposed system of screening across health and early learning. The Joint Subcommittee was convened in December 2012 and has met a total of seven times.

The Joint Subcommittee identified the following set of principles which have guided our work:

- **As shared as possible** (community culture and change; accountability; outcomes; coordination)
- **As simple as possible** (family experience; build on existing resources; common forms)
- **As straightforward as possible** (clear communication; family-centered; customer-driven)
- **As soon as possible** (urgency to address transformation opportunities, improve outcomes)

The Joint Subcommittee previously identified a set of initial recommendations to align early learning and health system transformation. The following is a summary of these recommendations already adopted by the Oregon Health Policy Board (3/5/13) and the Early Learning Council (3/14/13):

- **Joint Needs Assessment**: CCOs and Early Learning Hubs jointly develop a community needs assessment and community improvement plan.
- **Care Coordination/Case Management**: CCOs and Hubs identify best approaches to provide joint care coordination/case management for targeted children and families.
- **Cross Governance**: establish cross governance between CCOs and Early Learning Hubs.
- **Developmental Screening**: develop a statewide measure that accounts for developmental screening occurrences across early learning and health systems. The Early Learning Council adopts the Ages and Stages Questionnaire (ASQ) as the statewide general developmental screening tool for the early learning system.
- **Transformation Supports**: the Transformation Center serves as a resource for building alignment between health and early learning at the local level.

**Concurrent System Transformation**

Investments in early learning remain critical to meet the state’s “40/40/20” educational goals: that 40 percent of adult Oregonians have earned a bachelor’s degree or higher, that 40 percent have earned an associate’s degree or post-secondary credential, and that the remaining 20 percent or less have earned a high school diploma or its equivalent by 2025. During the 2013 legislative session, critical steps were taken to ensure that children enter kindergarten ready to learn, including: 1) the creation of the Early Learning Division within the Department of Education and 2) the ELC charge to establish up to 16 Early Learning Hubs across the state during the next biennium. Early Learning Hubs are coordinating bodies that pull together resources for children and families in defined service areas while focused on achieving outcomes. They must work with all sectors that touch early childhood to produce desired outcomes, including health care, early childhood educators, human and social services, K-12 school districts, and the private sector.

Concurrently, health system transformation continues to move forward to meet the goals of the Triple Aim: Better Health, Better Care, and Lower Costs. Fifteen Coordinated Care Organizations (CCOs) have been established since 2012; certification of one additional CCO as well as dental care integration is underway. With approval from the Center for Medicare and Medicaid Services (CMS), a final agreement for the Oregon Healthy Authority’s (OHA) Accountability Plan has been achieved, including the establishment of 17 incentive metrics and an overall Measurement Strategy. Quarterly progress towards defined benchmarks will be shared publicly. OHA has approved the CCOs’ first transformation plans and community improvement plans are expected by July 2014. Recently created within OHA, the Transformation Center will support CCOs and the adoption of the coordinated care model through
technical assistance and learning collaboratives that foster peer-to-peer sharing of best practices among CCOs and other health plans and payers.

Strawperson Proposal and Recommendations

Collective Impact
As described by Kania & Kramer (2011), large-scale social change comes from better cross-sector coordination rather than isolated interventions of individual organizations or agencies:

Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem... It requires a systemic approach to social impact that focuses on relationships between organizations and the progress toward shared objectives. (p. 36, 39)

The collective impact concept recognizes that no single entity or organization has sufficient power or resources to solve complex social problems alone. Ultimately, Oregon’s achievements towards optimal health and early learning will be realized through local efforts across Oregon that address the unique needs of each community. Collective impact at the local level can serve as a helpful tool towards shared success across multiple community partners. However, in order to reduce unnecessary barriers and provide optimal support to local communities, state agencies must also break down existing silos and work collectively towards shared goals.

Recommendation 1:
Adopt this collective impact framework to guide the joint work of the Early Learning Council and Oregon Health Policy Board.

Common Agenda
According to Kania & Kramer (2011), collective impact requires that all participants have a shared vision for change, one that includes “a common understanding of the problem and a joint approach to solving it through agreed upon actions” (p 39). To optimize outcomes amidst health, human services and education reform, these systems must identify a common agenda. The ultimate goal of Oregon’s broad transformation efforts is to position Oregon for success in the global economy of the 21st century and to ensure prosperity for all. For purposes of this collective impact initiative, however, the Joint Subcommittee has defined Kindergarten Readiness as the immediate common agenda.

What is kindergarten readiness? Kindergarten readiness means that a child enters school ready to succeed. It encompasses core areas of child development including social/emotional, physical, cognitive, and language development. Some of the most essential components of kindergarten readiness include: optimal health, a safe and nurturing environment, an eagerness to learn, the ability to follow direction, to work well with others, to recognize numbers and letters and to hold a pencil or crayon.

Kindergarten readiness is reliant on the critical role and responsibility of parents as their child’s most important and life-long teachers. Kindergarten readiness is also a community issue that requires involvement of health, human service, and education supports for success. Finally, kindergarten readiness requires that communities are ready to support the needs of every child, including children with developmental delay, disability or other health care needs.

While pursuing a kindergarten readiness agenda in Oregon, attention to equity is paramount. The Oregon Education Investment Board (OEIB) and ELC recently adopted the Equity Lens (OEIB, 2013) which
calls attention to the education achievement gap between communities of color, immigrants, migrants, and low income rural students compared to more affluent students. Similarly, these populations experience persistent and increasing disparities in health status (Health Affairs, 2013). To meet the goals of health and education system transformation, starting with kindergarten readiness, we must explicitly identify and address disparities to reverse these trends.

Until recently, Oregon lacked a uniform way to assess kindergarten readiness. Starting this fall, every Oregon child entering publicly-funded kindergarten will receive a comprehensive assessment of kindergarten readiness using three validated and standardized tools: the Child Behavior Rating Scale (CBRS) and easy CBM Literacy and Math measures. This statewide kindergarten readiness assessment is completed by kindergarten teachers during the first six weeks of school. Results of this assessment will offer a snapshot of Oregon’s children upon entry to kindergarten that allows 1) “a look forward” so that teachers and schools can tailor their instruction to the individual needs of children, and 2) “a look back” to assess whether community supports and services are meeting the needs of children and families.

**Recommendation 2:**
Jointly adopt kindergarten readiness as a common agenda for the Oregon Health Policy Board and Early Learning Council. **Apply the OEIB Equity Lens to this joint work.**

**Shared Measurement System**

**Shared Measurement Strategy: Oregon’s Child and Family Well-being**

In alignment with the collective impact approach, the Joint Committee recommends the adoption of a statewide, coordinated approach to measuring child and family well-being that transcends state agencies and traditional silos. The measures will be used to drive cross-sector strategic planning, mutually reinforcing actions, and policy decisions. This measurement approach will also provide local-level data to communities to help inform priorities and improvement plans. This measurement strategy will explicitly focus attention on identifying disparities in outcomes based on age, race, ethnicity, language, and geography and calls for uniform data collection on each of these parameters. The Joint Subcommittee has prioritized a set of measure categories and associated topic areas. With the support of a technical advisory committee and public input process, the Joint Subcommittee will adopt specific measures for each of these topic areas. To implement the measurement strategy, the Joint Subcommittee recommends:

- Appointment of a technical advisory committee (to include, at minimum, representation from the Metrics & Scoring Committee, CCOs, Hubs, governmental and tribal public health systems, and other state or local health, human services and education entities)
- Creation of a public, Oregon dashboard for shared child and family measures
- Adoption of a regular reporting timeline for measures
- Development of a state-level strategic plan driven by measures
- Use of the measurement strategy to design and assess quality improvement activities

The Joint Subcommittee recommends a combination of process and outcome measures to support the developmental progress towards achieving kindergarten readiness (see example dashboard below).

**Recommendations 3:**
Adopt the Child and Family Well-being measurement strategy and identify a technical advisory committee to support implementation in 2014.
Example: Child and Family Well-being Dashboard

Family Stability
- Adverse childhood experiences (ACEs)
- Housing and food security
- Child maltreatment
- Domestic Violence
- Poverty
- Employment

Education
- Quality Childcare
- School Readiness
- 3rd Grade Math
- Absenteeism
- High School Graduation
- College Graduation

Prevention
- Screening, follow-up
- Immunization
- Unintentional injury
- Pregnancy intendedness
- Physical activity

Health Care and Access
- Insurance status
- Patient experience of care
- Mental health
- Preventive visits (prenatal, well child, adolescents)
- Alcohol and drug treatment

Systems of Care
- Care coordination
- Transitions of care
- Health home
- Data alignment

Kindergarten Readiness
The Joint Subcommittee was charged with developing a proposal and timeline for establishing kindergarten readiness as a shared outcome for health and early learning systems. In developing this proposal, the Joint Committee has considered a variety of environmental and policy factors that impact this recommendation, including: statutory role of OHA’s Metrics and Scoring Committee; capacity for information exchange, data linkage and reporting; privacy and security policies (e.g. FERPA/HIPAA); need for shared accountability and incentives; relationship of screening, coordinated services and kindergarten readiness; and differing stages of system transformation. The Joint Subcommittee recommends adoption of a four year timeline for establishing kindergarten readiness as a joint outcome, including the following implementation activities:

Figure 1. Kindergarten Readiness as a Shared Outcome: 4 Year Proposal

Recommendations:
4. Adopt kindergarten readiness as an urgent, shared outcome, including a maximum four year timeline for implementation of associated activities. The timeline shall be shortened where possible.
5. Establish shared incentives for achieving kindergarten readiness. The Joint Subcommittee shall identify an approach to shared incentives that recognizes the imbalance in financial resources across health and early learning.

Mutually Reinforcing Activities
It is expected that health, early learning and human service systems will each contribute unique activities and efforts towards the goal of kindergarten readiness. For optimal results, these activities must be mutually reinforcing and coordinated.

**Shared Learning**
Learning collaboratives represent a critical element for shared learning and spreading best practices. They can be employed in a collective impact approach to enhance mutually reinforcing activities towards a shared outcome. As previously agreed, the OHA and Early Learning Division will convene local leaders in health, education and human services to explore and spread opportunities for cross-system care coordination and case management for at-risk children. With initial seed funding through OHA’s State Innovation Model (SIM) grant, additional opportunities to leverage these funds should be sought.

**Recommendation 6:** Identify resources to build capacity for cross-system learning collaboratives dedicated to care coordination, including but not limited to: funding for shared learning, Health Information Exchange and Technology (HIE/HIT), and neutral skill sets (e.g. process engineers) to move this work forward.

**Developmental Screening**
Developmental screening, core to both health and education, is a discrete example of a mutually reinforcing activity. Developmental screening using a validated and standardized screening tool can improve the identification of children at risk for a developmental delay or disorder. Developmental screening in the first three years of life represents one of Oregon’s 17 incentive measures as adopted by the Metrics & Scoring Committee. Quality pool dollars will be distributed, in part, based on a CCO’s ability to improve or meet a benchmark for this measure. Likewise, screening to identify children at risk for not being kindergarten ready at school entry is a statutory requirement of the early learning system. Funding from Oregon’s Race to the Top grant is being used to build resources and professional training for early learning providers related to developmental screening. Ultimately, Early Learning Hubs will be required to work with CCOs to improve the local rate of developmental screening for young children.

To ensure that screening activities are mutually reinforcing and coordinated, a statewide system of screening is recommended (see Appendix A). The necessary system components include:

1. **Accountability for screening should be held jointly across health and education.**
2. **Shared incentives should be established.**
3. **Training requirements should be set for participating providers.**
4. **Incentives for meeting training requirements should be established (e.g. participation in QRIS, future data exchange, and reimbursement or incentive decisions).**
5. **Opportunities for secure information exchange should be identified and implemented.**
6. **Shared messaging must be delivered regarding the importance of developmental screening.**
7. **Health, human services and early learning providers should identify best approaches to providing care coordination/case management for identified at-risk children and their families.**
8. **Strategies must be identified to address the unique screening considerations for specific child populations, such as children with existing intellectual or developmental disability and those served by Child Welfare.**

**Recommendation 7:**
Adopt and implement a statewide system of developmental screening including the core components listed above.
**Backbone Support Organization**

The identification of a backbone support organization or entity to create and manage collective impact efforts has been hailed as one of the most critical elements for success. Essential functions of the backbone organization include: providing strategic direction, facilitating dialogue between partners, managing data collection and analysis, handling communication, coordinating community outreach, and mobilizing funding (Kania & Kramer, 2011). We recommend the following backbone support structures for our collective impact strategy towards statewide kindergarten readiness:

**The Joint Subcommittee**

We recommend that the ELC and OHPB carry forward the Joint Subcommittee charter to provide ongoing strategic direction and governance. With education and health system transformation efforts still in their infancy, it is too early to abandon alignment efforts until they are fundamentally incorporated into daily operations. The agenda for the Joint Committee’s next phase of work should include: 1) implementing the shared measurement strategy, *Oregon’s Child and Family Well-being*, 2) implementing policies and spread of best practices for cross-systems care coordination, 3) executing next steps for secure information exchange across health and early learning, and 4) identifying and implementing shared incentives. Representation from the Department of Human Services remains critical to this group’s work. **CCO and Hub representatives will be added to the Joint Subcommittee by 2014. Tribal representation will be included on the Advisory Committee.**

**The Transformation Center**

The newly developed Transformation Center within the Oregon Health Authority and associated State Innovation Model (SIM) grant funding should be leveraged to serve as a backbone structure for transformation efforts across health and early learning. The Transformation Center will support the adoption of the coordinated care model throughout the health care system through technical assistance and learning collaboratives among CCOs. Similar strategies can be implemented to foster shared learning across CCOs and Hubs and to disseminate local best practices targeted at achieving kindergarten readiness. Economies of scale can be achieved through shared resources such as staffing and communication technology. The Transformation Center can provide the vehicle through which early learning and health staff can work together to support community-level transformation efforts and the spread of best practices across local health and early learning systems.

**Recommendations:**

8. Renew the Joint Subcommittee Charter with [additional representation](#) and deliverables focused on a shared measurement strategy, care coordination, information exchange and shared incentives.

9. Designate the Transformation Center as the backbone structure for fostering shared learning and alignment between health and early learning at the local level.

**Continuous Communication**

Organizational capacity and structure that promotes coordinated activities and continuous communication have begun to take shape at the state level. Oregon Health Authority representation has been included on the Early Learning Council and the Early Learning Division Cabinet. Likewise, a team of early learning focused staff are co-locating within OHA’s Transformation Center to ensure alignment between health and early learning transformation efforts. This state-level coordination should be emphasized and can serve as an example of possible coordination at the local level.

Investments in communication technology are currently being explored to support CCO learning collaboratives and technical assistance within Oregon’s Transformation Center. These technology
investments should be mirrored for early learning Hubs and can be used to support learning collaboratives between health and early learning at the local level.

Recommendation 10:
Implement shared communication technology and strategies that facilitate local, cross-system learning between health and education.

References


Appendix A: Statewide System of Screening

Example framework:

**Developmental Screening**
- Multiple access points
- Shared messaging
- Trained workforce
- Parental consent for data sharing

**Referral for Assessment**
- Data System Entry (or route to PCP)*

**Care Coordination**

**Eligible for services:**
- Monitor adequacy
- Ongoing surveillance
- Care coordination

**Ineligible/inadequate:**
- Identify additional resources
- Care Coordination

*Requires appropriate release of information from parent or guardian*
Joint Early Learning Council (ELC)/Oregon Health Policy Board (OHPB) Subcommittee
Meeting Minutes: 8/19/13
800 NE Oregon Street, Room 1A, Portland, OR, 1 – 4 p.m.

Members in attendance: Pam Curtis, Janet Dougherty Smith, Jada Rupley, Mike Bonetto, Carla McKelvey, Tina Edlund, Teri Thalhofer

Members absent: Erinn Kelley-Siel

Guest: Susan Otter

Staff in attendance: Dana Hargunani

1. Meeting Minutes
Subcommittee members approved the 6/4/13 meeting minutes as is.

2. Health Information Technology / Exchange Update & Discussion
Susan Otter gave a presentation on the current efforts around Health Information Technology. Topics included direct secure messaging, provider to provider data for electronic health records, multi-year business plan / task force, and a discussion around support for the technology.

3. Strawperson Proposal Discussion
There was review and discussion of the draft strawperson proposal which will be presented to the Oregon Health Policy Board on September 10 and the Early Learning Council on September 19. Recommended changes to the draft straw proposal included:
- Clarify the definition of kindergarten readiness and state vs. local role in transformation
- Clarify difference between kindergarten readiness as the shared agenda vs. 4 year timeline to implement associated activities; create fluid timelines
- Change recommendation to shared incentives (instead of quality pool). Ask technical advisory committee to explore shared incentives given differential in financial resources.
- Include specific representation on technical advisory committee: Metrics and Scoring committee members, HUBS, Data System Group and DHS Child Welfare.

4. Agenda Setting / Future Meetings
We will schedule a conference call. The September 9 meeting may not be needed.
Members in attendance: Pam Curtis, Janet Dougherty Smith, Jada Rupley, Mike Bonetto, Tina Edlund, Teri Thalhofer

Members absent: Erinn Kelley-Siel, Carla McKelvey

Staff in attendance: Dana Hargunani

1. Strawperson Proposal Discussion

The purpose of this meeting was to review updates made to the draft and finalize the strawperson proposal which will be presented to the Oregon Health Policy Board on September 10 and the Early Learning Council on September 19.

Dana explained the updates that were made following the meeting on August 19, including clarity around the literature review, collective impact statement regarding state vs. local roles, common agenda clarification around kindergarten readiness definition on roles, shared measurement strategy to include technical advisory members, shared incentives, mutuality around health insurance exchange and technology, shared incentives vs. quality pool, and roles of the backbone organizational structures.

Upon reviewing the updates, the subcommittee decided to change the for Recommendation #1 to read “adopt this framework” instead of “adopt the framework”. It was agreed that more clarity was needed to define the shared incentives including notes regarding more to come and additional resources. Dana will flesh out and create fluid timelines to clarify for the board and ELC.

2. Agenda Setting / Future Meetings

September 9 meeting was canceled. The next meeting is scheduled for October 1 from 9 a.m. – noon.

Date Approved:

**AUTHORITY**

HB 2009 established the Oregon Health Policy Board (OHPB), a nine-member board appointed by the Governor and confirmed by the Senate. The Board serves as the policy-making and oversight body for the Oregon Health Authority (OHA) and is responsible for implementing the health policy reform provisions of HB 2009. Since the Board’s establishment, the passage of HB 3650 (2011) and HB 1580 (2012) have provided the framework for transitioning to an integrated and coordinated health care delivery system through Coordinated Care Organizations (CCOs).

SB 909 (2011) established the Oregon Education Investment Board (OEIB) and the Early Learning Council (ELC), a nine-member Governor-appointed committee. The Council is responsible for assisting the OEIB in overseeing a unified system of early learning services for the purpose of ensuring that children enter school ready to learn by kindergarten. HB 4165 (2012) expanded the Early Learning Council to serve as the state advisory council for the purpose of the federal Head Start Act. To fulfill this role, the Council was expanded to nineteen members. HB (2013) directs the Early Learning Council to establish up to 16 Early Learning Hubs over the biennium to serve as early learning and family resource coordinating entities.

**Subcommittee membership & Governance**

**Executive Sponsors:**
Jada Rupley, Early Learning Director
Tina Edlund, Chief of Policy, Oregon Health Authority (OHA)

**Staff:**
Dana Hargunani

**Subcommittee Members:**
Pam Curtis, ELC
Teri Thalhofer, ELC
Janet Dougherty-Smith, ELC
Mike Bonetto, OHPB
Carla McKelvey, OHPB
Erinn Kelley-Siel, DHS
CCO representative
Hub representative

**Scope**

The subcommittee is responsible for overseeing implementation of the Joint Subcommittee Strawperson Proposal recommendations (adopted, September 2013) that describe next steps for alignment of health and early learning system transformation. The scope of this phase of work
includes: 1) implementing the shared measurement strategy, 2) implementing shared learning and spread of best practices related to care coordination, 3) executing next steps for secure information exchange across health and early learning, and 4) identifying mechanisms for shared incentives. The subcommittee will convene and oversee a technical advisory committee to support the development of the measurement strategy as outlined in the Strawperson proposal.

**Major Deliverables**

- A detailed, shared measurement plan
- Strategies for secure information exchange across health and early learning
- Proposal for shared incentives
- Summary of best practices and implementation status for cross-systems care coordination

**Exclusions or Boundaries**

Policy implementation will not be carried out by this subcommittee. Recommendations will be brought forth to the Oregon Health Policy Board and Early Learning Council for decision-making. Prior legislative responsibilities and/or requirements placed on the Oregon Health Policy Board or Early Learning Council are excluded from this charter.

**Dependencies**

- Oregon Health Policy Board: health policy
- Oregon Education Investment Board: P-20 education policy
- Early Learning Council: early learning policy
- Metrics and Scoring Committee: CCO metrics
- Federal privacy policies: FERPA, HIPAA

**Schedule**

The joint subcommittee will meet quarterly. The frequency of meetings may be altered to fit legislative timelines and/or other needs that arise. The technical advisory will meet monthly but may be altered to fit needs as that arise. The subcommittee charter will end by December 2014 or when the ELC and OHPB accept their charter as completed.

**Deliverable Timeline:**

- 12/2013- Technical advisory committee convened
- 5/2014- Update on deliverables presented
- 9/2014- Proposal/plan presented
- 12/2013- Final proposal delivered

**Revision Date:**
AUTHORITY

HB 2009 established the Oregon Health Policy Board (OHPB), a nine-member board appointed by the Governor and confirmed by the Senate. The Board serves as the policy-making and oversight body for the Oregon Health Authority (OHA) and is responsible for implementing the health policy reform provisions of HB 2009. Since the Board’s establishment, the passage of HB 3650 (2011) and HB 1580 (2012) have provided the framework for transitioning to an integrated and coordinated health care delivery system through Coordinated Care Organizations (CCOs).

SB 909 (2011) established the Oregon Education Investment Board (OEIB) and the Early Learning Council (ELC), a nine-member Governor-appointed committee. The Council is responsible for assisting the OEIB in overseeing a unified system of early learning services for the purpose of ensuring that children enter school ready to learn by kindergarten. HB 4165 (2012) expanded the Early Learning Council to serve as the state advisory council for the purpose of the federal Head Start Act. To fulfill this role, the Council was expanded to nineteen members. HB (2013) directs the Early Learning Council to establish up to 16 Early Learning Hubs over the biennium to serve as early learning and family resource coordinating entities.

In December, 2012, the Oregon Health Policy Board and Early Learning Council convened a Joint ELC/OHPB Subcommittee (“Joint Subcommittee”) to ensure alignment and/or integration between health care and early learning system transformation, including representation from the Department of Human Services. The Joint Subcommittee’s proposal, Towards Collective Impact, was adopted by the Oregon Health Policy Board and Early Learning Council in September, 2013. The proposal includes the establishment of a technical advisory committee to support implementation of a shared measurement system and associated incentives.

Subcommittee membership & Governance

Executive Sponsors:
Jada Rupley, Early Learning Director
Tina Edlund, Chief of Policy, Oregon Health Authority (OHA)

Staff:
Dana Hargunani

Technical Advisory Committee Representation:
Joint ELC/OHPB Subcommittee representative
Metrics & Scoring Committee representative
CCO representative
Hub representative
Governmental and tribal public health representative(s)
OHA Health Analytics representative
Education (K-12) representative(s)
Department of Human Services representative
Child/Family measurement expert(s)
# Scope

The subcommittee is responsible for advising the Joint Subcommittee on implementation of the shared, Child and Family Measurement Strategy (Joint ELC/OHPB Proposal *Towards Collective Impact*, adopted September 2013). The scope of work includes 1) detailed recommendations, including specific measures/indicators, for the shared measurement strategy, 2) identification of mechanisms for shared incentives. The technical advisory committee will share progress and deliver final recommendations to the Joint Subcommittee by August, 2014.

## Major Deliverables

- Recommendations for a detailed shared measurement plan
- Recommendations for shared incentives

## Exclusions or Boundaries

Policy implementation will not be carried out by this subcommittee. Recommendations will be brought forth to the Joint Subcommittee. Prior legislative responsibilities and/or requirements placed on the Oregon Health Policy Board or Early Learning Council are excluded from this charter.

## Dependencies

- Oregon Health Policy Board: health policy
- Oregon Education Investment Board: P-20 education policy
- Early Learning Council: early learning policy
- Metrics and Scoring Committee: CCO metrics
- Federal privacy policies: FERPA, HIPAA

## Schedule

The joint subcommittee will meet quarterly. The frequency of meetings may be altered to fit legislative timelines and/or other needs that arise. The technical advisory will meet monthly but may be altered to fit needs as that arise. The subcommittee charter will end by December 2014 or when the ELC and OHPB accept their charter as completed.

### Deliverable Timeline:

- **12/2013-** Technical advisory committee convened
- **4/2014-** Update to Joint Subcommittee
- **7/2014-** Update to Joint Subcommittee
- **8/2014-** Final recommendations to Joint Subcommittee
- **12/2014-** Final proposal delivered
The RTT-ELC grant focuses on improving early learning and development programs for young children by supporting States' efforts to: (1) increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs; (2) design and implement an integrated system of high-quality early learning programs and services; and (3) ensure that any use of assessments conforms with the recommendations of the National Research Council's reports on early childhood. Race to the Top States were awarded because they are leading the way with ambitious yet achievable plans for implementing coherent, compelling, and comprehensive early learning education reform.

**Project 1: Grants Management.** Staffing, TA, RTT reporting and stakeholder engagement to support the ELD and RTT projects.

**Project 2: TQRIS Validation Study.** A voluntary rating system that uses common, easy to understand standards for childcare and early learning programs. The validation study will determine research based differentiation between the quality levels of the tiers.

**Project 3: Increase Participation of ELDP in the TQRIS.** Will engage providers with more training, mentorship, and professional development. Rating system gives families clear, practical information to make informed choices about where to send their children and what they need to be ready for kindergarten. **Lead:** Dawn Woods.

**Project 4: Early Childhood Workforce, Build Capacity.** Professional development to support career pathways for early childhood educators that develop expertise in quality early learning and best practice. Will offer meaningful and high-leverage opportunities for professional learning.

**Project 5: Improve rates of developmental screening at regular intervals.** Implement a system for statewide screening in Early Learning and Development programs to ensure children receive needed supports early.

**Project 6: Enhance the TQRIS Data System.** Enhance and connect data systems to capture quality information that will deliver service providers, policy makers, and funders information they need to ensure better outcomes for children.

**Project 7: Family and Community Access.** Dedicated outreach to build an informed, engaged public around quality early learning environments. Help families better support young children in the home and provide easy-to-access to services in the community.

**Project 8: Aligned ECE to K-3 teaching and learning** Oregon will align statewide Early Learning Framework with K-12 Common Core standards to promote school readiness and success.

**Project 9: Kindergarten Assessment.** Kindergarten assessment will help identify children who need additional early support for success.
Project Abstract

Project Title: Early Childhood Comprehensive Systems: Building Health Through Integration
Applicant: Oregon Health Authority, Public Health Division
Address: 800 NE Oregon St.; Suite 930, Portland, Oregon 97232
Project Director Sandra Potter Marquardt
Voice 971-673-0236
Fax 971-673-0240
E-Mail Address sandra.j.potter-marquardt@state.or.us
Web site address http://public.health.oregon.gov
Funds Requested HRSA-13-177

Project Summary

The Oregon Health Authority, Public Health Division is requesting funds to: 1) coordinate statewide developmental screening activities for children 0-3 with a focus on early care and education settings; and 2) to expand screening for those children at highest risk for negative child outcomes based on socio-cultural determinants of health. Connections with pediatric and other child health leaders will be strengthened through training and referrals among medical homes, early intervention services, child care programs and families.

Statewide capacity building will be accomplished in phases leveraging resources from multiple funding sources including Maternal, Infant, and Early Childhood Home Visiting formula grant, Project LAUNCH, and Race-to-the Top Early Learning Challenge grant. Stakeholders will be engaged in developing aspects of a developmental screening process to inform policy and enable statewide implementation over the three year period beginning with areas of the state deemed to have the greatest percentage of families and children with high needs.

Capacity building made possible through ECCS will connect and optimize the use of existing resources and initiatives to create a streamlined, comprehensive strategy for developmental screening. A key objective of the project will be to ensure children 0 to 3 with developmental delays are referred to and receive appropriate services as early as possible. This will include efforts to identify and train additional child care health consultants to serve in regions of the state with greater percentages of families with high needs in order to facilitate coordination between medical homes, early care and education providers, and community-based services.

ECCS will link developmental screening activities emerging from community-based structures for health and early learning including Coordinated Care Organizations (CCOs) and the Early Learning Council’s future Community-Based Coordinators of Services (or Hubs) to activities within the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, the state’s Race to the Top- Early Challenge Grant, and child care quality improvement activities. Resources from other system capacity building efforts will be tapped including Help Me Grow, Project LAUNCH, the Oregon Pediatric Society’s Screening Tools and Referral Training (START) program, and Oregon’s Patient Centered Primary Care Home initiative.

1 OHA/PHD/ECCS - HRSA-13-177
Project Title: Oregon Maternal, Infant and Early Childhood Home Visiting Program Expansion Grant
Applicant Name: Oregon Health Authority, Public Health Division, Maternal and Child Health
Address: 800 NE Oregon Str., Ste. 850, Portland, OR 97232
Project Director: Cate Wilcox, MPH, voice (971) 673-0299; fax (971) 673-0372
Email: cate.s.wilcox@state.or.us
Website: www.public.health.oregon.gov

Abstract
The Oregon Health Authority’s Maternal and Child Health Section (MCH) is seeking Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds to support the expansion of evidence-based home visiting models and to advance home visiting, early learning and health care systems development in 13 counties with high percentages of families of young children with significant risk factors. As identified in the 2011 State Home Visiting Needs Assessment these counties experience high rates of the federally mandated risk indicators and have population percentages above the median of racial and ethnic communities experiencing health inequities. These counties experience high rates of child maltreatment, a lack of evidence-based prenatal home visiting services, and/or long waitlists for families to enter into an evidence-based home visiting program. In addition, there is a need to continue advancing state and local infrastructure to effectively improve and sustain Oregon’s home visiting system in alignment with the early learning and healthcare transformation initiatives. This proposal addresses the identified problems of system capacity, sustainability, service capacity, and service array.

This grant will serve 551 new and 250 continuing families with the Early Head Start (EHS), Healthy Families America (HFA) and Nurse Family Partnership (NFP) evidence-based home visiting models. EHS, with its proven impact on child development, will serve 125 eligible children who are currently on waitlists due to insufficient program capacity. HFA, with its evidence in child maltreatment risk reduction, will expand from serving eligible first birth families only to eligible families of subsequent births. HFA will serve 301 families. NFP is selected for expansion in counties that have a greater need for improving pregnancy outcomes and family self-sufficiency, areas in which NFP has proven impact. NFP will serve 125 new families and continue serving 250 families who began services under Oregon’s MIECHV Development Grant.

This project is part of a larger Governor-prioritized effort to strengthen state and local home visiting system capacity to effectively respond to the needs of pregnant women, children and families in a more coordinated, culturally responsive, and cost effective manner. This grant will support increased levels of community engagement and family participation; establish structures for professional development including cross disciplinary training with early care and education providers; improve interoperability of data sets to look more holistically at children and families and to inform decision making; and establish continuous quality improvement systems for communities. Long-term results will include a more coordinated and effective home visiting system that is aligned and integrated with the early learning and healthcare systems. This proposal also includes an external evaluation that will assess the outcomes and lessons learned from Oregon’s unique approach of implementing three MIECHV evidence-based models within the context of an emerging coordinated early childhood system across the diverse communities in our state.
The Centers for Medicare and Medicaid Innovation awarded a State Innovation Model (SIM) grant to Oregon for up to $45 million for three and a half years. Oregon was one of six states to receive the grant for testing innovative approaches to improving health and lowering costs across the health care system, including Medicaid, Medicare, and the private sector.

Grant Narrative Excerpt:

Aligning health and education system reform: Oregon’s Governor Kitzhaber has launched a significant process of reforming the state’s education system from pre-K to the college level. The opportunity to align health and education system reform in Oregon can dramatically contribute to short- and long-term improvements in health outcomes for children and is a primary prevention strategy. The state has set a goal of universal kindergarten readiness among Oregon children, which is dependent on both health and education system innovations. Oregon’s Early Learning Council recently adopted a statewide Kindergarten Readiness Assessment that will be broadly implemented in 2013. The Transformation Center will partner with the Early Learning Council to test innovative delivery models and collaborations at the community level between CCOs, education, and social service partners that result in improved kindergarten readiness to test this expansion of Oregon’s model to link more closely with Oregon’s education system.