

# The State of Collaboration

A handbook for cross-sector partnerships between Oregon's coordinated care organizations and early learning hubs.



Oregon  
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Maternal and Child Health

# Acknowledgments

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This handbook for collaboration was possible with the partnership and support of the Early Learning Division (ELD) of the Oregon Department of Education. The ELD's early learning Hub Facilitators and hub operations team, along with the OHA Innovator Agents, were critical to the development and review of this document, particularly in the coordination of submissions from early learning hubs and coordinated care organizations across the state.

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Finally, thank you to all hubs and coordinated care organizations that submitted their partnership stories for this handbook.

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If you have a hub/CCO partnership story to share for future versions of this document or through other venues, please email [child.development@state.or.us](mailto:child.development@state.or.us) or contact your Hub Facilitator or Innovator Agent.

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# Executive Summary

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This handbook for collaboration between Oregon’s coordinated care organizations (CCOs) and early learning hubs (ELHs) offers guidance and practical solutions to CCOs and ELHs who want to create or strengthen partnerships and collaborative initiatives. The content highlights specific benefits of collaboration, tips on fostering collaboration, examples of successful partnerships between Oregon CCOs and ELHs, and links to collaboration research.

Research links the impact of adverse childhood experiences (ACEs), kindergarten readiness, behavioral health, and access to resources and concrete supports on long-term health outcomes. The research further substantiates the implicit need to develop cross-sector partnerships to coordinate services.

Oregon legislative statutes promote collaborative relationships between the state’s CCOs and ELHs to improve outcomes for children and communities.

- **Coordinated care organizations:** A community health improvement plan must be based on research, including research into ACEs, and must identify funding sources and additional funding necessary to address the health care needs of children and adolescents in the community and to meet the goals of the plan. The plan must also improve the integration of all services necessary to meet the needs of children, adolescents, and families. ORS 414.629
- **Early learning hubs:** The entity will be in alignment with, and make advantageous use of, the system of public health care and systems available through county health departments and other publicly supported programs delivered through, or in partnership with, counties and coordinated care organizations. ORS 417.827

Cross-sector collaboration is important to integrated health care. Cross-sector collaboration can increase efficiency and capitalize on natural networks and multidisciplinary interactions to improve service delivery and outcomes for clients. Particularly, the growing emphasis on health equity necessitates strategic partnerships between early learning and health care professionals to collectively and positively impact social determinants of health for young children in Oregon.

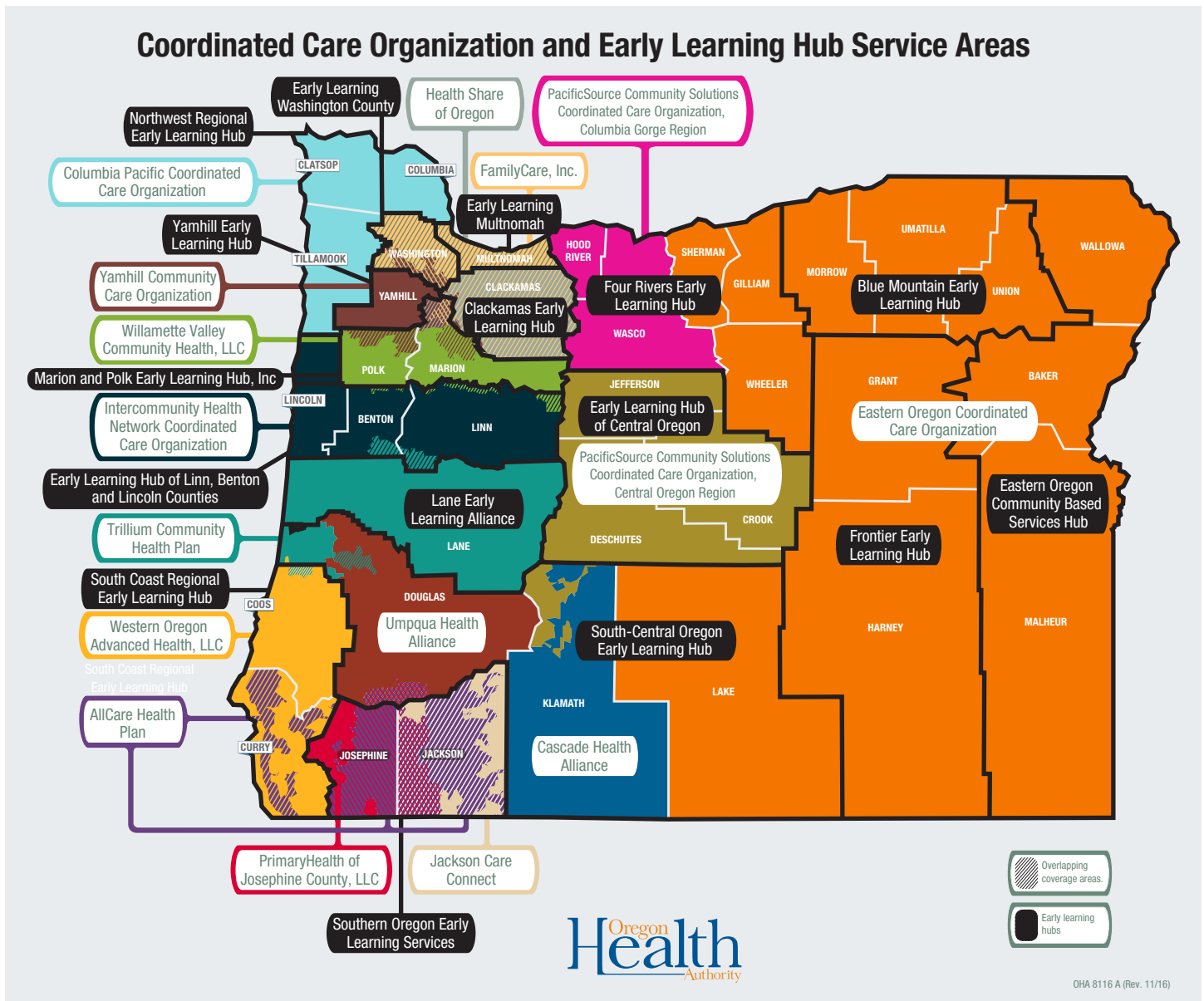
For more information about Oregon’s CCOs:

<http://www.oregon.gov/oha/OHPB/pages/health-reform/ccos.aspx>

For more information about Oregon’s ELHs:

<https://oregonearlylearning.com/current-early-learning-hubs/>

# ELH/CCO combined map



# Benefits of collaboration

There are many reasons to collaborate beyond legislative and contract compliance. Collaboration across sectors delivers benefits to service professionals and their clients.



## **Among the 36 survey\* respondents:**

91% believe collaboration is beneficial to their organizations.

90% believe collaboration between CCOs and ELHs has resulted in benefits to their mutual clients.

*\*see page 43, Project Phase 4*

These benefits can be observed at all levels within partner organizations and the communities they serve. Nonetheless, professionals within ELHs and CCOs often encounter barriers to collaboration. The desire to collaborate must outweigh the hesitance to invest in collaboration.

## **Top barriers to collaboration identified by survey respondents**

- 33% cited workload burnout or lack of capacity
- 22% identified a lack of funding
- 22% indicated lack of relationships or poor relationships

## **Paradoxically, collaboration could increase capacity, reduce workload and procure funding by:**

- Creating efficiency
- Decreasing the impact of resource scarcity
- Using economies of scale
- Increasing impact of outreach efforts
- Creating opportunities for human resource and knowledge sharing
- Expanding networking opportunities



# Benefits of collaboration (continued)

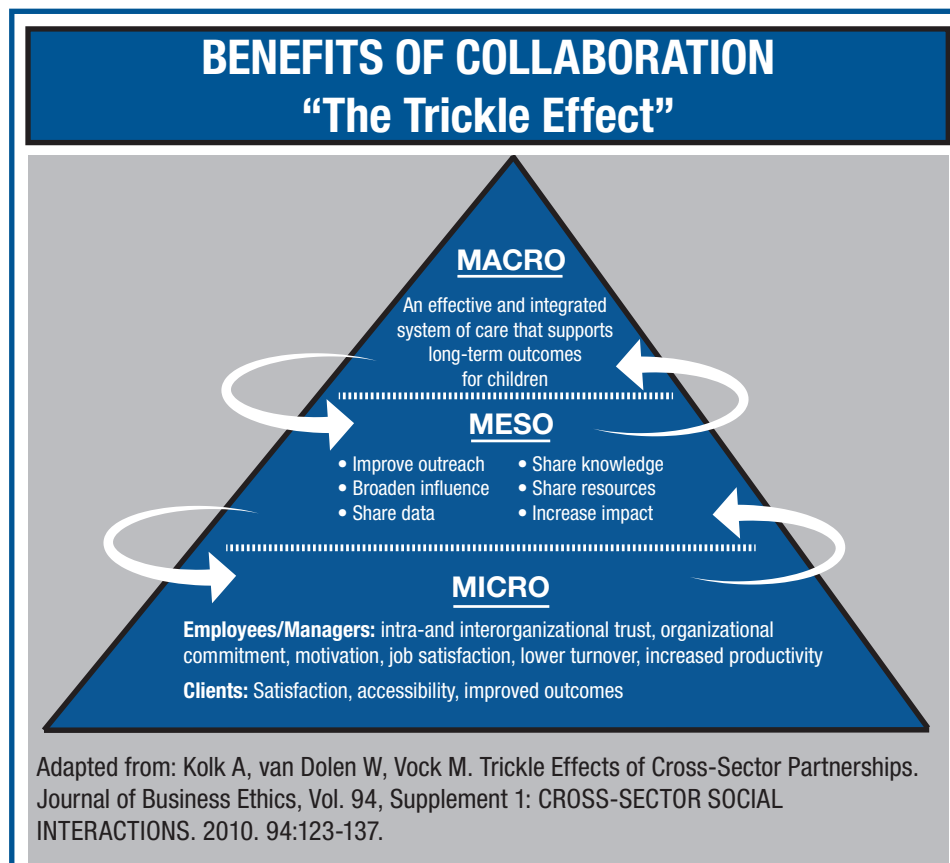
The following chart, adapted from “Trickle Effects of Cross-Sector Partnerships” illustrates how benefits of collaboration at one level transfer vertically between macro, meso and micro levels.

The macro level demonstrates the benefits to the community, which acknowledges the intrinsically linked missions of Oregon CCOs and ELHs as an effective and integrated system of care that supports positive outcomes for children.

The trickle down to the meso level creates interorganizational benefits afforded to (and between) respective partner organizations. Meso benefits create capacity and mitigate many of the barriers to collaboration identified by survey respondents.

Meso level benefits trickle down to the micro level, where intraorganizational benefits occur within the confines of individual organizations. Micro level benefits include increasing productivity and job satisfaction, while decreasing turnover.

From the micro level, benefits of a satisfied workforce trickle up to the meso level and lay a foundation for stronger interorganizational partnerships. These strengthened partnerships trickle up to the macro level, ultimately supporting shared goals and outcomes that produce communal benefits.



# Approaches to collaboration

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Our interviews with stakeholders around the state of Oregon show a strong desire to collaborate, while revealing a lack of knowledge in how to form cross-sector partnerships between CCOs and ELHs.

Collaborative visioning, consensus-building, clear definitions of goals and objectives, shared accountability, and a demonstrated commitment of individuals and organizations to act, are among the primary drivers of successful partnerships.

Synthesizing existing empirical evidence with local stakeholder feedback indicates the most successful collaborations are founded on existing relationships between individuals in their respective organizations who consistently and strategically pursue opportunities for partnerships.\*

The following segment of the handbook describes three approaches to forming and maintaining cross-sector partnerships:

- Task-based collaboration
- Contribution-based collaboration
- Relationship-based collaboration

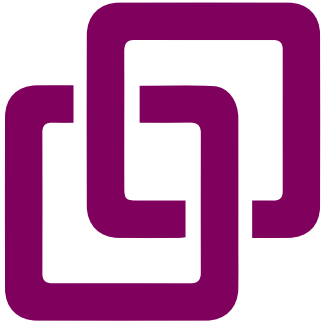
Each of these subsections defines a collaborative approach, identifies its function and gives tiered examples of collaborative practices. These tiers acknowledge aspiring or newly formed collaborations will be best served by using less intensively integrative processes. These suggestions will be identified as Tier 1 approaches.

Approaches requiring an intermediate level of cross-sector experience and interactions will be identified as Tier 2. Some communities with an established history of successful collaborations may take approaches that require more complex systemic interactions. The highest level of collaborative approaches will be identified as Tier 3.

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\* Magee M. Qualities of enduring cross-sector partnerships in public health. *Am J Surg.* 2003;185(1):26–9.





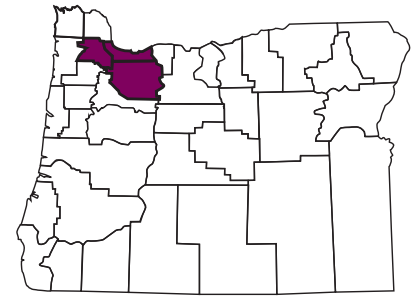
## SECTION I

# Task-based collaboration

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Successful collaborations can, and often do, begin without either organization making a direct financial contribution to the partnership. Task-based collaboration can lay the foundation for organizational alignment of goals, objectives, and approaches to service delivery. Task-based collaboration is especially helpful in building relationships and establishing trust between organizations and individuals within organizations.

# Early Learning Washington County; Early Learning Multnomah; Clackamas ELH; FamilyCare, Inc.; and Health Share of Oregon



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## Multnomah, Washington and Clackamas counties

The Portland Metro region is home to two CCOs and three ELHs. While this provides a multitude of ideas, resources and opportunities (recipes, ingredients and spices, if you will), it also brings with it great complexity. These five entities have met monthly over the last year and evolved into a close-knit, trusting group with shared goals that support child and family well-being across our region — our multilayer cake.

Soon after ELHs and CCOs formed, it became obvious how inefficient it was for each of the ELHs to meet separately with each CCO. Both groups shared metrics on developmental screening and a broader vision of healthy, stable and attached families with kids who are ready for school. For the sake of efficiency, alignment and collective impact, it made sense for all of us to get into the same room and have a larger regional conversation to move our work forward.

But with so many cooks and potential recipes, how would we pull this off?

It has not been without its bumps. All five organizations had their own strategic plans for their communities. All had different ways of approaching problems and different organizational cultures. We all had strong ideas of the most important ingredient needed to create our masterpiece cake. We stewed over topics; things simmered and sometimes flamed up. Topics of interest had to be put on the back burner. Throughout it all, though, what connected us all together was our shared passion and commitment to improving outcomes for kids and families.

Today, these meetings are so lively and the partnerships so strong that we can't get people to leave the room at the end of the meeting; they are too busy talking to each other. Molly Day, ELM co-director, who hosts the meetings, has to regularly turn people away who hear about the meetings and want to come. Here is what Molly says about the three rules to build a successful partnership and bridge the health care and early learning worlds:

Rule #1. Don't feed the power imbalance. By this I primarily mean don't ask for money. ELHs are poor compared to our CCO partners. And I had to convince my hub colleagues not to come into this partnership expecting funding. You can't build a partnership when the partners are unequal. Don't feed the power imbalance.

Rule #2. Set a big hairy audacious goal and at the same time work on something

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# Early Learning Washington County; Early Learning Multnomah; Clackamas ELH; FamilyCare; Inc.; and Health Share of Oregon (continued)

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that gets lift off quickly. Otherwise while the “save the world” project is lumbering down the runway you will all lose energy and steam and drift off into something that seems to be going nowhere. For us we very fortuitously picked a big hairy goal around developmental screening — more screening, assessments and interventions so that all children arrive at kindergarten developmentally on target or with a support plan in place. BUT at the same time we picked something we could get up and going quickly, and for us that was running a tri-county campaign promoting early registration for kindergarten.

Rule #3. Let the cake bake. One of the true joys of this partnership is that everyone understands the deep slow change that leads to system transformation and the pressing imperative of racial justice. And we’ve agreed to let the cake bake. There’s no one in the partnership who keeps pulling the cake out of the oven and exclaiming over the fact that the batter is still runny and therefore the whole effort is a failure. We’ve agreed to long-term benchmarks rather than short-term proof points and that gives us the energy to do the hard work for the long haul. That’s why I play gatekeeper for this group. Some people are never going to get in; you can come in if you share this same approach to baking.

Moving forward, our group is committed to using an equity lens through all our work. We are:

- Investigating cultural issues around developmental screening and referrals.
- Designing simple coordinated referral processes that work for families, clinicians and providers alike.
- Exploring data sharing.
- Looking to build some innovative pilots with the help me grow framework in our region to ensure all kids are ready for kindergarten.

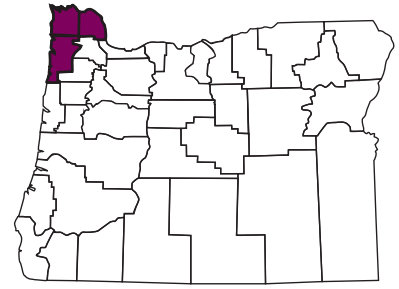
We all have a great appetite for change and are committed to making it happen together!

For more information:

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Peg King, Health Share of Oregon, [peg@healthshareoregon.org](mailto:peg@healthshareoregon.org)

# Northwest ELH and Columbia Pacific CCO



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## Clatsop, Columbia and Tillamook counties

Discussions between executive leaders of Columbia Pacific CCO (CPCCO) and Northwest ELH (NW ELH) began in December 2014 with face-to-face meetings. Although initially motivated by contract requirements, leadership within both organizations recognized the importance of health as an essential component in the success of young children and their readiness for kindergarten. Conversely, leaders also recognized that access to a quality education, including early learning experiences, is a predictor of better health. The CCO's behavioral health partner was also deeply committed to this shared work and helped drive early efforts at collaboration.

Leaders within CPCCO and NW ELH have been vital to the ongoing relationship and trust building. CPCCO and NW ELH leaders began to meet regularly, understand where the work intersects and provide clarity on where the CCO could commit to specific elements of the hub's strategic plan. The CCO now regularly attends and participates as a member of the NW ELH Governance Council.

Although there have been some challenges (most notably staff capacity), the partnership and collaboration continues to build. Both CPCCO and NW ELH have recently hired additional staff to support collaborative efforts. Strong and capable hub staff provide a stable platform for additional collaboration.

Clear connections between community leaders who work in both early learning workgroups and with CCO community advisory councils have also been established. These relationships have allowed a deeper examination of hub strategies, highlighting where a closer linkage between the hub and the CCO will add scale and impact for our region's children and families.

Each organization brings committed leadership, newly developed staff capacity and funds to leverage and support collaborative work. The strengths will be used in a new year of work together. This work includes:

- CCO participation on the NW ELH ad hoc work team to plan for 2017 health and education screening fairs, ensuring a deeper connection with the CCO and primary care.
- CCO support for outreach strategies including a kindergarten registration campaign that will increase the number of children who register early for kindergarten.

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## Northwest ELH and Columbia Pacific CCO (continued)

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- Support for expansion of high quality preschools.
- Identification of specific strategies to support expansion of efforts to prevent and address childhood trauma throughout all three counties.

Lastly, the work will also include a new NW ELH staff person who is designated to work on the strategies noted above where there needs to be a closer linkage with the CCO.

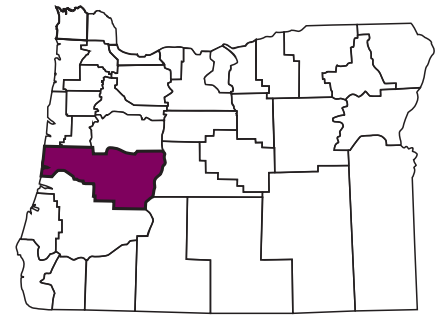
For more information:

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Mimi Haley, Columbia Pacific CCO, [haleym@careoregon.org](mailto:haleym@careoregon.org)



# Lane Early Learning Alliance Governance Consortium



## Lane County

Oregon State statutes require ELHs to operate under a governing body with representation from parents and service recipients, human service professionals, child care providers, health care providers and local government.

The Lane Early Learning Alliance’s Governance Consortium is strategically inclusive and exceeds the minimum membership requirements outlined by the state of Oregon. While the state requires representation from health care professionals, specifically incorporating a representative from the CCO aids in aligning efforts between the Lane Early Learning Alliance and Trillium, Lane County’s Community Health Plan.

All members of this governing body and their organizations have formally adopted and signed a memorandum of understanding that outlines specific roles and responsibilities. This demonstration is not reliant upon the exchange of financial resources. It serves to build relationships between the CCO and the ELH, but creates valuable opportunities for multidirectional cross-sector interactions by incorporating many community partners.

For more information:

Lindsey Hayward, Lane Early Learning Alliance, [lhayward@unitedwaylane.org](mailto:lhayward@unitedwaylane.org)

### Partnership Organizations

#### Hub

Lane Early Learning Alliance

#### CCO

Trillium

#### Other partners

Eugene 4J School District

PacificSource

United Way

Lane County

Bethel School District

Creswell School District

Oregon State Legislature

Early Learning Stakeholders

University of Oregon Early

Childhood Cares

### Key success factors

The ELH offered the CCO an opportunity to inform their decision-making body, creating a partnership that directly integrates organizational cultures and facilitates the alignment of goals and objective.



## Suggested approaches

### Integrated strategic planning

Tier 1

As a standard practice, CCOs and ELHs engage in long-term planning. Building shared tasks and activities into strategic work plans is an opportunity to identify the “low-hanging fruit” prioritized by both organizations while holding one another accountable for collaboration. Collaborating on an already required Community Health Improvement Plan establishes relationships and can also capitalize on an economy of scale in using human resources dedicated to long-term planning.

### Data sharing

Tier 2

Identify mutually relevant data and data collection processes. Develop a plan to share this valuable resource to increase capacity.

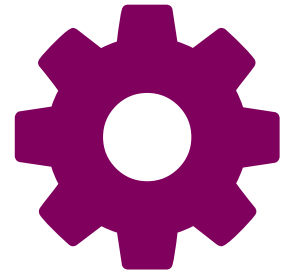
Forty-two percent of survey\* respondents reported their organizations participate in some form of data sharing.

\*see page 43, Project Phase 4

### Shared governance

Tier 3

Involve cross-sector partners to participate in the decision-making body of your organization.



# Tool for task-based collaboration

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Even when there is consensus within an organization to collaborate, individuals can be left wondering where to begin. Collaboration research and stakeholders representing Oregon CCOs and ELHs indicate process-based interactions have proven to be successful in establishing strong and effective cross-sector partnerships. The following questionnaire can be used to identify opportunities to invite stakeholder participation in your agency's initiative.

# Tasked-based opportunity guide

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Consider the governance structure within your organization.

Who comprises your organization's governing body? Who are your decision makers?  
How do you include community partners in the decision-making process?

## Suggested actions

**Formally invite participation from your desired partner agency on relevant committees, including hiring committees for your executive leadership positions.**

**Actively seek opportunities to participate in and support community efforts solicited by your desired partner agencies.**

# Tasked-based opportunity guide

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Consider what data is mutually relevant to your organization and your desired partner organization.

What data do you collect? How do you collect data? Are there barriers to sharing this data and, if so, how can they be removed? Do you have data beneficial to your desired partner organization? Are you aware of the data your desired partner organization collects or would like to collect?

## Suggested actions

**Establish a means to communicate with your desired partner organization about data collection content, process and usage. Consider multidisciplinary meetings between data professionals within your organization and your desired partner organization.**

**Develop standard releases of information that allow data sharing.**

# Tasked-based opportunity guide

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Consider your organization's long-term planning process

How is your strategic direction determined? Do you have a broad representation of stakeholders involved in your planning processes?

## Suggested actions

**Formally include stakeholders and representatives from your desired partner agencies in your strategic planning process.**

What steps have you taken to align your goals and objectives with those of your most relevant community partners?

**Collaborate on your community's Community Health Improvement Plan (CHIP).**

Identify CHIP goals or priority areas that can be affected by partners across the health and early learning fields. How do the early childhood CHIP priorities in your community align with your partners' goals, mission, etc.? Consider creating a crosswalk of CHIP priorities and aligned hub activities to guide your shared work.



## SECTION II

# Contribution-based collaboration

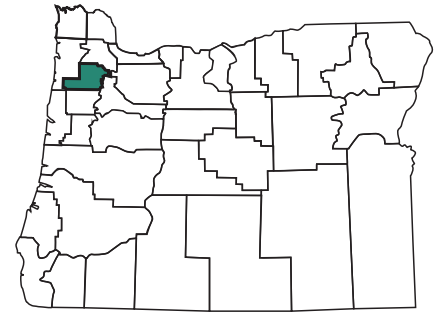
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Collaboration can transform resource-scarce organizations to resource-rich organizations. Demonstrating your commitment by offering to share resources rather than asking for a contribution from a potential partner is an effective way to establish trust, build relationships and cultivate collaboration.



# Yamhill CCO and ELH

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## Yamhill County

Since its formation in 2012, Yamhill Community Care Organization (YCCO) has devoted significant resources to upstream prevention efforts. YCCO recognizes the importance of preventative care and wraparound supports that address the social determinants of health — including education and social support networks.

Before CCOs or ELHs existed, partners from Head Start, Lutheran Community Services and Public Health met regularly to discuss ways to better serve the needs of families and children. Together they developed the Family CORE (Coordinated 0-5 Referral Exchange), which gave medical providers a simple way to refer families in need of additional supports to one central location. This partnership grew to include representation from Child Care Resource and Referral and Catholic Community Services and became the steering committee for the newly developing ELH.

Meanwhile, YCCO appointed two of these steering committee members to its board to actively address the intersection of health and education. When RFPs were released for the development of hubs, the Yamhill early learning community felt the CCO understood their mission to work collaboratively to provide coordinated systems that support healthy families and prepare children for success. Thus, YCCO was selected as the backbone for the ELH. Embedding the ELH within the CCO has supported the work of the Family CORE and allowed it to grow. It has also facilitated the delivery of developmental screenings between early childhood and medical providers and allowed for the pending creation of maternal medical homes that support underserved women before they give birth.

The development of the Early Learning Steering Committee into the Yamhill Early Learning Council brought more partners to the table, including representatives from each of the county's seven school districts. This collaboration has allowed for several additional supports to the holistic wellness of Yamhill County families and children. These address obesity and provide supports for nutrition, exercise and other lifestyle choices and include cooking and nutrition classes, Reach Out and Read in select clinics, SNACK and DASH. The Wellness to Learn program integrated community health workers in each of McMinnville's six elementary schools. These workers provide

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## Yamhill CCO and ELH (continued)

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wraparound supports for the families of children who might otherwise have fallen through the cracks.

During the 2016–17 school year, all kindergarten teachers and many preschool teachers and childcare providers are being trained in Growing Early Mindsets, a curriculum that teaches children how to develop their intelligence. Select schools are also implementing the Good Behavior Game and Family Check-up. YCCO is also in the process of subcontracting with Lutheran Community Services to implement a family support center in the Sheridan School District.

YCCO has also funded a community engagement coordinator for parent education (in partnership with Polk County) as well as service integration teams in each school district catchment area. These teams provide a platform for partners from social services, schools, the faith community and more to address the needs of specific families.

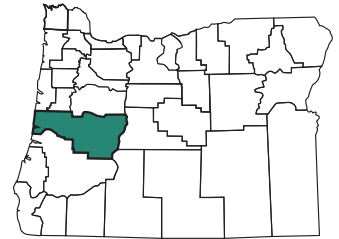
Most recently, the collaboration in Yamhill County has launched YCCO’s Family Resiliency Community Conversations, a monthly gathering of cross-sector providers to address factors that impact the development of strong children and healthy families, with topics from the societal value of quality childcare to epigenetics to trauma-informed care in both clinical and educational settings.

For more information:

Jennifer Richter, Yamhill CCO and ELH, [jrichter@yamhillcco.org](mailto:jrichter@yamhillcco.org)



# Lane Early Learning Alliance and Trillium Community Health Plan



## “Triple P” (Positive Parenting Program)

Triple P is an evidence-based parenting program. It features a multiphase rollout, incorporating cross-sector partnerships that focus on outreach through social media, advertising and printed literature. Triple P is proven to:

- Improve parenting skills
- Reduce parental stress
- Improve the health and well-being of children.

This partnership between early learning and health care professionals is underscored by disseminating parenting materials in health care settings. Early learning professionals train pediatricians to provide parenting support, advice and resources. In this case, the ELH offered training and resources to the CCO to encourage collaboration.

For more information:

Lindsey Hayward, Lane Early Learning Alliance, [lhayward@unitedwaylane.org](mailto:lhayward@unitedwaylane.org)

### Partnership organizations

#### Hub

Lane Early Learning Alliance

#### CCO

Trillium

#### Other partners

Lane Kids Parenting Now  
Lane County Public Health  
Oregon Research Institute

### Key success factors

The ELH offered resources to elicit multidirectional contributions. This ultimately resulted in shared objectives and mutual mission-driven benefits to shared clients.

**Approach potential collaborative partnerships by offering support rather than requesting it.**

### Suggested approaches

#### Share human resources

Tier 1

Regularly tell your desired partner organization about training opportunities you can offer.

Identify and offer other professional services such as helping to arrange or hold meetings.

Coordinate with your desired partner organization to co-host multidisciplinary trainings or other forms of professional development for community partners.

#### Directly fund projects or initiatives

Tier 2

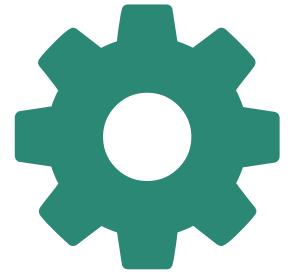
Identify potential community partner efforts that align with your organization's goals or objectives and consider how making a financial commitment to such initiatives directly serves the mission of your organization.

\*Thirty-six percent of survey respondents indicated their collaborations have relied on, or resulted in, the innovative use of shared financial resources.

#### Co-location

Tier 3

Offer available office or building space to desired partner organizations to increase the opportunity for interactions, and streamline resources and referrals for shared clients.



# Tool for contribution-based collaboration

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Early efforts to collaborate will be best received by offering resources to potential partners, rather than asking for them. Interviewees representing stakeholder groups throughout Oregon found mistrust or lack of established relationships can hinder potential collaborations. Use this questionnaire as a tool to identify what you can offer to those organizations in your community with which you wish to establish or strengthen partnerships.

# Resource inventory

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## Capital resources

Do you have an accessible meeting space that could accommodate community meetings on an ad hoc basis? Do you have available unused office space? Storage space?

### Suggested actions

**Reach out and offer to host meetings — either to participate or solely to provide the space.**

**Identify relevant community partners who would benefit from using an office space within your agency**



# Resource inventory

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## Human resources

Is your agency funding a part-time employee on a project relevant to one of your desired partner organizations?

### Suggested actions

**Consider creating a complementary part-time position and share the expenses of the FTE.**

Do you have a robust volunteer base?

### Suggested actions

**Consider how you can leverage your volunteers to support your partner organizations' needs and your shared work.**

# Resource inventory

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## Human resources (continued)

What trainings, classes, and workshops are you and your colleagues currently capable of providing?

### Suggested actions

**Create a menu or inventory of all the trainings, classes and workshops your organization can offer using in-house expertise.**

**Learn how your internal expertise can support the goals and objectives of desired partner organizations and offer to share this valuable resource. Consider the skills of your workforce, such as grant writing, volunteer coordination, and arranging or leading meetings.**

# Resource inventory

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## Financial resources

When considering grant opportunities, consider whether your mission or goals align with those of your desired partnership agency.

### Suggested actions

**Identify a fundable project and apply for a collaborative grant that does not use existing financial resources of either partner organization.**

Is your agency financially committed or obligated to contribute to another community agency?

### Suggested actions

**Regularly meet and communicate with potential partner organizations to keep each other apprised of potential funding streams.**



## SECTION III

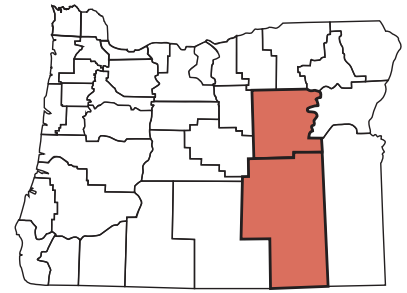
# Relationship-based collaboration

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Regions with demonstrated successes in collaborative partnerships between CCOs and ELHs frequently credit their successes to long-standing professional relationships between organizations and among individuals in the organizations.

## Frontier ELH and Eastern Oregon CCO

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The original motivation for collaboration between Frontier ELH and Eastern Oregon CCO (EOCCO) was the shared metric of increasing the percentage of children receiving a developmental screening before age 3. The EOCCO Local Community Advisory Council (LCAC) and the Frontier ELH jointly offered incentives to families that participated in our local screening event. The ground work for this collaboration was already in place through a strong relationships with community partners such as EI/ECSE, Families First Parent Resource Center, early childhood providers, the LCAC, the public schools, local health care providers and clinic administrators.

The Frontier ELH's co-directors were already members of the LCAC in both Grant and Harney counties. Consequently, the Frontier ELH coordinator was asked to become an LCAC member, and the EOCCO LCAC representative was asked to join the Frontier ELH's advisory board as a community partner. This made communication easy and meaningful.

In smaller communities, our relationships with community partners become very important. Often people take on dual roles in the community so overlap is common. These established relationships help sustain collaboration. People are familiar with working together and blending resources in communities with a large geographic area and smaller population.

There is not always a clear path for how one entity can have an impact on moving a metric for the other. Turnover with community leaders presents a challenge when relationships are key to moving metrics forward. Sometimes you have to start over and build relationships with new hires in key positions.

We have made progress by sharing needed data and by collaborating on projects that meet both the EOCCO and Frontier ELH metrics. The EOCCO shares Medicaid claims data with the Frontier ELH, who shares local data with LCAC. This helps all partners understand the services and projects being offered in the county and to look for gaps that indicate the need for community health improvement.

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# Frontier ELH and Eastern Oregon CCO

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Next steps will be to continue to strengthen established relationships and to develop new partnerships with community members who are not currently at the table. The Frontier ELH and the Grant and Harney Community Advisory Councils will meet challenges together, look for ways to solve disparities in our community, collaborate on overlapping objectives and work together to improve health and education outcomes for children and families living in our region.

For more information:

Donna Schnitker, Frontier ELH, [schnitkd@harneyesd.k12.or.us](mailto:schnitkd@harneyesd.k12.or.us)

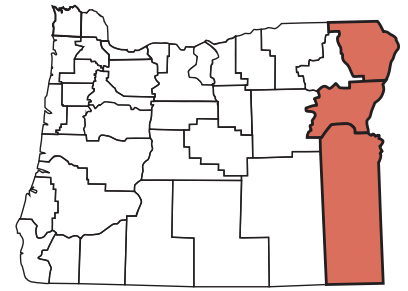
Linda Watson, Eastern Oregon CCO, [linda.watson@gobhi.net](mailto:linda.watson@gobhi.net)





# Eastern Oregon Community Based Services Hub and Eastern Oregon CCO

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## Wallowa, Baker and Malheur counties

The Eastern Oregon Coordinated Care Organization (EOCCO) and Eastern Oregon Community Based Services Hub have local advisory groups that meet regularly in Baker County. The Baker Cradle to Career Partnership (BC2C) recently moved its meeting time and date to coordinate with the EOCCO Local Community Advisory Council (LCAC). This allows us to meet jointly.

Our motivation for the collaboration was to avoid frustration in lack of awareness and coordination between health and education. We wanted to understand each other. What happened was that we really enjoyed learning and developing relationships. Our joint meetings are fun! What makes this sustainable is a thoughtful agenda with meaningful activities that allow for discussion and growth.

Joint meetings have allowed us to learn about community health workers, parent cafes and Vroom. These are good examples of how we are able to make connections between health and education. Community health workers brought parents to parent cafes. Vroom, an initiative focused on child brain development, needed a pilot site in our region that could reach as many parents as possible. The Baker County Library, our Vroom lead agency, became a resource for parents, early childhood educators, community health workers and the medical community. This expanded Vroom while connecting more community members to our local library. Relationships between partners of the Baker CAC and C2C have been evident in other aligned strategies such as the Baker Adolescent Wellness Event and oral health education, screenings and referrals.

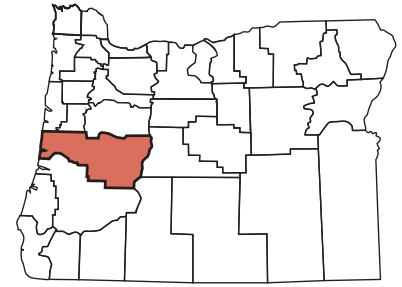
Both the CAC and BC2C want to build upon the expertise of local parents. The next step for the joint meeting is an exploration of strategies for the inclusion of parents. This is a great opportunity to think outside of the box and be creative. We will use our values-based leadership passions to become an all-inclusive collaboration.

For more information:

Kelly Poe, Eastern Oregon Community Based Services Hub, [kelly.poe@malesd.k12.or.us](mailto:kelly.poe@malesd.k12.or.us)  
Linda Watson, Eastern Oregon CCO, [linda.watson@gobhi.net](mailto:linda.watson@gobhi.net)

# Lane Early Learning Alliance and Trillium Community Health Plan

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## Pediatric Advisory Committee

This partnership was driven by leadership at the CCO and the ELH. Its membership includes representative pediatricians from each of the provider clinics. The group meets monthly to advise Trillium and the Early Learning Alliance on the implementation of several important childhood health initiatives, particularly those aimed at improving shared metrics.

The goal of the advisory group is to discuss all current initiatives and those likely to emerge that could be improved or supported by involvement of pediatric practitioners and their offices.

Recent initiatives include data sharing (specifically around shared metrics), outreach efforts, multidisciplinary trainings, and behavioral health integration.

For more information:

Lindsey Hayward, Lane Early Learning Alliance, [lhayward@unitedwaylane.org](mailto:lhayward@unitedwaylane.org)

### Partnership organizations

#### Hub

Lane Early Learning Alliance

#### CCO

Trillium

#### Other partners

Peacehealth Medical Group

Oregon Medical Group

Community Health Centers of Lane County

Eugene Pediatric Associates

### Key success factors

Existing long-term relationships between the leadership at Trillium and the Lane Early Learning Alliance facilitated communication, conceptualization and planning for this cross-sector collaboration.

TIP

**Encourage networking opportunities for new relationships and foster existing ones.**

### Suggested approaches

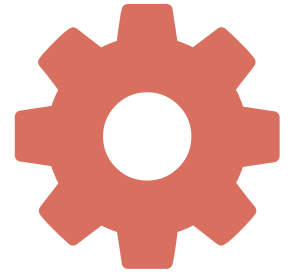
#### Increase cross-sector interactions

Tier 1

- Host brown bag lunches.
- Host roundtable discussions.
- Create opportunities for social interactions that are not outcome-driven.

#### Recruit and retain employees with established local professional networks

Identify historical key players in your community who have existing relationships with key players at your desired partner organizations.



# Tool for relationship-based collaboration

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The effective use of existing relationships between employees, board members and other volunteers at potential partnership organizations has the potential to expedite collaborative buy-in, streamline processes and solidify commitment. If your organization has such relational assets, consider maximizing opportunity by declaring a mutual commitment to collaborate.

Use these tools to define respective commitments within the collaborative agreement and clearly outline specific responsibilities.

# Relational assets questionnaire

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The relational assets questionnaire allows organizations to identify existing valuable relationships, as well as opportunities for outreach and growth.

The Commitment of Collaboration form can ensure continuity of collaboration should specific employees whose existing relationships established the partnership leave an organization.

## Existing relationships

Do you have staff, board members or other volunteers who have long-standing relationships with cross-sector professionals?

### Suggested actions

Survey internal stakeholders to identify existing cross-sector professional relationships.

# Relational assets questionnaire

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## Existing relationships (continued)

Have you taken action to ensure the longevity of your partnership (e.g., creating a memorandum of understanding or working toward relationships that don't rely on specific individuals)?

### Suggested actions

**Use relationships between specific employees, board members or other volunteers and incorporate them officially with the Commitment of Collaboration form included in this handbook.**

# Relational assets questionnaire

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## Developing relationships

Do you provide opportunities for your staff, board members or volunteers to interact with desired cross-sector partners?

### Suggested actions

**Host a brown bag lunch or round table to discuss issues of mutual concern.**

**Invite desired partner organizations to participate in outreach efforts, such as tabling with information at health fairs or other outreach events.**

What types of events does your organization host?

**Invite desired partner organizations to annual events or to an exclusive open house.**

# Relational assets questionnaire

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## Build cross-sector understanding

Do you have knowledge of your desired partner organization's governance system or structure? Do you know who the key players and decision-makers are in your desired partner organization?

### Suggested actions

**Spend some time researching your desired partner organization. Look for resources such as organization charts or staff lists available on websites. Map out the individuals on their management and governance teams.**

**Reach out to someone in a leadership position and ask them to help you develop this knowledge, while offering to share information about your organization.**



# Commitment of Collaboration form

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ORGANIZATION: [ELH name here]  
[Describe your organization and its mission]  
[Describe your organization's primary functions]

ORGANIZATION: [CCO name here]  
[Describe your organization and its mission]  
[Describe your organization's primary functions]

This partnership will recognize and support shared outcomes and goals, common metrics and data collection, mutually reinforcing activities and communication strategies.

As partners dedicated to providing coordinated services to children and families in [service area], [CCO and ELH] commit to the shared ownership of community wellness by:

- [Suggested project or initiative]
- [Suggested project or initiative]
- [Suggested project or initiative]
- [Suggested project or initiative]
- [Suggested project or initiative]

ELH signature and date: \_\_\_\_\_

CCO signature and date: \_\_\_\_\_

## Term of commitment.

This commitment represents the current nature of the partnership of the stated organizations and the missions of [authoring organizations] as of the date noted above and will continue in good faith for one year.

The commitment will renew automatically for additional terms of one year each, unless there is agreed upon reason to augment or delete commitments at which time the document will be amended.

# Methods



The development of this handbook began in January 2016. Theya Harvey , a graduate student researcher from the University of Oregon’s Department of Planning, Public Policy and Management developed the following research questions to determine handbook content:

1. What strategies, tools, and approaches can CCOs and ELHs utilize to facilitate effective collaboration?
2. What are the potential benefits to establishing and/or improving collaboration between CCOs and ELHs?

## Phase 1

Theya Harvey convened several meetings of the research team to establish foundational subject knowledge and discuss best approaches to derive meaningful and useful data from representative stakeholders across the state of Oregon. The research team included:

- Theya Harvey, University of Oregon Department of Planning, Public Policy, and Management
- Marian Blankenship, Vice-President, Government and Community Relations, PacificSource Health Plan and Executive Director, PacificSource Foundation for Health Improvement
- Lindsey Hayward, Director of Education, United Way of Lane County
- Bethany Steiner, Project Advisor, University of Oregon Department of Planning, Public Policy and Management
- Liz Stuart, Child Systems Collaboration Coordinator, Oregon Health Authority

## Phase 2

Ms. Harvey reviewed 12 journal articles addressing cross-sector partnerships, professional relationship-building, integrative leadership and the benefits of collaboration.

# Methods (continued)

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## Phase 3

Given its geographical proximity to the research institution, increased access to stakeholders, and extensive history of successful collaborations, Ms. Harvey selected Lane County as the demonstration county. Ms. Harvey conducted interviews with the following Lane County stakeholders:

- Debi Farr, government relations manager, Trillium Community Health Plan
- Jennifer Webster, Lane County Public Health
- Taylor Ludtke, United Way of Lane County
- Lindsey Hayward, United Way of Lane County
- Judy Newman, Early Childhood Cares, University of Oregon

## Phase 4

Based on findings from Phase 3, the research team surveyed statewide stakeholders representing early learning and health care system professionals. The survey yielded 36 responses in total: 19 from CCO representatives and 17 from ELH representatives. To solicit unencumbered feedback, respondents were not asked to provide identifying information — including geographical location.

## Phase 5

Ms. Harvey combined data from the research team, collaboration literature, interviews and survey respondents to develop handbook contents.

# Methods (continued)

## Phase 6

Fall 2016

To ensure representation from every ELH and CCO in Oregon, OHA's child systems collaboration coordinator worked with the Early Learning Division to solicit collaboration narratives from ELH/CCO partnerships across the state. A submission form and instructions were sent to all ELHs and CCOs through the ELD hub facilitators, OHA innovator agents and other venues such as the ELD's hub update newsletter.

Instructions for submissions were:

1. All narratives must be submitted jointly by ELH and CCO partners.
2. The goal of these narratives is to step away from a focus on specific projects and to demonstrate the key qualities that drive your collaboration and describe key learnings and “aha” moments that other communities can learn from and build upon. Submissions should take a “story” form with a beginning, middle and end/future steps.
3. Submissions should be no longer than 600 words and should address the following questions:
  - What was the original motivation for collaboration between your ELH/CCO and how did collaboration come about?
  - What sustained the collaboration over time?
  - What challenges have you encountered and how have you addressed them?
  - How does each organization support the collaboration?
  - What progress have you seen in the last year?
  - What are the next steps you plan to take?
4. All submitted narratives will be included in the handbook.

The request for submissions opened in early September 2016, with submissions due to OHA by Oct. 15, 2016. Narratives were received from five ELH/CCO partnerships, not including Lane County, which was already featured in the handbook.

The narratives throughout this handbook highlight the diverse histories and structures of ELH and CCO partnerships in Oregon.

If you have a ELH/CCO partnership story you would like to share in future versions of this handbook or through other venues, please email [child.development@state.or.us](mailto:child.development@state.or.us) or contact your Hub Facilitator or Innovator Agent.

# Literature reviewed

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The articles listed below informed the contents of this handbook. They offer further background information, strategies and examples of collaborative outcomes.

Collins-Camargo C, Armstrong M, McBeath B, Chuang E. Promoting Cross-Sector Partnerships in Child Welfare: Qualitative Results from a Five- State Strategic Planning Process year. *Child Welfare*. 2013;92(1):33–63.

Crosby BC, Bryson JM. Integrative leadership and the creation and maintenance of cross-sector collaborations. *Leadersh Q*. 2010;21(2):211–30.

Kolk A, van Dolen W, Vock M. Trickle Effects of Cross-Sector Social Partnerships. *J Bus Ethics*. 2010;94(SUPPL. 1):123–37.

Le Ber MJ, Branzei O. (Re)Forming Strategic Cross-Sector Partnerships: Relational Processes of Social Innovation. *Int Assoc Bus Soc* [Internet]. 2010;49(1):140–72. Available from: <http://bas.sagepub.com/cgi/doi/10.1177/0007650309345457>

Magee M. Qualities of enduring cross-sector partnerships in public health. *Am J Surg*. 2003;185(1):26–9.

Mattessich PW, Rausch EJ. Cross-sector collaboration to improve community health: a view of the current landscape. *Health Aff (Millwood)*. 2014;33(11):1968–74.

Morse RS. Integrative public leadership: Catalyzing collaboration to create public value. *Leadersh Q*. 2010;21(2):231–45.

Original Layout Concept and Design: Steve Joslin

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