

ATTACHMENT A

Project Title: Oregon Early Childhood System Planning Project
Project Number:
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PROBLEM:

The state of Oregon recognized the importance of integrated services and supports to promote positive childhoods about ten years ago when the state of Oregon established the Commission on Children and Families, with representation from state agencies with missions and programs that serve children aged 0-18. From that legislation, a statewide system of services was initiated to promote preventive, integrated services in local communities, accessible to children and families.

Additional legislation required state agencies to work in partnership with local communities to conduct community-based priority setting, planning and selection of best practice strategies. The Early Childhood Team was established to focus on planning and best practices for children 0-8. While progress has been made toward integrated early childhood services, involving health and preventive care providers in the service continuum presents both challenge and promise. The need exists to engage and connect the health delivery system, such as primary care, preventive care, behavioral health care, and public health, with community-based integrated systems and with consumers and families.

GOALS AND OBJECTIVES:

The Oregon Early Childhood System Plan will strengthen partnerships, system capacity, and effectiveness of the Early Childhood System of Services and Supports through linkages and integration of health and preventive services to assure healthy, thriving Oregon children and families.

1. Identify strengths and needs of Oregon's early childhood system and service continuum for children and families.
2. Strengthen partnerships to improve integrated, coordinated, competent, and comprehensive family-based health and preventive services
3. Strengthen Oregon's plan that builds a sustainable, comprehensive early childhood system including health, education, and social services.

METHODOLOGY:

The Oregon Early Childhood System Plan Project will build on existing partnerships and structures, assess gaps in planning and services, and plan for coordinated early childhood service delivery. Interventions and service delivery models that increase linkages between private health delivery and

community resources will be explored for optimal and sustainable service implementation. Evaluations, needs assessments, reports, and surveys already conducted will provide baseline information for launching cross-disciplinary discussions to address the five early childhood areas: medical home, socio-emotional development, early education and child care, parenting skills, and family support. Strategies for providing incentives and motivation for continuous and committed participation with new and existing partners will be researched for implementation. A health advisory team will be established to involve pediatricians and other clinical practitioners, health insurers, the Oregon Health Plan (Oregon's Medicaid and SCHIP), care providers for children with special health needs, child care providers, and family representatives. The health advisory team will provide input and consultation on health outcomes and interventions for the Early Childhood Team of the Partners for Children and Families and other groups working on early childhood issues, and will seek ways for practitioners to coordinate care with local resources and programs.

COORDINATION:

The planning process will incorporate and build upon the work of the Partners for Children and Families and the Early Childhood Team. These partnerships have developed comprehensive plans and quality assurance standards. A health advisory team will be established under the leadership and coordination of the Title V program in the Office of Family Health, to provide expertise and technical assistance to the Early Childhood Team and other groups working on initiatives that serve very young children and their families. The statewide plan will include strategies that assure sustainable partnerships for planning and implementing interventions and programs.

EVALUATION:

The evaluation for the statewide plan process will reflect whether the necessary planning and evaluation elements are established, on schedule, appropriate, and sustainable to assure successful implementation of the plan. Quality measures will reflect values that assure continued participation by state, community, family, and professional leaders, are focused on early child development outcomes, and address the issues identified throughout the planning project. A logic model approach will be used to effectively link activities and products of the statewide plan to the early child development outcomes.

KEY WORDS:

Access to health care; behavioral pediatrics; child care; community based health services; community integrated service system; developmental screening; early childhood development; early intervention; emotional health; family centered health care; family centered health education; family professional collaboration; family support services; Head Start; health insurance; home visiting services; infant screening; mental health; parent education; parenting skills; provider participation; service coordination.