Chairs Gilliam, Tomei and members of the HHS Committee

MEASURE: <u>HB</u> 4165 EXHIBIT: <u>11</u> 2012 SESSION H RULES DATE: **2 8 1 PAGES:** 7 SUBMITTED BY: <u>Hillary Saraceno</u>

m Hillary Saraceno, director of the Des. Co. CFC. Thank-you for opportunity to stify on behalf of Des. Co. Commissioner Tammy Baney and behalf of Deschutes. Co. BoCC

For the record, Deschutes County CFC has a long history of successfully:

- 1. identifying needs and gaps in the community
- 2. bringing the community together to find solutions to address local needs
- 3. investing in EB programs, projects and initiatives that get results
- 4. <u>ensuring accountability</u> for investments and achieving client and program level outcomes for investments

The Des. Co. CFC has served as a catalytic leader with efforts <u>resulting in long-lasting changes</u> and <u>implementing innovative strategies</u> that have changed the conditions and outcomes for children and families. Examples:

- Family Access Network (FAN) established school based family <u>advocates in</u> <u>all public schools</u> in the Bend-La Pine, Redmond and Sisters school districts – this program is an excellent early example of the "Family Resource Manager" model being proposed (screening and referral, brokering services for families identified as at-risk)
- <u>MA Lynch Elementary Community School Pilot</u> Lead partner in providing "see" money and leadership to establish CS demonstration site in a very high risk school in terms of SES needs of students, math and reading scores. Through public-private partnerships and innovative collaborative efforts, have significantly improved reading and math scores among students, improved attendance, parent involvement, and significantly improved academic performance. From documented success, RSD was able to successfully compete for federal funds to expand initiative throughout the district
- Local CFC is playing significant leadership and technical support role to expand the CS initiative to <u>Sisters and La Pine schools</u> with similar success. As a result, MH services now available to children and families in Sisters through not only public behavioral health employees serving OHP C&F but also donated services provided by private LCSW
- Many other examples of very successful and sustainable changes in our community resulting in client outcomes (i.e. safely reducing # of children in Foster Care and expanding services to runaway and homeless youth resulting in 94% of youth served demonstrating academic progress and re-engagement in school – in youth who were previously dropouts)

The point being, in Deschutes Co. we are very committed to:

- 1. achieving outcomes
- 2. maximizing resources
- 3. building on assets and strengths
- 4. finding solutions
- 5. and takes pride in having a "can-do" attitude and pioneer spirit

In that spirit, Deschutes County and the Central Oregon region are committed to

- 1. finding a way to make both the education and health care reform efforts work
- 2. to do everything we can to assist in helping to make this work.

And...more importantly, the <u>Central Oregon region is Ready</u> to assist in this reform effort and to help make it a success!

That said, Crook, Deschutes and Jefferson County <u>have been working with the</u> <u>several schools, regional ESDs, NeighborImpact (Community Action) on developing a</u> <u>framework option for</u>

- 1. how the early learning hub will partner with the CCO and health reform efforts
- 2. <u>how to structure it in a way we believe WILL result in efficiencies at the</u> <u>administrative level</u> (i.e. taking operations in 3 counties and merging them into one)
- 3. and will <u>result in building partnerships between education and health</u> in our community and <u>working together to more effectively improve outcomes</u> for children and families.

While we are still working on several service delivery models and have developed a framework for how this could work in our region. It is still in development, but we believe we are on the right track. We don't have time to go over the details of the framework, but in your packet have included 3 diagrams illustrating how this might work in our region.

While Deschutes Co. does not fully embrace all the changes proposed in HB 4165,

- 1. we are committed to being a part of the solution, not part of the problem
- 2. remain committed to partnering with state and local partners to make this reform a success

....and we are providing some written recommended amendments for helping us to successfully implement the proposed reform efforts. Many of these recommendations echo those being stated by others.

HB 4165 – Oregon Education Investment Board & Early Learning Council (ELC)

February 7, 2012 – Recommendations from Deschutes County Board of County Commissioners

Deschutes County Supports HB 4165 with Following Recommended Amendments

- 1. Delay elimination of local Commissions, programs and services until June 30, 2013
- 2. <u>Delay elimination of JCPAC</u> one year for transition period while forming the YDC (June 2013)
- 3. Change age range from prenatal through age 6
- 4. Support and allow ELC to provide support for early implementers or hub pilot sites
- 5. <u>Do not change name to "Community Based Coordinators"</u>. Coordinators sound like a person and may make them difficult to differentiate from, and easily confused with, Family Resource Managers (keep "Accountability" or "Early Learning" Hub, or Early Learning "Cooperative", etc.)
- 6. <u>Do not prioritize funding for gang violence</u> or involvement. The focus or priority needs to be on *the causes of delinquency or criminogenic domains* (as supported in research). Addressing these factors (i.e. poor family functioning, school failure, substance abuse), you address the core causes of all risk taking behavior among youth, including gang violence
- 7. <u>Include runaway and homeless youth funds in Youth Development Council fund</u> not DHS. Needs of homeless youth are very different than needs of homeless adults. Funds should follow these youth who are at risk of dropping out and/or becoming homeless
- 8. For accountability hub RFPs, require, encourage and/or give preference to:
 - a. Documented inclusion of, and coordination with, County Governments
 - b. Collaborative partnerships that include education, health and early childhood
 - c. Documented public-private partnerships
- 9. <u>Amend Keep Kids Safe license plate bill language</u> (see back side for recommendations)
- 10. If amendment delays elimination of local commissions through June 2013, <u>do not repeal the statutory authority of local commissions until June 2013</u> in order to allow the legislature to be satisfied with plans developed by ELC and YDC. This will help to ensure a seamless transition for children and families in Oregon
- 11. Include language to <u>ensure legislative intent of bill is honored</u> and that administrative rules are not written more narrowly than statute

Other Considerations

- 1. Preserve funding for children and families during transition year
- 2. Consider hiring a YDC director (utilizing OCCF funds transferred to ELC) or implementing some other means to ensure equitable power structure for ELC and YDC

<u>Keep Kids Safe License Plate proposed amendments to HB 4165</u> Amend section 83 subsection (6)(c) as follows:

Net proceeds of the surcharge collected by the department for Keep Kids Safe registration plates shall be deposited into an account designated by the Children's Trust Fund of Oregon Foundation to fund strategies and approaches shown to prevent or reduce child abuse. Deposits made under this paragraph shall be made at least quarterly to the account. Monies in this account shall be distributed to Counties each biennium beginning 2014. Distribution shall be according to a formula giving each county a base grant of \$1000 and the remaining monies in the account, if any, be distributed based on the percentage of license plates sold by each county. The distribution of monies will be made to each Board of County Commissioners who in turn will designate a county department to administer and award monies for the purposes noted above. At any time that the department determines that the department shall allow the Association of Oregon Counties to name another non-profit fiscal agent to administer the revenue from the sale of Keep Kids Safe registration plates and if that fails, the department may deposit the proceeds into the Oregon Food Bank Account to be used as other moneys in the account are used.

Amend section 83 subsection (8) as follows:

Notwithstanding subsection (3) of this section, the department shall design a Keep Kids Safe registration plate in consultation with the State Commission on Children and Families in consultation with the Deschutes County Children and Families Commission and the Children's Trust Fund of Oregon Foundation. The Directors of the Children's Trust Fund of Oregon and the Deschutes County Children and Families Commission shall serve as an initial Steering Committee to provide oversight and accountability on project activities.

Health Reform Background Information:

HB 3650 – Restructuring of health care to be more coordinated, efficient, accountable, and flexible. Included in this bill is the creation of Coordinated Care Organizations (CCOs). Goal of CCO is triple aim: Population health improvement, Increased quality to individuals, Reduced cost.

<u>SB 204 (2011)</u> – Allowed Crook, Deschutes and Jefferson Counties to form a regional Health Council (called the Central Oregon Health Council – COHC). This is a "public-private" board.

Also, established the "regional health improvement plan". This is a four year plan that incorporates and replaces all health and human service plans.

<u>190 Inter-Governmental Agreement (IGA)</u> – Was formed to facilitate this regional work. This group is called the Central Oregon Health Board (COHB), and is governed by three members, one Commissioner from each county. This is a "public" board.

Acronyms on this page:

CCO: Coordinated Care Organization; R-CCO: Regional CHW: Community Health Worker COHB: Central Oregon Health Board COHC: Central Oregon Health Council OHA: Oregon Health Authority RHIP: Regional Health Improvement Plan





Central Oregon Education, Health and Wellness Draft Org Chart – Diagram 1

1/30/2012



