


Opportunities to Expand
Effective Parenting Education
in Oregon

Through Partnerships with
Coordinated Care Organizations¹

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Introduction

Empirical research and practical wisdom both underscore the importance of positive parenting for children's healthy development (e.g., Shonkoff & Phillips, 2000; Jeynes, 2005). Despite the important role that parenting plays in child development, best parenting practices require a complex set of skills and beliefs (Johnson, Berdahl, Horne, Richter, & Walters, 2014) that are not immediately accessible to all parents. This gap leaves some children at risk for experiencing maladaptive parenting, which is associated with negative developmental outcomes (e.g., unintended pregnancy, substance use; see Dietz et al., 1999; Dube et al., 2003). Parenting education has accordingly emerged as a key community asset that enables parents to understand and consistently implement best parenting practices (Pinquart & Teubert, 2010; Serketich & Dumas, 1996; Sanders, 2008), helping to ensure that all children are given the opportunity to thrive.

Despite the potential for parenting education for improving the lives of all young people, parents are surprisingly reticent to attend parenting education classes. For instance, Holloway and Pimlott-Wilson (2014) recently found that parenting education courses face incredible stigma. Most interviewees saw themselves as good parents, although many acknowledged the importance of parenting education for *other* parents. Furthermore, parenting education classes that target at-risk parents appeared to perpetuate the negative stereotypes associated with parenting education. In order to maximize the impact parenting educators can have in their communities, we must therefore work to normalize parenting education and to promote an understanding that all parents can benefit from parenting education.

Because parenting education is often viewed from a deficit-oriented perspective (i.e., that only parents lacking important skills need parenting education), closer alignment between parenting education providers and the health promotion programs in their communities may help reduce the stigma associated with parenting education. In this research brief, we therefore present findings from a study in which we explored the alignment between parenting education hubs sponsored by the Oregon Parenting Education Collaborative (OPEC) and the Coordinated Care Organizations (CCOs) now prevalent in the state of Oregon. To orient readers toward the organizations highlighted in this report, we begin by providing brief historical backgrounds of OPEC and the Oregon CCOs. We next describe the methods used in the present study and then

present our findings in two parts: we describe the current relationships between OPEC Hubs and the CCOs, then discuss factors that may enhance or inhibit greater integration between these organizations. We conclude by making concrete recommendations for improving the relationships between the OPEC Hubs and their local CCOs.

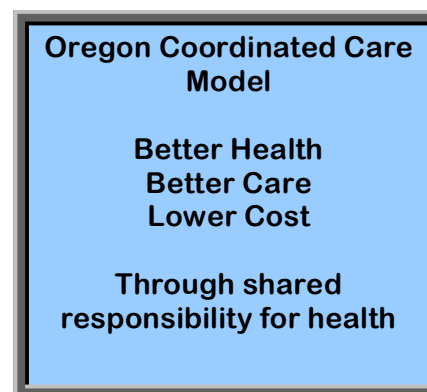
The Oregon Parenting Education Collaborative

The Oregon Parenting Education Collaborative (OPEC) is a partnership between several of Oregon’s largest foundations (e.g., The Oregon Community Foundation, The Ford Family Foundation, Meyer Memorial Trust, and The Collins Foundation) and researchers at Oregon State University. OPEC is dedicated to providing best-practice parenting education to communities and operates by providing parenting educators with evaluation, technical assistance, professional development, and funding. Although some parenting education programs receive small grants from OPEC, a majority of OPEC’s funding is channeled to parenting educators through its support of 15 regional parenting education hubs. These hubs serve 27 counties in Oregon and Siskiyou County, California. Since its inception in 2010, OPEC has reached over 5,000 parents through its more than 600 parenting education series. OPEC has also sponsored 11,500 family programs, including workshops, family activities, and parent support events.

The Oregon Coordinated Care Organizations

In 2012, Oregon applied for and received a waiver from the Center for Medicare/ Medicaid Services (CMS) to transform the provision of health insurance and services to Medicaid enrollees in the state. The waiver agreement secured \$1.9 billion from the federal government to support the experiment (McConnell, et al. 2014). The state, in turn, agreed to maintain Medicaid program quality metrics and to reduce overall expenditures in the Oregon Medicaid program by 2% by the end of the second year of the program. Under the new Medicaid model in Oregon, Coordinated Care Organizations (CCOs) receive a risk adjusted flat payment—reflecting the number and relative illness burden of its enrollees—to manage all healthcare services for that population. In addition to the member based payments, Oregon’s Transformation Center also provides CCOs with temporary “transformation grant” funds to support pilot projects intended to facilitate innovation and accelerate health system transformation (Oregon Health Authority, 2015c).

Several factors distinguish CCOs from traditional health insurance programs and other models of managed care. First, though administrative structures of CCOs can vary greatly, CCOs are locally managed organizations obligated by statute to engage a wide range of health and community service providers in impacting health and health care in their communities. *“They are governed by a partnership among health care providers, community members, and*



stakeholders in the health systems that have financial responsibility and risk” (OHA, 2015a). To facilitate the involvement of consumers and guarantee that CCOs are responsive to member and community needs, each CCO maintains a consumer advisory board (Oregon Health Policy Board, 2015a). Second, CCOs have been granted significant flexibility in how to use Medicaid funds. *“Oregon has the ability to use Medicaid dollars for flexible services e.g. non-traditional health care workers. All flexible services will have to be used for health related care; however, the CCO will have broad flexibility in creating the array of services necessary to improve care delivery and enrollee health” (OHPB, 2015d).* As a result, CCOs are generally more focused on primary prevention of health conditions and many engage with community based organizations that provide a range of support services for individuals who are eligible for Medicaid.

The 16 approved Oregon CCOs currently manage health care for over 900,000 Oregon Medicaid enrollees (OHPB, 2015b). They are accountable to the state for 16 community health metrics (Exhibit C). The state is accountable to the federal government to insure that performance on Medicaid program quality metrics (Exhibit C) is not diminished.

Oregon Early Learning Hubs

In addition to the CCOs, the state also created an additional hub system focused on early learning to provide greater coordination of early learning and health care services in the state. In 2013, to make resources and supports for families more widely available, the state’s Early Learning Council was authorized to create a publicly supported Early Learning Hub system across Oregon. Those hubs are expected to coordinate with the newly development CCOs. The state has now approved 16 Early Learning Hubs focused on (1) creating an early childhood system that is aligned, coordinated, and family-centered; (2) ensuring that children arrive at school ready to succeed; and (3) ensuring that Oregon’s young children live in families that are healthy, stable and attached. (Early Learning Division, 2015) Some of these Early Learning Hubs are administered by the same organization currently functioning as the OPEC Hub, though in other communities the connection between Early Learning Hubs and OPEC Hubs is less direct. Additionally, service areas for OPEC Hubs, Early Learning Hubs and CCOs are completely aligned in only 3 counties. (Table I)

Table I: CCO Counties, OPEC Hub, and Early Learning Hub Service Areas (May 2015)

OPEC Hub	Counties Served	Early Learning Hub(s)	Coordinated Care Organization(s)
Central Oregon	Deschutes Crook Jefferson	- Wellness and Education	- Pacific Source Central
Clackamas County	Clackamas	- Clackamas County Early Learning Hub	- FamilyCare, Inc. - Health Share of Oregon - Yamhill Community Care
Clatsop-Columbia-Tillamook	Clatsop Columbia Tillamook	- Northwest Early Learning Hub	- Columbia Pacific COO
Columbia Gorge	Hood River Wasco	-	- Pacific Source Columbia Gorge
Douglas County	Douglas	- South Central Oregon Early Learning Hub	- Umpqua Health Alliance - AllCare Health Plan - Columbia Pacific CCO
Eastern Oregon	Wallowa Baker Malheur	- Eastern Oregon Community Services	- Eastern Oregon CCO
Josephine-Jackson	Josephine Jackson	- Southern Oregon Early Learning Services Hub	- AllCare Health Plan - Jackson Care Connect - PrimaryHealth of Josephine
LaneKids	Lane	- Lane Early Learning Alliance	- Trillium Community Health Plan
Lincoln County	Lincoln	- Linn-Benton-Lincoln ELH	- IHN -CCO
Marion County	Marion	- Early Learning Hub Inc.	- FamilyCare, Inc. - Willamette Valley Community - Yamhill Community Care
Mid Valley Parenting	Polk	- Early Learning Hub Inc.	- Willamette Valley Community - Yamhill Community Care
North Central	Sherman Gilliam Wheeler	-	- Eastern Oregon CCO
Pathways to Positive Parenting	Coos Curry	-	- W. Oregon Advanced Health - AllCare Health Plan - Columbia Pacific CCO
Parenting Success Network	Linn Benton	- Linn-Benton-Lincoln ELH	- IHN -CCO
Umatilla, Morrow, Union Counties	Umatilla Morrow Union	- Blue Mountain Early Learning Hub	- Eastern Oregon CCO
No OPEC Hub	Yamhill	- Yamhill Early Learning	- Yamhill Community Care
	Washington	- Washington County Early Learning Hub	- FamilyCare, Inc. - Health Share of Oregon
	Multnomah	- Early Learning Multnomah	- FamilyCare, Inc. - Health Share of Oregon
	Grant Harney	- Frontier Oregon Services Hub	- Eastern Oregon CCO
	Klamath Lake	- South Central Oregon Early Learning Hub	- Cascade Health Alliance - Pacific Source Central Eastern Oregon CCO

The Present Study

Method

In this study, we implemented an explanatory sequential mixed-method research design (Creswell & Plano-Clark, 2011). That is, we first administered electronic surveys to leaders of all 14 OPEC Hubs located in Oregon. We then complemented these surveys by conducting follow-up interviews with four leaders of OPEC Hubs as well as staff employed by 13 local CCOs. (Two CCOs provided information on any work that included parenting education hubs but did not complete full interviews due to staff turnover or lack of staff that felt knowledgeable enough to respond.) OPEC Hub leaders were identified for follow up interviews based on their hub's current collaborations with CCOs. Three hubs with existing partnerships and one that indicated a significant emerging partnership were selected for follow up interviews. CCO interviewees were identified either through the OPEC Hub survey responses (2) ("Which CCO representative does your hub work most closely with?") or through contact with each CCO's main administrative office (14). CCO administrative offices were asked to provide the best staff person to discuss both current collaborations and the conceptual alignment of parenting education work with CCOs' mission. Both CCO and OPEC Hub leader interviews were taped and transcribed. Transcripts were then coded to identify main themes in the responses.

Measures

The electronic survey was divided into three sections. The first section contained seven questions that focused on the hub's current involvement with its local CCO (e.g., "Is a local CCO representative on your OPEC Hub's advisory board?" and, "Does your OPEC Hub currently receive funding from its local CCO?"). The second section contained eight questions that asked about the level of engagement between the OPEC Hubs and their local CCOs (e.g., "Overall, how would you describe the quality of your OPEC Hub's relationship with the local CCO?" and, "How often does the local CCO refer parents to your OPEC Hub?"). The third section contained five questions that asked hub leaders to provide additional insight into the relationship between the local CCO and parenting educators in the area (e.g., "Briefly list any barriers that prevent your OPEC Hub from working more closely with the local CCO", and, "Briefly list any factors that facilitate collaborations between your OPEC Hub and the local CCO").

The follow up survey with selected OPEC Hub leaders explored the existing or planned collaborations with their CCO(s) in greater detail. OPEC Hub leaders also were asked to describe how the relationship with their local CCO(s) had developed and evolved over time (3 questions) as well as barriers and facilitators for that relationship (3 questions). The interview then explored the OPEC Hub leaders' perceptions of the alignment of parenting education with CCOs' mission (2 questions). The interview concluded by soliciting any advice the OPEC Hub leaders had for other OPEC Hubs interested in developing or expanding their relationships with their CCOs.

The CCO representative interview was similarly divided into three sections. The first section addressed the general awareness of parenting education in the community and perceived opportunities for collaboration (3 questions). A second section delved into CCO perceptions of current relationships with OPEC Hubs and how those relationships had developed and evolved (5 questions) as well as challenges and barriers to those relationships (3 questions). Next, CCO interviewees were asked to articulate the perceived alignment between parenting education and the CCOs' mission and metrics (2 questions). Additionally, we asked CCO interviewees how likely their CCO would be to invest in parenting education and the importance of that programming being evidence based. Finally, CCO interviewees provided their advice to OPEC Hubs seeking to develop or expand relationships with CCOs.

Results

To best match the dual aims of this research study, we present our results in two sections. First, we describe findings that illuminate the current level of integration between OPEC Hubs and their local CCOs. Second, we discuss factors perceived to either enhance or inhibit integration between the OPEC Hubs and their local CCOs. A detailed breakdown of survey responses (i.e., responses for each OPEC Hub) is provided in the Appendix.

Current State of Integration – Awareness and Relationships

The OPEC Hubs and their local CCOs were generally aware of each other, with 10 of the 14 OPEC Hub survey respondents indicating a positive relationship with their local CCO. One respondent indicated a neutral relationship and three indicated no relationship. These relationships were typically weak or informal, although three OPEC Hub leaders indicated a structured formal relationship with their CCO.

CCO Interviewees also were generally aware of OPEC Hubs, though two of ten expressed that they were previously unaware of the OPEC Hubs. Those who were aware of OPEC Hubs most likely were from counties where the OPEC Hub and the Early Learning Hub were strongly aligned and expressed difficulty distinguishing between Early Learning Hub and OPEC Hub work. All CCO interviewees indicated that their primary relationship was with their local Early Learning Hub and they relied on the Early Learning Hubs to take the lead for parenting education work and partner with the OPEC Hubs or other organizations in the community.

The surveys also suggested at least a superficial overlap in advisory roles between the

OPEC Hub - CCO Partnership Spotlight

One CCO funds a staff position within the County Prevention Office responsible for developing strategic priorities for prevention funding in the county. Through that arrangement, approximately \$45,000 of the per member dollars from the state are being distributed through the County to the OPEC Hub for parenting education programming and training. The County also has released an additional request for proposals for an organization to maintain a Triple P portal on the County website. That grant will provide approximately \$15,000.

OPEC hubs and their local CCOs. Five of the fourteen survey respondents indicated that a local CCO representative served on the OPEC Hub’s advisory board and an additional four OPEC Hub leaders indicated some other relationship between a CCO representative and their hub’s board. Similarly, six OPEC Hub leaders indicated that a member of their team served on the local CCO’s advisory board and an additional three indicated some other form of relationship between the OPEC Hub and the CCO’s advisory board. Twelve OPEC Hub leaders indicated that a member of their team currently serves—or will soon serve—on another community board or committee alongside a representative of the local CCO.

Despite their awareness of each other, the OPEC Hub leader surveys indicated very little overlap between the OPEC Hubs and CCOs in terms of shared personnel and resources. Three out of fourteen survey respondents indicated that their hub receives funding from the local CCO and one other indicated a possible joint project in the future. Only two OPEC Hub leaders noted that the local CCO refers parents to their hubs more than “rarely”, and hubs were only somewhat more likely to refer parents to the local CCO (Five respondents said they did this more than “rarely”). Two survey respondents stated that their OPEC Hub shares financial resources with the local CCO more than “rarely,” three reported that their OPEC Hub shares physical resources with the local CCO more than “rarely,” and three reported that their OPEC Hub shares personnel with the local CCO more than “rarely.”

OPEC Hub – CCO Partnership Spotlight

One county identified unsupervised swimming as a health risk for children. The local CCO Consumer Advisory Council and the OPEC Hub jointly submitted a grant to the CCO for a swim safety program. They received \$11,000 to provide swim classes for children identified by social service providers, health care providers or school personnel as at risk for unsupervised swimming. While the children attend swim lessons, parents received parenting education programming.

Current State of Integration – Collaborations

Based on the follow up interviews, five CCOs currently provide financial support for some OPEC Hub work, ranging from \$3,125 to \$200,000 (The \$200,000 funding will support the Early Learning Hub for a variety of activities, including some parenting education services provided by the OPEC Hub). Existing collaborations between OPEC Hubs and CCOs primarily take the form of one time grants from the CCO that support specific programs, though two CCOs indicated that they are or will be allocating a portion of the per member payment from the state on an ongoing basis to their OPEC Hub through the Early Learning Hub or County.

Early collaborations addressed varied aspects of health with programming focused on obesity prevention and water safety, mental health prevention, early literacy, and strengthening families. Collaborations were developed to address specific needs identified in those local communities and involved direct parenting education classes, facilitator training, family resources and management of web based resources. Each of the existing programs also engaged

other community partners. The county health department and local Early Learning Hubs were involved in all programs. School district personnel and primary care providers also were involved in half of the programming.

OPEC Hub - CCO Partnership Spotlight
 Building on strong pre-existing relationships, the CCO is providing significant support for parenting education activities through the Early Learning Hub. The CCO’s marketing budget currently supports a parenting fair and materials (\$10,000), and the CCO will expand this effort by providing up to \$100,000 to the Early Learning Hub to develop communication and marketing materials. Those one-time funds will come from temporary transformation dollars. Additionally, the CCO plans to devote part of the per member per month - about \$200,000 in the first year - to the Early Learning Hub to support the hub’s activities, including parenting education through the OPEC Hub.

Factors that Enhance or Inhibit Integration

OPEC Hub leaders generally reported close alignment between their hub’s mission and the mission of their local CCO. Twelve OPEC hub leaders who completed the survey discussed alignment between their hub’s mission and that of the local CCO. Nine respondents reported a positive alignment and three reported that they did not have enough information to respond accurately. In follow up interviews, selected OPEC Hub leaders

elaborated that the alignment of parenting education and the CCOs’ work was strongest around education “making sure kids are healthy and able to learn.” No OPEC Hub leader indicated that his or her hub’s mission statement did not align with that of the local CCO.

OPEC Hub leaders overwhelmingly acknowledged that this shared mission will likely facilitate greater integration between the OPEC Hubs and their local CCOs. Eight out of the ten OPEC Hub leaders who listed facilitating factors suggested that either working together on more projects or the two

“If you raise healthy children, then hopefully they will end up being healthy adults.” (CCO representative)

*“Pure aspect of parenting education – reduces abuse and neglect, promotes healthy eating habits, physician activity and gets children **ready to learn**; building healthy sense of self.” (CCO representative)*

organizations’ shared mission would likely result in greater integration.

All CCO interviewees also articulated strong alignment between parenting education and the CCO’s goals to improve health of individuals and communities in an efficient manner. Half of CCO interviewees defined the alignment as primarily around strengthening families. *“Need to take families [from] where they are and move them forward with **evidence based interventions**.”* The other half of CCO interviewees discussed the alignment in terms of primary prevention more broadly with an emphasis on education. *“Parents who can take care of themselves are modeling for their children and are making quality decisions for their children – education, oral health, **regular school attendance**, etc.”*

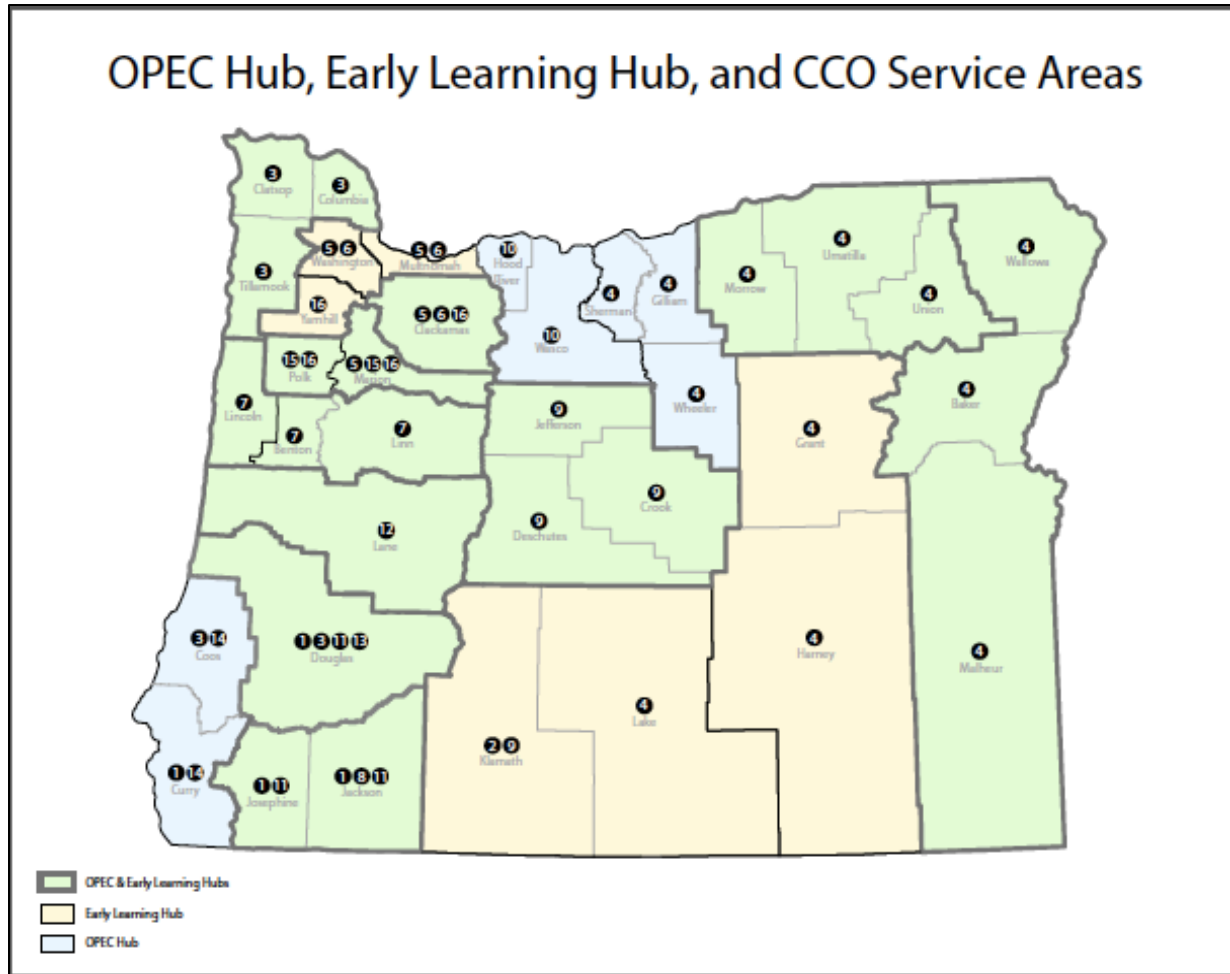
Though able to provide this general articulation that parenting education is an important tool for primary prevention work, CCO interviewees had more difficulty identifying specific CCO metrics that could be impacted by parenting education. Developmental screenings for

children was the most frequently identified CCO metric amenable to parenting education – identified by four CCO interviewees — followed by establishment of a primary care medical home (PCMH) for children (three), adolescent well visits (two), and childhood immunizations (one). Other specific areas not included in the CCO metrics, but reflecting locally identified priorities where parenting education could be impactful, were: school readiness, mental health, and oral health indicators. One CCO respondent noted that she could

“Parent educators have relationships with people who aren’t well connected to services,”(CCO Representative).

see loose alignment with several metrics *“but when loosely aligned, it is very hard to measure.”* Though CCOs are encouraged to think innovatively about how to impact health outcomes, having a strong evidence base connecting a parenting education program with long term health outcomes was identified as important. Finally, one interviewee discussed the alignment in terms of the populations parent educators serve. Noting that many of the individuals who are eligible for the services offered by the CCO do not connect with those services, she saw parent educators in her area as a vital connection between those populations and CCO services.

Other facilitators of OPEC Hub and CCO collaborations identified by both the selected OPEC Hub leaders and CCO interviewees included the existence of personal relationships and long-standing community collaborations (six interviewees). In those communities (all with existing collaborations), respondents noted that the individuals involved in current collaborations had been working together for many years. OPEC Hub leaders echoed the importance of long-standing relationships. *“So we are a very small county and it’s the same kind of people around the table for these kind of community based meetings.”* One CCO interviewee also noted that the alignment of service area had been important in their ability to develop CCO collaborations – the OPEC Hub service area lined up with one CCO’s service areas. This is not the case for many OPEC Hubs, and a lack of service area alignment was identified as a significant barrier.



Early Learning Hub coverage as of May 2015

Coordinated Care Organizations

- | | | | |
|---------------------------|------------------------|------------------------------|------------------------------|
| 1-AllCare Health Plan | 5-FamilyCare, Inc. | 9- Pacific Source – Central | 13- Umpqua Health Alliance |
| 2-Cascade Health Alliance | 6-Health care of OR | 10-Pacific Source – Columbia | 14-W. Oregon Advanced Health |
| 3-Columbia Pacific | 7-IHN – CCO | 11- PrimaryHealth | 15- Willamette Valley |
| 4-Eastern Oregon | 8-Jackson Care Connect | 12-Trillium Community | 16-Yamhill Community |

Barriers to Integration

Eleven survey respondents discussed barriers that prevent greater integration between the OPEC Hubs and their local CCOs. Three respondents reported no immediate barriers, but the other responses could be grouped into three broad categories. The most widely endorsed barrier was simply that the CCOs (or in some cases the OPEC Hubs) were so new that the CCOs and OPEC Hubs had not had an opportunity to collaborate yet (four respondents). Two respondents suggested that greater (or more explicit) alignment between the goals of the CCOs and parenting education hubs would facilitate integration, whereas two others listed time-related issues as barriers. One respondent suggested that the local CCO is too large and too busy to worry about integrating with smaller organizations like the OPEC Hub. The other respondent noted that her OPEC Hub lacked sufficient personnel to support an active collaboration with the local CCO.

In discussing barriers in greater detail with OPEC Hub administrators, all mentioned the complex organizational structures of the CCOs and expressed difficulties identifying the right people within the CCOs. OPEC Hub leaders described CCOs as having “a lot of middlemen.” The challenge of negotiating large organizations was exacerbated by the role OPEC Hubs perceived they needed to play in connecting CCOs with the education sector generally. “Sometime we feel like this tiny entity trying to get the education sector and the health sector to do things and we don’t necessarily have the leverage always to do that.” Existing personal/professional relationships were seen as the primary way they had been able to overcome those issues. Another barrier to collaboration identified by OPEC Hub leaders was the necessity of moving CCOs from “focused thinking” around funding specific programs to “collective thinking” working collaboratively to impact communities.

From the perspective of CCO interviewees, confusion around the relationship between OPEC Hubs and Early Learning Hubs was also cited as a barrier. Two CCOs were unaware of the OPEC Hub in their region though involved in Early Learning Hubs. And, others expressed it was sometimes difficult to distinguish what work was Early Learning Hub work and which OPEC Hub work for the interviews, particularly where the two hubs were very closely aligned. Early Learning Hubs have been positioned as the primary contact for CCOs in a number of ways. Early Learning Hubs are strongly encouraged by the state to develop relationships with the CCOs (Oregon Early Learning, 2015). In Yamhill County, the local CCO serves as the backbone organization for the Early Learning Hub. In other counties, CCO interviewees reported that most (7) have a member of the CCO,

“[Early Learning] Hubs and CCOs will work closely together around ensuring health in early childhood and prospective [Early Learning] hubs are encouraged to bring local CCO leadership into the conversation” (ORearlylearning.com)

generally the interviewee, sitting on the local Early Learning Hub governing body. Additionally, where OPEC Hub performance metrics (Exhibit A) do not directly align with CCO metrics (Exhibit C), Early Learning Hub goals (Exhibit B) are directly aligned. Two of the most common areas of focus under the overarching goals for Early Learning Hubs - developmental screenings and patient centered medical homes for children - are also core CCO metrics (Early Learning Division, 2015). Consequently, CCOs stated that they primarily looked to Early Learning Hubs and relied on them to provide or arrange for parenting education programming where appropriate. One OPEC Hub involved in the development of the local Early Learning Hubs expressed concern that though parenting education was always part of the discussion in establishing the Early Learning Hub, it is not listed as one of the priority areas for those hubs.

Another barrier for CCOs in establishing relationships with OPEC Hubs was that the CCOs are still developing community engagement strategies and/or infrastructure. Two CCOs are still establishing strategic plans for community engagement and staffing. Individual CCO interviewees identified CCO staff turnover, administrative structural barriers within the CCO and limited CCO personnel as additional barriers to developing relationships with OPEC Hubs. Two CCOs provided some information for this report but declined a full interview citing lack of staff or departure of the staff who were knowledgeable in the area of parenting education.

Future Funding for Parenting Education

Most of the CCO interviewees (7) indicated that they would be interested in or had specific plans to incorporate or fund parenting education programming. Those CCOs that were still building internal capacity (2) were generally supportive of parenting education but indicated they did not know what discretionary funding would be available or what the processes or criteria for allocating funds would be. The interviewee from a CCO that is currently supporting parenting education did note that she did not see it as the CCO's role to provide direct funding for community based services but rather to support integration and leverage the existing resources in the community. Much of the current funding from CCOs comes from temporary funds to accelerate health system transformation rather than the more permanent membership based funds the state provides to CCOs.

Evidence based programming was considered essential to most of the CCO interviewees, though two interviewees expressed a willingness to support "time tested" programming in their communities and felt that the quality of the personnel is as important as the evidence base for programs. Most CCOs defined evidence based as included in the Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. At least one CCO agreed to a waiver of its usual requirement that all programming be evidence based to support Make Parenting a Pleasure (MPAP), a curriculum included on the Strengthening Families Promising Programs list which was the predecessor to current national registries. SAMHSA has provided funding to the vendor of MPAP to conduct studies that will enhance their ability to be included on the current registry.

Advice for OPEC Hubs

Both selected OPEC Hub leaders and CCO interviewees were asked what advice they might give an OPEC Hub seeking to establish or strengthen a partnership with their local CCO(s). Two OPEC Hub leaders indicated in both the survey and follow up interviews that getting connected with their Early Learning Hub was crucial and would facilitate additional collaboration. "***Early Learning Hubs should promote the OPEC Hubs and connect them with CCO resources.***" The CCO interviewees echoed this recommendation. Half of CCO interviewees discussed the alignment of OPEC Hubs with Early Learning Hub and advised that OPEC Hubs align more strongly with their local Early Learning Hub.

Five of the CCO interviewees also noted that educating staff at the CCOs about parenting education was a good way to start and suggested several avenues for providing that education. All CCOs have Consumer Advisory Councils (CACs) that provide an avenue for community organizations to participate in identifying local health needs and bring programming ideas to the CCO. Requesting time at one of the CAC meetings or inviting a CAC representative to a hub meeting was suggested as an avenue to begin the partnership. In educating CCO staff, two CCO interviewees noted that emphasizing the evidence base supporting parenting education and highlighting the OPEC performance measurement program were important components. Two CCO interviewees also recommended making explicit connections between parenting education

programming and the CCO metrics. Two CCO interviewees highlighted the connection between the Community Health Needs Assessments and support of parenting education. One suggested that the main reason parenting education was not currently included in CCO funding is that it was not identified in the Community Health Needs Assessment and subsequent Community Health Improvement Plan. Another indicated that parenting education was identified as a need in that assessment process and consequently prioritized in the local Community Health Improvement Plan. She suggested that OPEC representatives be involved in those assessment and planning activities in their communities. One OPEC Hub leader made the same recommendation, suggesting that her counterparts should be “physically present at the table” from the community health needs assessments.

Recommendations

1. **Connect with Early Learning Hubs.** Almost all CCOs noted that they looked to their Early Learning Hubs for parenting education. The state requirement that Early Learning Hubs and CCOs connect also positions the Early Learning Hubs to coordinate related services.
2. **Develop personal connections.** CCOs with existing collaborations had *previous relationships* among early learning, parenting education, prevention, and CCO staff.
3. **Know who to talk to.** CCO staff involved in parenting education seems to be housed primarily in “community engagement,” “prevention,” or “integration” offices within the CCO and many engage through the chair of their Consumer Advisory Council.
4. **Understand how CCOs decisions will be made.** CCOs do not have a consistent governance structure and different bodies in each CCO make funding decisions. One CCO, for example is community owned and the Early Learning Hub is part of the governing body. In contrast, another does not contract directly with services providers but provides funding to three managed care organizations that maintain the direct relationships with service providers. Consumer Advisory Councils also have varying levels of ability to directly fund activities.
5. **Align with CCO Service areas.** The disconnect in service areas for CCOs, Early Learning Hubs, and OPEC Hubs creates significant challenges. Where several OPEC Hubs service a CCO’s membership, *joint proposals* may facilitate collaboration with the CCOs.
6. **Continue to develop the evidence base.** CCOs are *most likely to invest where they see evidence of a link to long term cost savings*. They already see a connection between parenting education and some of their metrics, specifically developmental screenings, children with a patient centered medical home, and adolescent well child visits. *OPEC could assist by developing scripting and/or resources for OPEC Hub leaders* to discuss the impact of parenting education on these and other health outcomes.

7. **Convene a meeting** of CCOs, Early Learning Hubs and OPEC Hubs to further the *education of CCOs* and to explore the optimal relationship between the three organizations.

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Exhibit A: OPEC Hub Performance Measures

Goal: Increase positive parenting capacity	
Objectives	Indicators
Increase in parent participation in parenting education opportunities	<ul style="list-style-type: none"> • Number of parent education sessions and number of participants • Number of home visits • Number and type of workshops, family events and participants • Participant satisfaction • Characteristics of parents receiving parenting education
Increase in parent knowledge of appropriate parenting practices	<ul style="list-style-type: none"> • Increase in parenting skills • Improved child behavior • Decrease in parent stress • Increase in parent knowledge of age appropriate behavior • Increase in parental networks and informal support systems with other parents in the community
Increase in parent-school involvement Improved family-school relationships Increase in frequency of family literacy activities	<ul style="list-style-type: none"> • Number and characteristics of parents participating in school readiness-related programs (e.g. family literacy)
Goal: Increase Organizational Capacity	
Objectives	Indicators
Improved advisory board functioning (i.e. diversified representation, shared resources, etc.) Defined organizational mission and vision	<ul style="list-style-type: none"> • Number and characteristics of Advisory Board members • Number of Advisory Group meetings per year
Staff time dedicated to implementation of parenting education Improved staff and facilitator retention rates Increase in trained parent educators	<ul style="list-style-type: none"> • Sufficient Staff FTE • Number of parent education facilitators trained • Staff and facilitator retention rates
Sustainability planning	<ul style="list-style-type: none"> • Diversity of funding received • Type and amount of leveraged resources • Completion and updating of Strategic Plans
Goal: Increase in community capacity and ownership for family-focused programming	
Objectives	Indicators
Effective marketing to promote positive parenting Community penetration and awareness of the importance of parenting education	<ul style="list-style-type: none"> • Types of marketing strategies used to promote positive parenting • Improvement in community perceptions of parent education • Enhanced support of key community leaders
Increased number of referrals	<ul style="list-style-type: none"> • Number of referrals by partners

<p>Improvement in collaboration and linkages between communities, schools, and agencies</p> <p>Coordination of community efforts to offer or promote parenting education</p> <p>Decrease in fragmentation of services</p>	<ul style="list-style-type: none">• Number of collaborative meetings and participants• Number of collaborative activities with local schools• Number of coordinated efforts to offer or promote parenting education
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Exhibit B: Early Learning Hub Metrics

Outcome	Improvement Metrics
Kindergarten Readiness	<ul style="list-style-type: none"> • Increase the number of children served by high-quality early learning environments as measured by the statewide Quality Rating and Improvement System (QRIS) • Improve readiness for kindergarten as measured by the statewide Kindergarten Readiness Assessment.
Family Stability	<ul style="list-style-type: none"> • Increase the number of children who receive developmental screening prior to age 3. • Increase the number of children with access to a patient centered primary care home (PCPCH).
System Coordination	<ul style="list-style-type: none"> • Increase the number of at-risk children served across the system. • Decrease the cost of service (decreasing administrative overhead). • Decrease the age of onset services.

Note: This metrics are in the process of being updated. Final Early Learning Hub Metrics will be available in August, 2015.

Exhibit C: CCO Metrics

CCO Incentive and State Performance Measures

CCO Incentive Measures <i>CCOs are accountable to OHA</i>	State Performance Measures <i>OHA is accountable to CMS</i>
Alcohol or other substance misuse (SBIRT)	Alcohol or other substance misuse (SBIRT)
Follow-up after hospitalization for mental illness (NQF 0576)	Follow-up after hospitalization for mental illness (NQF 0576)
Screening for clinical depression and follow-up plan (NQF 0418)	Screening for clinical depression and follow-up plan (NQF 0418)
Follow-up care for children prescribed ADHD meds (NQF 0108) ³	Follow-up care for children prescribed ADHD meds (NQF 0108)
Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)	Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
PC-01: Elective delivery (NQF 0469)	PC-01: Elective delivery (NQF 0469)
Ambulatory Care: Outpatient and ED utilization ⁴	Ambulatory Care: Outpatient and ED utilization
Colorectal cancer screening (HEDIS)	Colorectal cancer screening (HEDIS)
Patient-Centered Primary Care Home Enrollment	Patient-Centered Primary Care Home Enrollment
Developmental screening in the first 36 months of life (NQF 1448)	Developmental screening in the first 36 months of life (NQF 1448)
Adolescent well-care visits (NCQA)	Adolescent well-care visits (NCQA)
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF 0018)
Diabetes: HbA1c Poor Control (NQF 0059) ⁵	Diabetes: HbA1c Poor Control (NQF 0059)
CAHPS adult and child composites: <ul style="list-style-type: none"> • Access to care • Satisfaction with care 	CAHPS adult and child composites: <ul style="list-style-type: none"> • Access to care • Satisfaction with care
EHR adoption (Meaningful Use 3 question composite)	EHR adoption (Meaningful Use 3 question composite)
Mental and physical health assessment within 60 days for children in DHS custody	
	Prenatal and postpartum care: Postpartum Care Rate (NQF 1517)
	Plan all-cause readmission (NQF 1768)
	Well-child visits in the first 15 months of life (NQF 1392)
	Childhood immunization status (NQF 0038)
	Immunization for adolescents (NQF 1407)

³ Measure added at CMS' request. Replaced "initiation and engagement of alcohol and other drug treatment."

⁴ Measure expanded to add outpatient utilization rates at CMS' request.

⁵ Measure substituted for "D3: diabetes care composite" measure at CMS' request.

Appendix: Detail of Survey Responses

	Hub #1	Hub #2	Hub #3	Hub #4	Hub#5
Overall, how would you describe the quality of your OPEC hub's relationship with the local CCO?	Positive	None	Positive	None	Positive
Is a local CCO representative on your OPEC hub's advisory board?	Other	Other	Yes	No	No
Do you or a member of your team currently serve on the local CCOs / advisory board?	No	Other	No	Yes	Yes
Do you or a member of your team currently serve on any community boards or committees that a representative of your CCO also serves on?	Yes	Yes	Yes	Yes	Yes
Does your OPEC hub currently receive funding from its local CCO?	No	No	No	No	No
How often does the local CCO refer parents to your OPEC hub? (More than Rarely)	No	No	N/A	No	No
How often does your OPEC hub refer parents to the local CCO? (More than Rarely)	No	No	N/A	Yes	No
How often does your OPEC hub share financial resources with the local CCO?	No	No	N/A	No	No
How often does your OPEC hub share physical resources (e.g. space, equipment) with the local CCO?	No	No	N/A	No	No
How often does your OPEC hub share personnel with the local CCO?	No	No	N/A	No	No
[D]oes your OPEC hub's mission align with the mission of / your local CCO?	NA	Unsure	Yes	Yes	Yes
Briefly list any factors that facilitate collaborations between / your OPEC hub and the local CCO:	NA	EL Hub	Working	Working	EL Hub; Working
Briefly list any barriers that prevent your OPEC hub from working / more closely with the local CCO:	NA	New	New	None	NA

	Hub #6	Hub #7	Hub #8	Hub #9	Hub #10
Overall, how would you describe the quality of your OPEC hub's relationship with the local CCO?	Positive	Positive	Positive	None	Positive
Is a local CCO representative on your OPEC hub's advisory board?	Other	Other	No	No	Yes
Do you or a member of your team currently serve on the local CCOs / advisory board?	No	Other	No	No	Yes
Do you or a member of your team currently serve on any community boards or committees that a representative of your CCO also serves on?	Yes	Yes	Yes	No	Yes
Does your OPEC hub currently receive funding from its local CCO?	Unsure	In Process	No	Yes	Yes
How often does the local CCO refer parents to your OPEC hub? (More than Rarely)	Yes	No	No	No	No
How often does your OPEC hub refer parents to the local CCO? (More than Rarely)	No	No	Yes	No	Yes
How often does your OPEC hub share financial resources with the local CCO?	No	No	Yes	No	No
How often does your OPEC hub share physical resources (e.g. space, equipment) with the local CCO?	Yes	No	No	No	Yes
How often does your OPEC hub share personnel with the local CCO?	No	No	Yes	No	Yes
[D]oes your OPEC hub's mission align with the mission of / your local CCO?	Yes	Yes	Yes	Unsure	Yes
Briefly list any factors that facilitate collaborations between / your OPEC hub and the local CCO:	None	Working	Working	N/A	Working
Briefly list any barriers that prevent your OPEC hub from working / more closely with the local CCO:	Time	Alignment	None	Time	Alignment

	Hub #11	Hub #12	Hub #13	Hub #14
Overall, how would you describe the quality of your OPEC hub's relationship with the local CCO?	Neutral	Positive	Positive	Positive
Is a local CCO representative on your OPEC hub's advisory board?	No	Yes	Yes	Yes
Do you or a member of your team currently serve on the local CCOs / advisory board?	Other	Yes	Yes	Yes
Do you or a member of your team currently serve on any community boards or committees that a representative of your CCO also serves on?	Yes	Yes	Unsure	Yes
Does your OPEC hub currently receive funding from its local CCO?	No	No	No	Yes
How often does the local CCO refer parents to your OPEC hub? (More than Rarely)	No	No	Yes	No
How often does your OPEC hub refer parents to the local CCO? (More than Rarely)	No	N/A	Yes	Yes
How often does your OPEC hub share financial resources with the local CCO?	No	No	No	Yes
How often does your OPEC hub share physical resources (e.g. space, equipment) with the local CCO?	No	No	No	Yes
How often does your OPEC hub share personnel with the local CCO?	No	No	No	Yes
[D]oes your OPEC hub's mission align with the mission of / your local CCO?	N/A	Unsure	Yes	Yes
Briefly list any factors that facilitate collaborations between / your OPEC hub and the local CCO:	NA	Mission	NA	Mission
Briefly list any barriers that prevent your OPEC hub from working / more closely with the local CCO:	NA	New	New	None