

Baselines, Targets, and Benchmarks

Baseline:	A measure of recent activities against which future measurements will indicate change toward a desired goal.
Target:	Indicates the desired degree of improvement at the end of a period of time above the established baseline.
Benchmark:	An established standard against which the degree of change in a metric is assessed. Benchmarks typically come from outside an organization (e.g., national standards) and often represent a reference point to strive for over multiple years.
Measuring:	The shared process of developing reliable and valid data sources and reporting procedures for data-driven decision making.
Monitoring:	Ongoing dialogue with Hub Facilitator regarding processes and progress; quarterly and annual progress checks by ELD staff.
Reporting:	Quarterly and/or annual submissions of required data to ELD.
Review:	Annual end-of-year review with metric ratings determined.

When?	What?	Baseline & Target Required?	How?
Annually	1.1.A The hub has a strategic plan in place that details the role of all five sectors (business, early learning, health, K-12 education, human services) in achieving shared outcomes for children and families.	NO	MEAS: Strategic Plan & Annual Work Plan MON: Facilitator REP: Strategic Plan & Annual Work Plan REV: Annually
Annually	1.1.B The hub has active participation of leaders from all five sectors within their governance structure.	NO	MEAS: Governance meeting attendance sheets MON: Semi-annual QA visit with Facilitator REP: Semi-annually w/ att. sheets; Annual Narrative Report REV: Annually
Annually	1.1.C Memoranda of Understanding/Declarations of Cooperation (MOUs/DOCs) are in place with partners from all five sectors and specify shared outcomes and activities.	NO	MEAS: Shared agreements MON: Facilitator REP: Shared agreements REV: Annually
Annually	1.1.D MOUs/DOCs specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.	NO	MEAS: Shared agreements MON: Facilitator REP: Shared agreements REV: Annually
Annually	1.1.E The hub utilizes mechanisms to share funding and blend/braid resources	NO	MEAS: Annual Work Plan MON: Facilitator REP: Annual Narrative Report REV: Annually
Annually	1.2.A Demonstrated meaningful engagement with children and families from all of the communities served by the hub.	NO	MEAS: Strategic Plan & Annual Work Plan MON: Facilitator REP: Annual Narrative Report REV: Annually
Annually	1.3.A Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.	NO	MEAS: Strategic Plan, Work Plan, shared agreements MON: Facilitator REP: Annual Narrative Report REV: Annually

Annually	1.5.A	Hub demonstrates that their operating administrative overhead is below 15% annually.	< 15%	MEAS: Develop Strategic Plan & Annual Work Plan MON: ELD REP: Annually REV: Annually
Quarterly	1.4.A	Program participation data demonstrates increase in services to children and families from identified priority populations.	YES	MEAS: Participation data with demographics MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	2.1.A	The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.	1+	MEAS: Work Plan, shared agreements MON: Facilitator REP: Annual Narrative Report REV: Annually
Quarterly	2.2.A	Increase the number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and/or other waiting lists <u>served</u> by a Hub partner program.	YES (FY 2016)	MEAS: Data collection and reporting system; # children served MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	2.3.A	Increase in number of 3, 4, and 5-star QRIS <u>providers</u> and the number of <u>children</u> served in hub.	YES	MEAS: Hub Quarterly Data Report (ELD) MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	2.3.B	Increase in number of 3, 4, and 5-star QRIS <u>providers</u> serving children from "hot spots" and an increase in the number of <u>children</u> served in hot spots.	YES	MEAS: Hot spot identification; ELD/Hub data MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	2.4.A	Increase in percent of children who receive a developmental screen before the age of 3.	YES	MEAS: Hub Quarterly Data Report (ELD) MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	2.5.A	Increase in percentage of children enrolled in kindergarten before start of school year.	YES (FY 2016)	MEAS: Data coll. and reporting system; # children enrolled MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	3.1.A	Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.	YES	MEAS: Hub Quarterly Data Report (ELD) MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	3.2.A	Increase in the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.	YES, (FY 2016)	MEAS: Data collection and reporting system; # served MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually
Quarterly	3.3.A	Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age.	YES	MEAS: Hub Quarterly Data Report (ELD) MON: Quarterly, ELD REP: Hub QTR Reporting Workbook; Annual Narrative Report REV: Annually

The Number of Developmental Screenings Billed to IHN CCO Since 01/0

Row Labels	Count of Member Full Name
SAMARITAN PEDIATRICS	455
MID VALLEY CHILDRENS CLINIC	405
MID VALLEY PEDIATRICS	176
STEPHEN MACBAIN BURNS MD PC	53
THE CORVALLIS CLINIC PC	52
BENTON COUNTY HEALTH DEPARTMENT	51
RASH, SEAN M.	19
GSRMC HOSPITALISTS PEDI & REHABILITATION	7
SAMARITAN ALBANY GENERAL HOSPITAL GROUP	7
PEACEHEALTH MEDICAL GROUP	6
UNIVERSITY PROFESSIONAL SERVICES CDRC PORTLAND	1
SILETZ HEALTH CLINIC	1
SAMARITAN FAMILY MEDICINE SOUTHWEST	1
Grand Total	1234

01/2015 with Date of Service in 2015

HUB LOGIC MODEL

GOALS	HUB RESOURCES/ INPUTS	HUB PARTICIPATION	HUB TARGET COMMUNITIES	HUB ACTIVITIES	HUB OUTCOMES	HUB INDICATORS (SHORT-TERM ONLY)	HUB METRICS > Data Sources > Reviewed > Scoring	MEDIUM & LONG-TERM INDICATORS		
Goal 1: Early Learning System is aligned, coordinated, and family centered	Coordination Funds In-kind resources (grants, staff, volunteers, partner resources, etc.)	Families	Targeted Populations (Defined in HB 2013): Children at risk of entering school not ready to learn due to (but not limited to): (A) Living in or near poverty (B) Living in inadequate or unsafe housing (C) Having inadequate nutrition (D) Living with domestic conflict, disruption, or violence (E) Having a parent with mental illness, substance abuse, or a developmental or intellectual disability (F) Living with neglectful care	Strategic Plan (Goal 1)	<ul style="list-style-type: none"> There is a common vision and agenda for focus population of children across five sectors (health, human services, K-3 education, early learning programs, business) 	1.A. Strategic plan is in place and details the role of all five sectors in achieving shared outcomes for children and families.	> Strategic Plan and annual work plan > Annually > 1 or 2			
		Health sector			Human services	<ul style="list-style-type: none"> Catalytic and transformative leadership is demonstrated 	1.B. Demonstrated active participation of leaders from all five sectors in governance of Hub.		> Quality Assurance Site Visit sign-in sheets > Annually with semi-annual unscored reviews > 1 or 2	
		Early learning programs			K-12 education	Business community	<ul style="list-style-type: none"> All five sectors demonstrate coordination of activities 		1.C. MOU/DOC's are in place with partners from all five sectors that specify shared outcomes and activities.	> MOU/DOCs by sector > Annually > 1, 2, or 3
		Local community			<ul style="list-style-type: none"> Partners share data and information 	1.D. MOU/DOC's are in place with partners to share data about budgets, services provided and children served.	> MOU/DOCs > Annually > 1, 2, or 3			

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			<p>(G) Having unmet health care or medical treatment needs</p> <p>(H) Having a racial or ethnic minority status consistent with disproportionate overrepresentation in academic achievement gaps, child welfare, foster care, or juvenile or adult corrections.</p>		<ul style="list-style-type: none"> All five sectors can demonstrate alignment of agendas, strategies and resources 	<p>1.E. Mechanisms to share funding and blend/braid resources are actively being used and can be verified.</p>	<p>> Annual Work Plan</p> <p>> Annually</p> <p>> 1, 2, or 3</p>	
					<ul style="list-style-type: none"> The voice of families and communities served by the Hub guides the work of the Hub 	<p>2. Demonstrated meaningful engagement with children and families from all of the communities served by the Hub.</p>	<p>> Strategic Plan, Annual Work Plan, and Annual Narrative Report</p> <p>> Annually</p> <p>> 1, 2, or 3</p>	
					<ul style="list-style-type: none"> Disparities in access to services and supports are reduced and services and supports are culturally responsive 	<p>3. Demonstrated engagement with culturally-specific Community Based Organization as partners in delivery of services to children and families.</p>	<p>> Strategic Plan, Annual Work Plan, Annual Narrative Report, and MOU/DOCs</p> <p>> Annually</p> <p>> 1, 2, or 3</p>	
						<p>4. Program participation data demonstrates increase in services to children and families from focus populations.</p>	<p>> Annual Narrative Report, Hub Quarterly Reporting Workbook</p> <p>> Annually with quarterly unscored reviews</p> <p>> 1, 2, or 3</p>	

HUB LOGIC MODEL

GOALS	HUB RESOURCES/ INPUTS	HUB PARTICIPATION	HUB TARGET COMMUNITIES	HUB ACTIVITIES	HUB OUTCOMES	HUB INDICATORS (SHORT-TERM ONLY)	HUB METRICS > Data Sources > Reviewed > Scoring	MEDIUM & LONG-TERM INDICATORS
					<ul style="list-style-type: none"> Family Resource Management function has been developed 	5. Demonstrated administrative overhead below 15%.	> Annual reporting in Hub Quarterly Reporting Workbook > Annually > 1 or 2	
Goal 2. Children arrive at kindergarten ready and supported for success	School Readiness Funds (including Great Start) Kindergarten Partnership & Innovation Funds Focused Child Care Network Funds	Families Health sector Human services Early learning programs K-12 education Business community Local community		Strategic Plan (Goal 2)	<ul style="list-style-type: none"> Families are supported as their child's first and most important teachers; Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school; 	1. Demonstrated shared activities among early learning providers, families, and K-3 2. Increase number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and other waiting lists served by a Hub partner program	> Annual Work Plan, MOU/DOCs, Annual Narrative Report > Annually > 1, 2, or 3 > Annual Work Plan, Annual Narrative Report, Hub Quarterly Workbook > Annually with quarterly unscored reviews > 1, 2, or 3	1.A. Increase in percentage of children in Kindergarten with consistent school attendance by demographic group. 1.B. Decrease in disparities in percentage of Kindergarten children of color and from low-income families with consistent school attendance.

HUB LOGIC MODEL

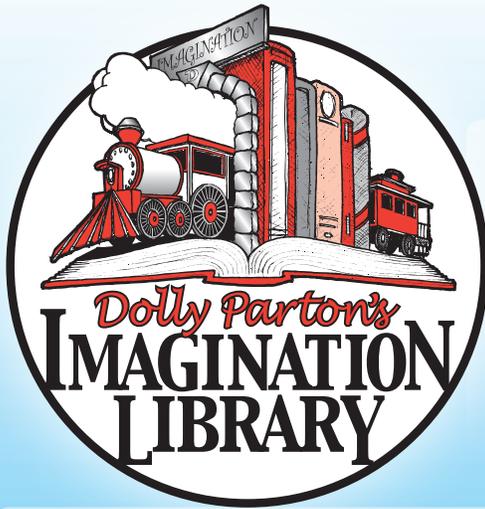
GOALS	HUB RESOURCES/ INPUTS	HUB PARTICIPATION	HUB TARGET COMMUNITIES	HUB ACTIVITIES	HUB OUTCOMES	HUB INDICATORS (SHORT-TERM ONLY)	HUB METRICS > Data Sources > Reviewed > Scoring	MEDIUM & LONG- TERM INDICATORS
	In-kind resources				<ul style="list-style-type: none"> • Early care and education programs and providers are equipped to promote positive child development; 	3.A. Increase in # of 3, 4, and 5-star QRIS providers and # of children served in hub.	> ELD QRIS data > Annually with quarterly unscored reviews > 1, 2, or 3	2.A. Increase in Kindergarten Assessment scores in each domain by demographic group.
					<ul style="list-style-type: none"> • Disparities in outcomes for children of color and from low-income families are reduced. 	3.B. Increase in number of QRIS providers serving, and # of children served in, "hot spots" (high-needs communities).	> Annual Work Plan, Annual Narrative Report, ELD data > Annually with quarterly unscored reviews > 1, 2, or 3	2.B. Decrease in disparities in Kindergarten Assessment scores for children of color and children from low-income families.
					(see Goal 2, Outcome 2)	4. Increase in percent of children who receive a developmental screen before the age of 3.	> ELD data (via OHA), Annual Work Plan, Annual Narrative Report, Hub Quarterly Reporting Workbook (optional) > Annually with quarterly unscored reviews > 1, 2, or 3	3.A. Increase in percentage of children in third grade who are reading at grade-level by demographic group. 3.B. Decrease in disparities in percentage third grade children of color and from low-income families who are reading at grade

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					<ul style="list-style-type: none"> Children and families experience aligned, culturally responsive instructional practices and seamless transitions from early learning programs to kindergarten 	5. Increase in percentage of children enrolled in kindergarten before start of school year.	> Annual Narrative Report, Hub Quarterly Reporting Workbook > Annually with quarterly unscored reviews > 1, 2, or 3	level.
Goal 3: Families are healthy, stable, and attached	Healthy, Stable & Attached Family Funds (including Family Support) in-kind resources			Strategic Plan (Goal 3)	<ul style="list-style-type: none"> Families have positive physical and mental health, supported by access to high-quality health services; Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care; Families have adequate resources to meet their needs, 	1. Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5 tier QRIS program. 2. Increase in the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.	> ELD data > Annually with quarterly unscored reviews > 1, 2, or 3 > Annual Narrative Report, Hub Quarterly Reporting Workbook > Annually with quarterly unscored reviews > 1, 2, or 3	* PROVISIONAL * * 1. Increase percentage of children that turned 2 years old during the measurement year that had specific vaccines by their second birthday. * 2. Increase percentage of children less than 4

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					<p>such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress; and</p> <ul style="list-style-type: none"> • Working families have access to safe and affordable child care that promotes positive child development. 	<p>3. Increase % of children with 6+ well-child visits by 15 months.</p>	<p>> ELD data (via OHA)</p> <p>> Annually with quarterly unscored reviews</p> <p>> 1, 2, or 3</p>	<p>years or age on Medicaid who received preventive dental services from a dental provider in the year.</p> <p>* 3. Decrease rates of child maltreatment.</p>



Based on the results reviewed in this report, it is apparent that Dolly Parton's Imagination Library's first 18 months in Middletown have proven a stunning success and that the program has the potential to evolve into one of the most vital assets in our community. Whether these successes continue as the project increases its enrollment to more and more families over coming years will be the true test of its worth.

MIDDLETOWN (OH) COMMUNITY FOUNDATION

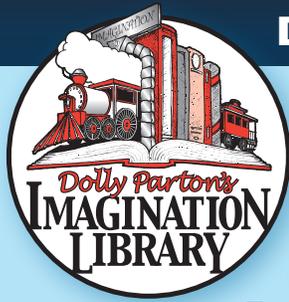
Children must be ready to succeed when they get to school (cognitively, socially, emotionally and physically) before they can learn there... And they need to have high quality learning opportunities, beginning at birth and continuing in school, and during out of school time, including summers, in order to sustain learning gains and not lose ground.

**EARLY WARNING!
WHY READING BY THE END OF
THE THIRD GRADE MATTERS
A KIDS COUNT SPECIAL REPORT
FROM THE ANNIE E.
CASEY FOUNDATION**

"If I can help just one child realize his or her dreams, then all of my dreams will have come true."

Dolly





DOLLY'S IMAGINATION LIBRARY - RESEARCH

When Dolly first launched the Imagination Library in her hometown, no one really gave much thought to researching the program's impact on children and families. The reason was quite simple – the incredible number of stories shared by parents was more than enough evidence to affirm the impact of the program. Moreover, Dolly was paying for it so if she believed, then so be it!

However, over the last 10 years, as the program grew from one small county in east Tennessee to being supported locally in almost 2,000 communities in three countries, the need for additional research grew as well. The challenge has been and will always be how to assess impact without overreaching or falling short of a realistic research objective.

THE CURRENT APPROACH ▶

Back in 2003, just two short years after the Imagination Library began to spread its wings across the country, High Scope Research Educational Foundation released the first multi-community study on the impact of the Imagination Library. In conjunction with the study, High Scope also compiled a comprehensive literature review of a history of studies which all came to the same conclusion – the single most important activity to prepare a child for a life of learning was to read frequently with the child, preferably every single day.

In addition, studies such as the M.D.R. Evans et al point to the dramatic correlation between the number of books in the home and future academic achievement. In a study of 27 nations, the researchers concluded that "Children growing up in homes with many books get 3 years more schooling than children from bookless homes, independent of their parents' education, occupation, and class."

The literature affirming the impact of the number of books in the home and the benefits of reading frequently to preschool children has guided The Dollywood Foundation through a major phase of research. The objective is simple: since the benefits of reading frequently to your child are well researched, then the research objective for the Imagination Library is to ask, "Does the program inspire families to read more frequently to their children?"

READ MORE ▶

Although more easily discounted than other approaches, simply asking parents how behaviors have changed in their home remains a valuable source of information.

The aforementioned High Scope Study was a parent survey conducted in three communities across the USA. The study yielded three important conclusions: between 66% and 75% of the families read more to their children after receiving the Imagination Library; the lower the families' income, the greater the impact on frequency, and for 34% of the families, the Imagination Library was the primary source of books in the home.

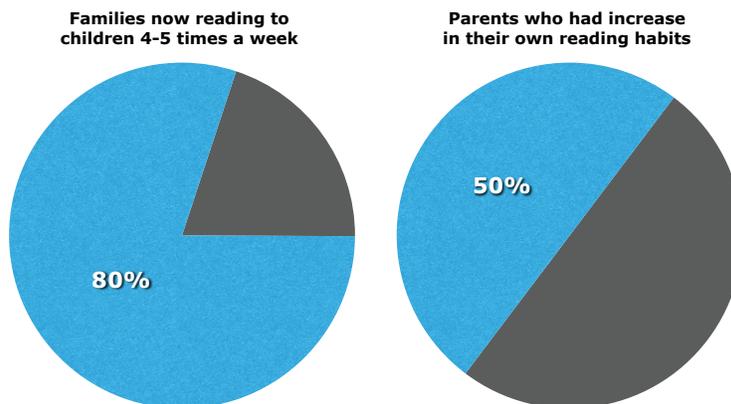
Many local research surveys have followed the High Scope lead over the years. The Cleveland County Partnership for Children (NC) reported that the number of families reading to their child every day jumped 23% after the introduction of the Imagination Library. Allegan County, MI reported that 46% of their families now read more frequently to their children.

In a 2008 study, the United Way in Wichita Falls, TX reported that 82.9% of those surveyed said they now read more frequently to their children. In May of 2011, a unique survey of 500 families in the United Kingdom revealed that 80% of the families receiving the Imagination Library now read to their children at least 4-5 times per week (Figure A). Moreover 50% of the parents reported an increase in their own reading habits! (Figure A).

Figure A

United Kingdom, May 2011

Report of 500 families who took survey

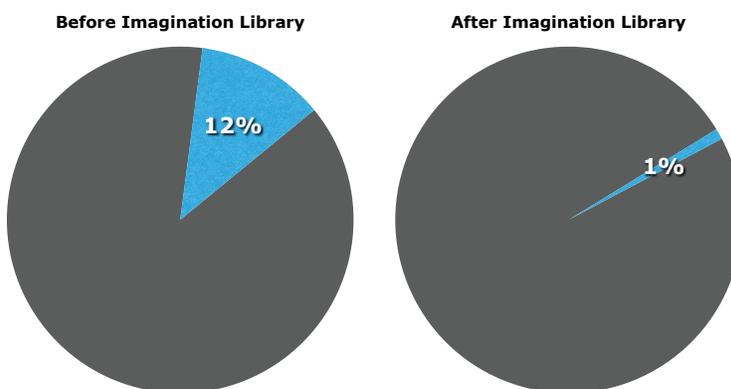


The impact can also be examined from the opposite perspective. In 2011, The Willard Public Library in Battle Creek, MI revealed that the percentage of families who never read to their child dropped from 12% to 1% (Figure B).

Figure B

Battle Creek, MI 2011

Percentage of Families that Never Read to Their Children



So the next question is "how much more reading occurs in the families?"

In 2008, the United Way of Southwest Minnesota reported 10% of area families read to their children only 1-2 times per week. After the introduction of the Imagination Library, the same families were surveyed again and every family showed an increase in how often they read together. The survey also revealed that families previously reading together 5-6 times each week increased by 3% while daily readers jumped by 15%. After involvement with the Imagination Library, every family involved has shown an increase in reading with their children!

In 2007, The Learning to Grow Project based at the University of Hawaii released a document which revealed a 30% increase in the number of families reading daily to the child.

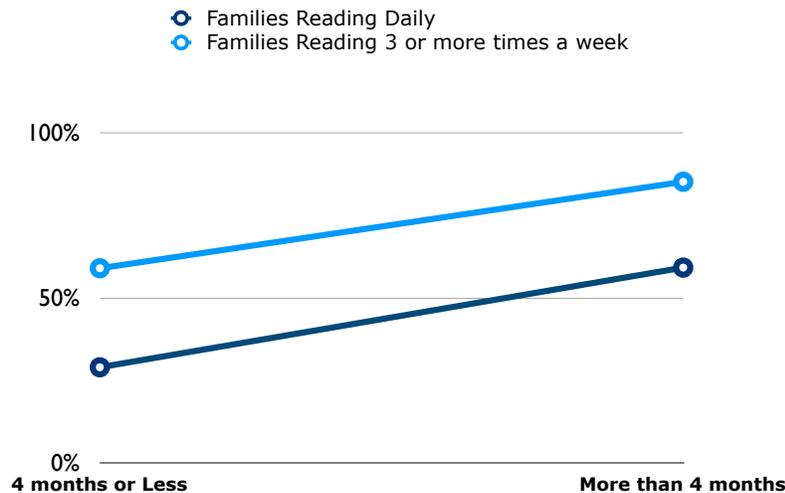
Perhaps one of the most interesting local research projects was conducted by the Le Moyne College Center for Urban and Regional Applied Research. They concluded that the longer a child is enrolled in the Imagination Library the more likely there will be an increase in the frequency of reading with the child.

Comparing those enrolled for four months or less to those enrolled for longer than four months, the researchers found that the percentage of those families reading daily leapt from 29% to 59.2% (Figure C). Furthermore those families reading three or more times per week increased from 59% to 85.2% (Figure C).

Figure C

Le Moyne Center for Urban and Regional Applied Research

The longer a child is enrolled in the program, the more likely an increase in the frequency of reading.



Another fascinating dimension to this study was the examination of children not born in the United States. These children are less likely to be read to on a daily basis. However this research revealed that after a few months the native and non-native experiences were nearly identical – in other words the non-native children were being read to as often as those children born in the United States.

BEYOND PARENTS ▶

Many are interested in additional ways to assess impact. From school readiness scores to third party assessments of children’s learning attributes, these endeavors represent new opportunities to affirm the impact of Dolly’s Imagination Library.

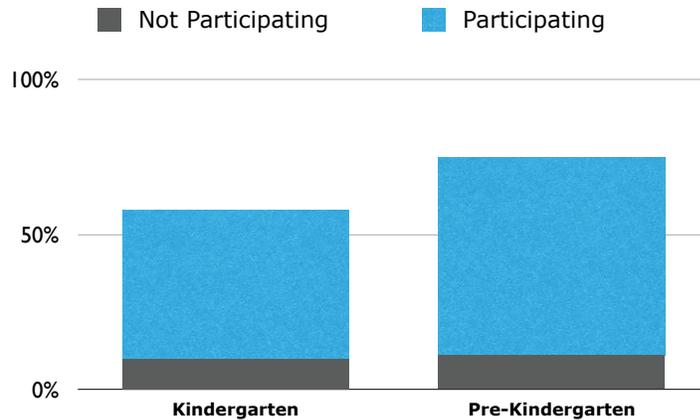
The first study to approach research in this way was the 2007 study conducted by the Tennessee Board of Regents (Figure D). This study focused on the assessments of 350 kindergarten and 150 pre-kindergarten teachers. The key finding here is the difference between children participating in the program and those who did not. Of those participating in the Imagination Library 48% of the kindergarten and 64% of the Pre-K teachers said these students performed better than expected or much better than

expected. For those not participating in the Imagination Library, these numbers were 10% and 11% respectively.

Figure D

Tennessee Board of Regents 2007

The difference in performance between Pre-K and Kindergarten Children who participated in the Imagination Library and children who did not participate



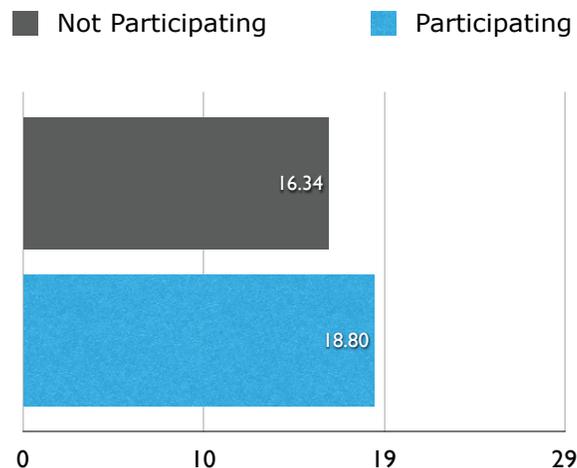
In a newly released study by the Middletown Community Foundation (OH) test score data came to the forefront:

The local school district released results on the kindergarten literacy scores for fall 2011. Those children participating in the Imagination Library continued their march to better scores. (Figure E) They scored on average 18.8 on the 29-point test (19.0 is considered adequately prepared for kindergarten). This is 15 percent higher than the average score by students who were not in the Imagination Library (16.34 points).

Figure E

Middletown Community Foundation (OH)

Kindergarten literacy test score results for children participating in the Imagination Library compared to children who are not participating in the program.



THE FUTURE ▶

The studies referenced in this document are just a fraction of many research projects conducted at the local level. All of them point to the same general conclusions –more families read more often to their children and, in turn, this leads to children who are better prepared to learn in school.

Clearly, more assessment is in order, particularly those studies which examine test scores, vocabulary and learning attributes. More local projects addressing these objectives are already underway and The Dollywood Foundation is embarking on a multi-country research design over the next couple of years.

However it is still vitally important that the parents' perspectives continue to be surveyed. While such an approach may be deemed less rigorous, it is not less important. Dolly's homegrown effort is now a part of thousands of communities' early childhood strategies and is increasingly a vital part of educational policy for states, provinces and territories. Research will continue to evolve in a more complex and sophisticated direction. However for all of us, there is no better affirmation than the letters, emails, social network posts and phone calls which all evoke a similar impression:

"In the beginning, I was EXCITED on book days. I looked forward to the end of that day no matter what therapies, doctors' appointments, surgeries and uncertainties we were facing, to be able to share a new book with my baby. As she got older, this excitement transferred to her and SHE checked the mailbox for her book at the beginning of each month. Fast forward to this month, Jade's (not her real name) is now a healthy, growing, THRIVING almost 5 year old. She has overcome all medical obstacles and had her feeding tube and trach removed all within the past 2 years. Looking at her, you could never tell (aside from her physical scars) that she went through so much in her life.

This past Monday, we received Jade's last book from the program. It was very happy and bittersweet. That night as she was getting ready for bed, we opened the book to read it and I noticed the letter from Ms. Parton. Again, I was brought to tears as I turned each page.

I seldom write letters to corporations or organizations but I want you to know just HOW MUCH the Imagination Library means to families like us. "

Mother's email to the Imagination Library, January 2012

All of the studies referenced in this document are available from The Dollywood Foundation by visiting imaginationlibrary.com. Simply **choose your country**, click on **Our Team** and then click on **Contact Your Regional Director**. The Regional Directors will provide you the research you seek.



Oregon Early Learning Hub Metrics Guidance

In 2013, the Oregon Legislature passed House Bill 2013 which directed the Early Learning Hubs to accomplish three specific goals: (1) create an early childhood system that is aligned, coordinated, and family-centered; (2) ensure that children arrive at school ready to succeed; and (3) ensure that Oregon's young children live in families that are healthy, stable, and attached. Having shared high-level goals and expectations for concrete outcomes enables the Hubs to bring partners to the table, be focused in their work, and strategic in their use of resources.

The Hub metrics are the most concrete, measurable and actionable method of assisting Hubs and stakeholders to focus the development of their work and demonstrate meaningful change in the lives of young children, their families, and their communities. Toward this end, the Early Learning Council (ELC) appointed a Hub Metrics Committee in August 2014 which was composed of Hub leaders, Hub partners, ELC members, and Early Learning Division (ELD) staff. Following the work of the Metrics Committee, the ELC adopted its final report in January, 2015. The Committee's report, along with subsequent discussions among ELC members and the work of the Joint ELC/OHPB Committee's Child & Family Well-Being Measures Workgroup, led to the following set of metrics for each of the three overarching goals. Scoring for the metrics was subsequently developed by ELD staff.

Glossary of Terms

Below you will find a guide to the terms associated with the early learning hub metrics identified for performance evaluation by the Early Learning Council.

Strategic Plan: A high level framework document for aligning and guiding actions of an early learning hub and its partners over a 3 – 5 year period.

Vision: The change your hub is working to create in your community.

Mission: A broad statement of what you do; the top policy statement for your early learning hub.

Values: The foundational principles that guide a hubs' work.

Goals and Strategies: Broad organizational goals (*what* you want to achieve) and associated strategies (*how* you will accomplish your work) to move towards your vision.

Outcomes: Results that must be achieved in order to attain primary goals.

Short-term Indicators: Indicators or measures that show progress in achieving the outcomes that *can be demonstrated in one to two years*.

Medium and Long-term Indicators: Indicators or measures that show progress in achieving the outcomes that *can be demonstrated in three to five years*.

Work Plan: The annual hub-level action plan that describes in detail the goal to be achieved, the actions required to achieve the goal, the resources required to achieve the goal (people, money, space, etc.) and the due dates for accomplishing the work.

High poverty hotspots: Geographic concentrations of poor residents. A high poverty hotspot is a census tract or contiguous group of tracts with a combined poverty rate of 20 percent or more over a given period of time, a criterion set by the Census Bureau. Poverty rates are measured using the Census Bureau's American Community Survey (ACS). For the latest determination of Oregon hotspots see <http://www.oregon.gov/dhs/ofra/pages/index.aspx> and look under "Other Analysis" (Source: Oregon DHS Office of Forecasting, Research, & Analysis, 2015)

CCO Metrics: Measurements identified to evaluate the performance of Oregon's Community Care Organizations.

Here is a list of the 2015 CCO Incentive Metrics:

<http://www.oregon.gov/oha/analytics/CCODData/2015%20Measures.pdf>

Five Sectors: partners who have the potential to influence outcomes for Oregon's youngest learners from business, K-12 education, health, social services, and early learning.

Limited Instances: evidence of not meeting the metric as intended 20% or less of the time

Culturally Specific Community-based Organizations: An organization that includes all elements of a community-based organization, is driven by its culture, and is characterized by the following features:

- A majority of members and/or clients belong to a community of color (African, African American, Asian and Pacific Islander, Latino, Native American, Slavic, pan-immigrant and refugee and others)
- A culturally focused organizational environment
- Community recognition as a culturally focused organization that advances the best interests of the community and engages in policy advocacy on behalf of the community served.
- A majority of organizational staff and leaders (including supervisors and board members) come from the community served
- A track record of engagement and involvement with the community served

Note: This may include federally recognized tribal governments.

Oregon Equity Lens: A tool adopted by the Oregon Department of Education to advise and support the building, implementation and investment of a unified public education system that meets the diverse learning needs of every Pre-K through post-secondary student and provides boundless opportunities that support success.

Priority Populations: Populations of children within the early learning hub coverage area experiencing the greatest academic disparities.

Governance Structure: The overall structure of committees and/or groups that inform or support decision making regarding hub activities.

Memoranda of Understanding/Declarations of Cooperation: Written and signed agreements that articulate specific actions of the hub and a sector partner that are developed to support the hub strategic plan and annual work plan and are renewed on an annual basis.

Family Engagement Philosophical Framework: The philosophical belief of the Early Learning Division that parent voice is a critical and necessary component for informing and designing the strategies and actions of the early learning hubs, and that

Family Resource Management System: A system developed and supported by the hub to ensure that all early learners and their families are connected to early learning services that meet their unique and diverse needs in a timely and supportive manner.

Early Learning Division: The division of the Oregon Department of Education that is responsible for early learning services and outcomes across the state.

Early Learning Division Hub Facilitators: Early Learning Division staff dedicated to providing real time, developmental technical assistance as identified during quality assurance site visits and ongoing contact, meetings and discussions. . Hub facilitators are assigned to a region of the state with four early learning hubs and reside within and/or nearby the region.

Comprehensive Children's Budget: Developed on an annual basis by the hub in partnership with all five sector partners, the budget is a tool to create an understanding of the hub's coverage area's investment in early childhood services, which can lead to strategic planning, further cross-sector partnerships, including braiding and blending of funds, and addressing of service gaps identified.

Quality Assurance Site Visit: Conducted every six months by the Hub Facilitators, quality assurance site visits are meant to assess progress towards metrics and determine the need for appropriate, developmental technical assistance for the hub receiving the visit.

Targeted Universalism: An approach to projects or programs seeking broad social benefits using targeted means of implementation. With targeted universalism, investments are made to address the needs of, and reduce inequity and injustice in underserved communities. By reducing disparities for the most marginalized, overall wellbeing measured by many metrics improve for everyone

Best Available Data (BAD): Every hub is expected to make data informed decisions and yet at times the perfect data set is not readily available. Best Available Data (BAD) is the data that is available to help support the decision making in this case and is expected to be utilized by the hub during the decision making process.

Hub Quarterly Reporting Workbook: A Microsoft Excel workbook dedicated to collecting programmatic and fiscal data, as well as progress towards required metrics on a quarterly and annual basis. Note: The tool is available from the Early Learning Division hub facilitators.

Hub Quarterly Data Report: A PDF document detailing early learning related services for the immediate preceding quarter provided to the Early Learning Hubs by the Early Learning Division within 30 days of the close of the quarter. Data is representative of state level best available data.

Baseline Measures: Baseline measures reflect current activities against which future measurements will indicate change toward a desired goal. Baseline measures are generally developed by taking an average of a set of recent baseline data. For some hub metrics, baseline data already exists and a baseline measure can be set immediately. For others, hub partners will need to develop data collections methods and consistently and accurately collect data for three months in order to establish their baseline measure. Hubs will be given an opportunity at the conclusion of each fiscal year contract to revise baselines should the trends obtained in the three months of initial collection prove insufficient.

Improvement Targets: A data point, or level of the metric, indicating the desired degree of improvement in the future above the established baseline. Hubs are required to establish carefully thought out, data-driven targets for each quantitative metric. Hubs will be given an

opportunity at the conclusion of each fiscal year contract to revise improvement targets should the trends obtained in the three months of initial collection to set baselines prove insufficient.

Benchmark: Benchmarks are another standard or point of reference against which the degree of change in a metric is assessed. Benchmarks typically come from outside an organization (e.g., national standards) and often represent a reference point to strive for over multiple years. However, benchmarks can also be used as improvement targets. Hubs are urged to consult benchmarks where they exist, however they are not required to be set by the hubs.

Shared Activities: Shared activities are co-created by hubs with local level sector partners (early learning providers and K-3 partners) and families. They are clear, concrete actions that will prepare children identified as high risk for school success and are specific to priority populations identified from a thorough review of relevant local data across the hub coverage area.

Meaningful Engagement: Hubs are required to engage families in meaningful ways to drive hub policy and action. Hubs must design strategies acted upon in their annual work plan that recruit and promote authentic family voice as equal contributors to the direction of the hub. Authentic inclusion and equal voice are paramount to specific roles and/or responsibilities that families might hold within the hub's work.

Metrics, Intents, and Rating Indicators

SHORT-TERM INDICATORS

(Indicators or measures that show progress in achieving the outcomes that can be demonstrated in one to two years)

1. The early childhood system is aligned, coordinated and family-centered.

Goal 1 Intent: The overall intent of the metrics for this section is to ensure the hub has a well-thought out system for coordinating and aligning services for early learners in their community.

1-1.A The hub has a strategic plan in place that details the role of all five sectors (business, early learning, health, K-12 education, human services) in achieving shared outcomes for children and families.

Intent:

- A hub's strategic plan is a document that articulates the 3-5 year vision and accompanying strategies that will be utilized to produce measurable progress in each of the three hub goals (coordinated and aligned systems, ready for school, and healthy, stable and attached families) as measured by the associated medium and long term metrics for each goal. Strategies are supported by local level sector partners and their services, congruent with the Collective Impact framework utilized by the hubs.
- It is also expected that each hub have a one year work plan, utilizing the template provided by the Early Learning Division, which operationalizes the strategies identified within the strategic plan through concrete, time-oriented action steps that will be completed by hub staff and their partners as evidenced by the hub's formal partner agreements (Declarations of Cooperation/Memoranda of Understanding).

1-1.A RATING INDICATORS

3 - N/A.

2 - The hub has a strategic plan and accompanying one year work plan that details the role of all five sectors in achieving measurable progress for each of the three hub goals and the associated medium and long term metrics for each goal.

1 - The hub does not have a strategic plan and accompanying one year work plan that details the role of all five sectors in achieving measurable progress for each of the three hub goals and the associated medium and long term metrics for each goal

☺ Tip: Hubs are encouraged to co-create with local level sector partners clear, concrete actions that will produce outcomes for children identified as high risk. Such actions should be specific to priority populations identified from a thorough review of relevant local data across the hub coverage area.

☺ Tip: When reviewing demographic data to quantify information about the priority populations, the Oregon Equity Lens should guide decisions regarding actions and alignment of resources.

1-1.B The hub has active participation of leaders from all five sectors within their governance structure.

Intent:

- *Active participation of leaders from all five sectors within the hub's governance structure is evidenced by regular attendance (i.e., 80% or higher) of each leader at governance structure meetings on a regular basis with limited instances of absences (NOTE: Every six months hub facilitators from the Early Learning Division will review raw data via sign-in sheets to track themes and trends in participation for coaching purposes. The aggregated data, organized by meeting type and sector representative, from these sign-in sheets, and the accompanying narrative report will be reviewed for full adherence to the metric on an annual basis via the annual Early Learning Hub Report tab from the quarterly Early Learning Hub reporting workbook).*

1-1.B RATING INDICATORS

3 - N/A.

2 - The hub has active participation of leaders from all five sectors within their governance structure.

1 - The site does not have active participation from all five sectors within their governance structure.

☺ Tip: Sites are encouraged to identify local leaders from each of the five sectors to represent local community voices. Participation in governance structure meetings can take the form of governance board membership, regular community of practice participation, or any other influential group convened in an effort to influence hub activities.

☺ Tip: When documenting active participation, collect regular meeting sign in sheets organized by sector with clear identification of governance meeting type to help document this metric..

1-1.C Shared Agreements (i.e.: Memoranda of Understanding/Declarations of Cooperation -MOUs/DOCs) are in place with partners from all five sectors and specify shared outcomes and activities.

Intent:

- *All five sectors have current and active Shared agreements (i.e.: MOUs/DOCs) with the hub that specify concrete actions to be completed within the active and current work plan year in support of strategic plan 3-5 year strategies that support the three goals of the hubs and the associated medium and long term metrics for each goal.*
- *Shared agreements (i.e.: MOUs/DOCs) have a clear expiration date, multiple partner signatures representing the specified sector, and is reviewed and reauthorized annually by the hub and the specified sector partner to support the next year's work plan.*

1-1.C RATING INDICATORS

3 - The hub has Memoranda of Understanding/Declarations of Cooperation with partners from all five sectors that specify outcomes that are shared between the hub and the partner, as well as the activities to achieve those outcomes.

2 - The hub has Memoranda of Understanding/Declarations of Cooperation with partners from four of five sectors that specify outcomes that are

shared between the hub and the partner, as well as the activities to achieve those outcomes.

- 1 - The hub has less than four of five Memoranda of Understanding/Declarations of Cooperation with partners from all five sectors that specify outcomes that are shared between the hub and the partner, as well as the activities to achieve those outcomes.

☺ Tip: Hubs are encouraged to utilize standardized Shared agreements (i.e.: MOUs/DOCs) templates for all sector partners and include specific activities relevant to each hub-partner relationship in support of the hub goals and associated medium and long term metrics.

☺ Tip: Shared agreements (i.e.: MOUs/DOCs) should be established for one year and reestablished by thorough review annually. It is recommended that each MOU/DOC contain at least two authorizing signatures from both the hub and the partner to ensure continuity of partnership in the event of staff changes.

1-1.D Shared agreements (i.e.: MOUs/DOCs) specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.

Intent:

- *Specific actions for each MOU/DOC with specified sector partners include the following data sharing items related to the children served within the hub coverage area:*
 - *Annual service delivery budgets;*
 - *Types of services provided quarterly; and*
 - *Number of children served on a quarterly basis.*

1-1.D RATING INDICATORS

3 - The hub has Memoranda of Understanding/Declarations with five of five sector partners that specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.

2 - The hub has Memoranda of Understanding/Declarations with four of five sector partners that specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.

1 - The hub has less than four Memoranda of Understanding/Declarations that specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.

☺ Tip: Hubs are encouraged to utilize standardized Shared agreements (i.e.: MOUs/DOCs) templates for all sector partners and include specific outcomes and activities relevant to each hub-partner relationship.

☺ Tip: Shared agreements (i.e.: MOUs/DOCs) should be established for one year and reestablished by thorough review annually. It is recommended that each MOU/DOC contain at least two authorizing signatures from both the hub and the partner to ensure continuity of partnership in the event of staff changes.

1-1.E The hub utilizes mechanisms to share funding and blend/braid resources actively.

Intent:

- *Activities conducted by the hub include thoughtful planning of resource expenditures by sector partners and/or the hub to address hub coverage area service needs collectively, including direct services for families and supports for a coordinated and*

aligned system.

1-1.E RATING INDICATORS

- 3 - The hub is utilizing mechanisms to share funding and blend/braid resources actively with sector partners actively supporting the strategies identified within the strategic plan. Practices within the hub are promising for network replication.
 - 2 - The hub utilizes mechanisms to share funding and blend/braid resources with partners actively supporting some of the strategies identified within the strategic plan. The hub has a plan to improve this practice over the course of the next year in place and has acted upon the plan.
 - 1 - The hub does not yet utilize mechanisms to share funding and blend/braid resources with partners actively supporting the strategies identified within the strategic plan. The hub does not yet have a plan to improve this practice over the course of the next year in place.
- ☺ Tip: Project budgets reflect shared funding from sector partners and illustrate both blending and braiding of funds to support identified community needs related to early learning.
- ☺ Tip: Specific to a coordinated and aligned system, hub coverage area service needs may include shared professional development activities, data sharing tools, family resource management activities etc.

1-2.A Demonstrated meaningful engagement with children and families from all of the communities served by the hub.

Intent:

- *The hub has a system of engagement for ensure that family voice is an equal driver of hub action and policy at the local level. Strategic plan strategies, as well as annual work plan actions, articulate clear steps for inclusion.*
- *The system of engagement includes culturally specific strategies to engage traditionally underrepresented populations.*
- *The hub utilizes multiple strategies for the engagement of families across communities within the hub coverage area. Strategies may include: face to face opportunities, anonymous feedback collection, governance structure participation, etc.*

1-2.A RATING INDICATORS

- 3 - The hub demonstrates meaningful engagement with children and families from all of the communities served by the hub and has within the past year made a policy/service change as a direct result of family engagement/parental input.
 - 2 - The hub demonstrates meaningful engagement with children and families from all of the communities served by the hub.
 - 1 - The hub does not demonstrate meaningful engagement with children and families from all of the communities served by the hub.
- ☺ Tip: The hub is expected to adopt the Early Learning Division's philosophical framework for engaging families in meaningful ways, as evidenced in their engagement strategies, and support the professional development of early learning providers within their community to achieve high quality and

meaningful engagement of families.

1-3.A Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.

Intent:

- *The hub has a system of engagement for culturally specific community-based organizations, including tribal governments where applicable, at the local level. Hub strategic plan strategies, as well as annual work plan actions, articulate clear steps for engagement.*
- *The system of engagement includes culturally specific strategies to engage leaders from traditionally underrepresented populations.*
- *The hub takes action to support culturally specific service delivery activities based upon the input from the engagement of the culturally specific community based organizations.*

1-3.A RATING INDICATORS

- 3 - The hub is actively engaging the culturally specific community-based organizations within their community, and has allocated resources to support the organizations in reaching traditionally underserved populations.
- 2 - The hub has Memoranda of Understanding/Declarations of Cooperation with culturally specific community-based organizations within their community and has not yet actively engaged them in policy development, service planning and/or service delivery.
- 1 - The hub does not have Memoranda of Understanding/Declarations of Cooperation with culturally specific community based organizations within their community.

© Tip: The hub is encouraged to utilize the Oregon Equity Lens [Toolkit](#) to support their engagement of culturally specific community based-organizations in policy development, service planning and service delivery for their coverage area.

1-4.A Program participation data demonstrates increase in services to children and families from identified priority populations.

Intent:

- *In partnership with early learning sector partners, hubs utilize data to identify opportunities for increases in services accessed by traditionally underserved populations, create shared action plans for affecting data and support partners in reaching shared service delivery thresholds.*

1-4.A RATING INDICATORS

- 3 - The hub uses data to monitor, plan and alter services for early learners within their coverage area, and recent data reflects an increase in the number of services accessed by traditionally underserved populations.
- 2 - The hub uses data to monitor, plan and alter services for early learners within their coverage area. Data does not yet reflect an increase in the number of services accessed by traditionally underserved populations.

1 - The hub is not yet using data to monitor, plan and alter services for early learners within their coverage area.

☺ Tip: The hub is encouraged to utilize data provided by the Early Learning Division from large early learning service delivery programs (i.e.: Healthy Families, Relief Nurseries, ERDC, OPK, etc.) to identify increases in services accessed by traditionally underserved families and identify opportunities for further service delivery increases. This data is made available to hubs on a quarterly basis via the Hub Quarterly Data Report.

☺ Tip: Hubs are encouraged to use other data provided in other documents as well (i.e.: Public Data Resources etc.)

1-5.A Hub demonstrates that their operating administrative overhead is below 15% annually.

Intent:

- *On an annual basis hub actual expenditures illustrate less than 15% of contracted hub related funds supporting administrative activities of the hub.*

1-5.A RATING INDICATORS

3 - N/A

2 - The hub demonstrates that their operating administrative overhead is below 15% annually.

1 - The hub's operating administrative overhead is above 15% annually.

☺ Tip: Hubs are required by Oregon Revised Statutes (ORS) § 417.827 to maintain an administrative overhead of 15% or below annually.

2. Children are supported to enter school ready to succeed.

Goal 2 Intent: *The overall intent of the metrics for this goal is to ensure the hub has a well-thought out system for ensuring that children within their coverage area arrive ready to enter kindergarten with the skills and supports necessary for academic and life success.*

2-1.A The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.

Intent:

- *Hubs are convening entities responsible for bringing multiple stakeholders together in an effort to address a shared need within a community, specifically needs related to early childhood. For this metric hubs are responsible for bringing early learning providers, families and K-3 partners together to develop a set of shared activities that over the long term will affect children's readiness for school and the school's readiness for children.*
- *Shared activities should be reflected in hub strategic plans and concrete action steps should be articulated for each year within the hub's annual work plan.*
- *Shared agreements (i.e.: MOUs/DOCs) should reflect each entity's (parents', early learning providers' or the hub's) specific responsibilities.*

2-1.A RATING INDICATORS

- 3 - The hub has demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by MOUs/DOCs and annual work plan commitments contained therein and evidence of at least one shared activity operationalized.
 - 2 - The hub has demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by MOUs/DOCs and annual work plan commitments contained therein, however activities have not yet been operationalized.
 - 1 - The hub does not have demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by Shared agreements (i.e.: MOUs/DOCs) and annual work plan commitments contained therein.
- ☺ Tip: Hubs are encouraged to co-create with local level sector partners clear, concrete actions that will prepare children identified as high risk for school success. Such actions should be specific to priority populations identified from a thorough review of relevant local data across the hub coverage area.
- ☺ Tip: When reviewing demographic data to quantify information about priority populations, the Oregon Equity Lens should guide decisions regarding actions and alignment of resources.

2-2.A Increase the number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and/or other waiting lists served by a Hub partner program.

Intent:

- *In partnership with early learning sector partners, hubs utilize data to identify opportunities for families currently placed on a program waitlist to access other available and appropriate early learning services, particularly families from traditionally underserved populations.*
- *Hubs take action to connect waitlisted families to other available and appropriate early learning services in partnership with local early learning providers through a well-defined family resource management system and ensure services are accessed in a timely manner.*

2-2.A RATING INDICATORS

- 3 - The hub regularly reviews waitlist data and available early learning services within their coverage area and connects families to other available and appropriate services through their Family Resource Management System in a timely manner.
- 2 - The hub regularly reviews waitlist data and available early learning services within their coverage area and connects families to other available and appropriate services. However, the hub's Family Resource Management System is not actively connecting waitlisted families to other services in a timely manner.
- 1 - The hub does not regularly review waitlist data or available early learning services within their coverage area and is not actively connecting waitlisted families to other services.

☺ Tip: Hubs will need to develop additional tracking systems to capture waitlist data from local service providers on a regular basis to assist with the documentation of this metric.

- ☺ Tip: Family Resource Management Systems may be operationalized by local early learning partners, early learning hub staff, and/or a combination of both. Technical assistance from Early Learning Division hub facilitators is available to assist with the development of this system, as well as the operationalizing of it.
- ☺ Tip: Don't forget, hubs must set a target for this metric!

2-3.A Increase in number of 3, 4, and 5-star QRIS providers and the number of children served in hub.

Intent:

- *Hubs are responsible for ensuring there are high quality early learning services available in their coverage area, and this includes child care. According to the Quality Rating and Improvement Scale (QRIS) adopted by the state of Oregon, providers with a 3, 4, or 5 star rating are among the highest quality. As a result hubs must work with partners to ensure an increase in the number of providers attaining these ratings in their communities.*
- *Hubs are also responsible for ensuring that an increased number of children within their coverage area receive these high quality child care experiences, making access to these services a priority.*

2-3.A RATING INDICATORS

- 3 - The hub has worked with partners within their coverage area to see an increase in 3, 4, or 5 star rated child care programs and an increase in children being served by these programs, and achieved both targets as set within their contracted metrics.
- 2 - The hub has worked with partners within their coverage area to see an increase in 3, 4, or 5 star rated child care programs and an increase in children being served by these programs, and achieved at least one of these targets as set within their contracted metrics.
- 1 - The hub has not achieved an increase in 3, 4, or 5 star rated child care programs, nor an increase in children being served by these programs as set within their contracted metrics.

- ☺ Tip: Hubs are encouraged to work with child care providers to achieve higher ratings as defined in the QRIS, and to fill availability in existing 3, 4 or 5 star programs. Hubs may coordinate/offer supports such as incentives, professional development opportunities and/or coaching in partnership with their Child Care Resource and Referral(s) within their coverage area.
- ☺ Tip: Hubs are encouraged to work with the Department of Human Services office(s) within their coverage area to reach families who may be in need of higher quality child care services, including those receiving ERDC supports.
- ☺ Tip: Don't forget, hubs must set targets for this metric!

2-3.B Increase in number of 3, 4, and 5-star QRIS providers serving children from "hot spots" and an increase in the number of children served in hot spots.

Intent:

- *In addition to ensuring an increase in quality child care and an increase in utilization of quality care, Hubs are required to support high quality child care providers ensure an increase in the number of high quality providers rated a 3, 4, or 5 star rating by QRIS within poverty hot spots identified within their coverage area.*
- *Hubs are also responsible for ensuring that an increased number of children within*

the poverty hot spots within their coverage area utilize these high quality child care experiences, making access to these services a priority.

2-3.B RATING INDICATORS

- 3 - The hub has worked with partners within their coverage area to see an increase in 3, 4, or 5 star rated child care programs within poverty hot spots identified within their coverage area, and have seen an increase in children from those same poverty hot spots being served by these programs; the hub has achieved both targets as set within their contracted metrics.
- 2 - The hub has worked with partners within their coverage area to see an increase in 3, 4, or 5 star rated child care programs within poverty hot spots identified within their coverage area, and have seen an increase in children from those same poverty hot spots being served by these programs; the hub has achieved one of these targets as set within their contracted metrics.
- 1 - The hub has not achieved an increase in 3, 4, or 5 star rated child care programs within their coverage area's identified poverty hot spots, nor an increase in children from the poverty hot spots being served by these programs as set within their contracted metrics.

☺ Tip: Hubs may determine their "hot spots" from the High Poverty Hotspots document provided by the Office of Forecasting, Research, and Analysis (2015), the Hot Spot document provided by the ELD, or through their own use of data and understanding of their local communities. Hubs must document specific hotspots, or a clear data-driven method for determining hotspots, in their work plans.

☺ Tip: Don't forget, hubs must set targets for this metric!

2-4.A Increase in percent of children who receive a developmental screen before the age of 3.

Intent:

- *Hubs are required to increase the percent of developmental screens, specifically the Ages and Stages Questionnaire (ASQ) for children before the age of three residing within their coverage area.*
- *Hubs approach this activity through systems building activities and/or service delivery activities in partnership with the Coordinated Care Organization(s) (CCOs) within their coverage area.*

2-4.A RATING INDICATORS

- 3 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before the age of three within their coverage area, and has exceeded their target as set within their contracted metrics.
- 2 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before the age of three within their coverage area, and has met the target as set within their contracted metrics.
- 1 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before

the age of three within their coverage area, and has not met the target as set within their contracted metrics.

- ☺ Tip: Hubs may choose to develop additional data tracking systems to capture screenings already being performed by early learning service providers in their community and/or provide professional development training on the administration of the ASQ in partnership with Screening Tools and Referral Training (START).
- ☺ Tip: Don't forget, hubs must set a target for this metric!

2-5.A Increase in percentage of children enrolled in kindergarten before start of school year.

Intent:

- *Hubs are required to increase the percentage of children enrolled in kindergarten before the start of every school year.*
- *Hubs approach this activity through systems building activities and/or service delivery activities in partnership with the K-12 elementary schools within their coverage area.*

NOTE: Hubs are not required to set a target for this metric in FY 15-16 due to the absence of state level data. Once local data systems are implemented within the hubs to document Kindergarten enrollment, target setting will be required.

2-5.A RATING INDICATORS

- 3 - The hub has worked with K-12 partners within their coverage area to see an increase in the percent of children enrolled in kindergarten before the start of the school year within their coverage area, and has exceeded their target as set within their contracted metrics.
- 2 - The hub has worked with K-12 partners within their coverage area to see an increase in the percent of children enrolled in kindergarten before the start of the school year within their coverage area, and has met their target as set within their contracted metrics.
- 1 - The hub has worked with K-12 partners within their coverage area to see an increase in the percent of children enrolled in kindergarten before the start of the school year within their coverage area, and has not met their target as set within their contracted metrics.

- ☺ Tip: Hubs are encouraged to work with local elementary schools and school districts to develop a method, if one does not exist, to document early kindergarten enrollment.

3. Families are healthy, stable and attached.

Goal 3 Intent: *The overall intent of the metrics for this goal is to ensure the hub has a well-thought out system for ensuring that families of early learners within their coverage area are physically, mentally, socially, and emotionally healthy as evidenced by their stability and attachment relationships.*

3-1.A Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.

Intent:

- Hubs are responsible for ensuring there are high quality early learning services available for children whose families receive Employment Related Day Care (ERDC) in their coverage area, and this includes child care.
- According to the Quality Rating and Improvement Scale (QRIS) adopted by the state of Oregon, providers with a 3, 4, or 5 star rating are among the highest quality. As a result hubs must work with partners to ensure that an increased number of these children within their coverage area receive these high quality child care experiences, making access to these services a priority.
- Hubs are responsible for working with the Department of Human Services (DHS) office(s) within their coverage area to develop a system for ensuring the percentage increase.

3-1.A RATING INDICATORS

- 3 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children in ERDC enrolled in a 3, 4, or 5 star rated QRIS program within their coverage area, and has exceeded their target as set within their contracted metrics.
- 2 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children in ERDC enrolled in a 3, 4, or 5 star rated QRIS program within their coverage area, and has met their target as set within their contracted metrics.
- 1 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children in ERDC enrolled in a 3, 4, or 5 star rated QRIS program within their coverage area, and has not met their target as set within their contracted metrics.

☺ Tip: Hubs are encouraged to co-create activities with local Child Care Resource and Referral offices, as well as their DHS office to ensure the percentage increases are met.

☺ Tip: Don't forget, hubs must set a target for this metric!

3-2.A Increase in the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.

Intent:

- Hubs are required to increase the number of children and families receiving early learning, parent education or family support services who are also served by DHS each year
- Hubs approach this activity through systems building activities and/or service delivery activities in partnership with the Department of Human Services (DHS) office(s) within their coverage area.

NOTE: Hubs are not required to set a target for this metric in FY 15-16 due to the absence of state level data. Once local data systems are implemented within the hubs to document the number of children and families served by DHS who receive early learning, parent education or family support services, target setting will be required.

3-2.A RATING INDICATORS

- 3 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has exceeded their target as set within their contracted metrics.
 - 2 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has met their target as set within their contracted metrics.
 - 1 - The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has not met their target as set within their contracted metrics.
- © Tip: Hubs are encouraged to co-create activities with their DHS office(s) to ensure the percentage increases are met and reflect specific actions of both the hub and the DHS office(s) within annual Shared agreements (i.e.: MOUs/DOCs).
- © Tip: Shared agreements (i.e.: MOUs/DOCs) should include actions that support data sharing and/or data collection as necessary to support the documentation of this metric.

3-3.A Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age.

Intent:

- *Hubs are required to increase the percentage of children who make it to regular well-child visits (6 or more by 15 months of age) in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP).*
- *Hubs approach this activity through systems building activities and/or service delivery activities in partnership with the Coordinated Care Organization(s) (CCOs) within their coverage area.*

3-3.A RATING INDICATORS

- 3 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has exceeded their target as set within their contracted metrics.
 - 2 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has met their target as set within their contracted metrics.
 - 1 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has not met their target as set within their contracted metrics.
- © Tip: Hubs are encouraged to co-create activities with their CCO(s) to assure the percentage increases are met and reflect specific actions of both the hub and

the CCO(s) within annual Shared agreements (i.e.: MOUs/DOCs).
© Tip: Don't forget, hubs must set a target for this metric!

MEDIUM AND LONG-TERM INDICATORS

(Indicators or measures that show progress in achieving the outcomes that can be demonstrated in three to five years)

NOTE: Medium and Long-Term Indicators will be operationalized in the second half of the FY 15-17 biennium via an addendum to this document. At the time of publication of this document (July 2015), early learning hubs are not held accountable to these metrics, however they are strongly encouraged to plan their strategies and actions in alignment towards these longer term achievements.

Goal 1: The early childhood system is aligned, coordinated and family-centered.

NOTE: There are no medium and long-term indicators for goal 1.

Goal 2: Children are supported to enter school ready to succeed.

2-1. Increase in percentage of children in Kindergarten with consistent school attendance by demographic group.

2-2. Decrease in disparities in percentage of Kindergarten children of color and from low-income families with consistent school attendance.

2-3. Increase in Kindergarten Assessment scores in each domain by demographic group.

2-4. Decrease in disparities in Kindergarten Assessment scores for children of color and children from low-income families.

2-5. Increase in percentage of children in third grade who are reading at grade-level by demographic group.

2-6. Decrease in disparities in percentage third grade children of color and from low-income families who are reading at grade level. "

Goal 3: Families are healthy, stable and attached.

NOTE: Provisional until approved by the Early Learning Council.

3-1. Increase percentage of children that turned 2 years old during the measurement year that had specific vaccines by their second birthday.

3-2. Increase percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year.

3-3. Decrease rates of child maltreatment.

Summary and Guidance for Data Collection Timeframes

Timely and thorough data collection provides hubs with an opportunity to study how particular practices are being carried out, the degree to which those practices may or may not meet the expectations of the metric, and the identification of data-informed opportunities for improvement. Therefore, where metrics ask that hubs report data, the data must also be aggregated and summarized to ensure the hubs understand and can take appropriate action based on their findings. For example, for metric 1-1B, in addition to maintaining all sign in sheets from governance structure meetings, the hub should also aggregate that data in an effort to be able to interpret that data and report on whether all sector partners have actively participated in hub governance structures over the last year, and if not the reasons why. In the event that participation is less than 80% by all sectors (per the *limited instances* definition), hubs should be able to articulate how the participation might be improved.

Please access your Hub Facilitator for guidance on how to make the best use of data specific to expectations of the metrics.

Note: Spreadsheets will be available to support data collection requirements beginning November 2015. See your Hub Facilitator for access to these tools.

Ratings of Metric Indicators will be determined by thorough review of annual reports and hub data available leading up to and during each of the quality assurance site visits coordinated by the hub facilitators. The review will be completed by two to three, depending upon the size of the hub, trained peers from the Early Learning Hub network of hub leaders beginning in calendar year 2016. Format and training details will be available before May of 2016 from your hub facilitator. Each hub will receive a formal report of ratings on an annual basis after the contract year has closed, all data and reports have been submitted and a review completed that will be utilized to determine necessary technical assistance and supports.

Measuring/Monitoring/Reporting/Review Timeframes

- Annual Monitoring/Measuring/Reporting - Hub utilizes the most recent 12 months of activity, unless otherwise directed by the Early Learning Division.
- Quarterly Reporting - Hub selects the most recent three month period that aligns to the eight quarters in a biennium, which begins July 1st and ends June 30th two years later (Qtr 1, Qtr 2, Qtr 3, Qtr 4, Qtr 5, Qtr 6, Qtr 7, Qtr 8). Data is reported through the Hub Quarterly Reporting Workbook.
- Quarterly Data Report – State level data report generated and distributed by the Early Learning Division within 30 days of the close of the quarter.
- Annual Review – Formal review of all activities and progress during the contract year.

1-1.A	<u>Annual Reporting and Review</u> : Hub strategic plan and annual work plan.
1-1.B	<u>Twice Annual Monitoring</u> : Quality Assurance Site Visit Sign In Sheets <u>Annual Reporting and Review</u> : Aggregated attendance data by meeting type and sector participant; annual narrative report
1-1.C	<u>Annual Reporting and Review</u> : Shared agreements (i.e.: MOUs/DOCs) by sector
1-1.D	<u>Annual Reporting and Review</u> : Shared agreements (i.e.: MOUs/DOCs) by sector <u>Bi-Annual Measuring</u> : Comprehensive children’s budget
1-1.E	<u>Annual Reporting and Review</u> : Annual hub work plan progress, expenditures and match reporting by strategy
1-2.A	<u>Annual Reporting and Review</u> : Hub strategic plan and annual work plan; annual narrative report

1-3.A	<u>Annual Reporting and Review:</u> Hub strategic plan and annual work plan; annual narrative report; Shared agreements (i.e.: MOUs/DOCs); annual hub proposed budget
1-4.A	<u>Quarterly Reporting and Monitoring:</u> Aggregated number of children served in hub coverage area by service type and demographic population categories reported through the Hub Quarterly Reporting Workbook <u>Annual Reporting and Review:</u> Aggregated annual number of children served in hub coverage area by service type and demographic population categories; annual narrative report
1-5.A	<u>Annual Reporting and Review:</u> Annual hub expenditures reporting by strategy on annual reporting tab in hub quarterly reporting workbook
2-1.A	<u>Annual Reporting and Review:</u> Work plan progress; Shared agreements (i.e.: MOUs/DOCs); annual narrative report
2-2.A	<u>Quarterly Reporting and Monitoring:</u> Aggregated number of children served in hub coverage area by service type and demographic population categories reported through the Hub Quarterly Reporting Workbook <u>Annual Reporting and Review:</u> Data provided by hubs through the Hub Quarterly Reporting Workbook compared with specified metric target contained within hub contract.
2-3.A	<u>Quarterly Monitoring:</u> Aggregated number of children and providers served in hub coverage area by service type and demographic population categories. Data provided by the Early Learning Division through the Hub Quarterly Data Report. <u>Annual Reporting and Review:</u> Data provided by Early Learning Division compared with specified metric targets contained within hub contract
2-3.B	<u>Quarterly Monitoring:</u> Aggregated number of children and providers served in hub coverage area by service type and demographic population categories. Data provided by the Early Learning Division through the Hub Quarterly Data Report. <u>Annual Reporting and Review:</u> Work plan progress; annual narrative report; data provided by Early Learning Division compared with specified metric targets contained within hub contract
2-4.A	<u>Quarterly Monitoring:</u> Aggregated number of children served in hub coverage area by demographic population categories. Data provided by the Early Learning Division through the Hub Quarterly Data Report. Supplemental data may also be provided by hubs. <u>Annual Reporting and Review:</u> Data provided by Early Learning Division compared with specified metric target contained within hub contract. Supplemental data may also be provided by hubs.
2-5.A	<u>Quarterly Reporting and Monitoring:</u> Aggregated number of children served in hub coverage area by demographic population categories reported through the Hub Quarterly Reporting Workbook. <u>Annual Reporting and Review:</u> Annual narrative report; data provided in the Hub Quarterly Reporting Workbook compared with specified metric target contained within hub contract following FY 15-16.
3-1.A	<u>Quarterly Monitoring:</u> Data provided by Early Learning Division quarterly to hubs for self-monitoring and course correction as needed <u>Annual Reporting and Review:</u> Data provided by Early Learning Division compared with specified metric target contained within hub contract
3-2.A	<u>Quarterly Reporting and Monitoring:</u> Aggregated number of children served in hub coverage area by service type and demographic population categories provided through the Hub Quarterly Reporting Workbook <u>Annual Reporting and Review:</u> Annual narrative report; Data provided in the Hub Quarterly Reporting Workbook compared with specified metric target contained within hub contract following FY 15-16.

3-3.A

Quarterly Monitoring: Data provided by Early Learning Division in the Hub Quarterly Data Report
Annual Reporting: Data provided by Early Learning Division compared with specified metric target contained within hub contract



Health Care Integration Workgroup Recommendations on 8/20/2015

Re: The Early Learning Hub metric to increase the number of children who receive a developmental screening before age 3

Background:

One of the Early Learning Hub Metrics' is to *increase the percent of children who receive a developmental screen before the age of 3. (DRAFT Oregon Early Learning Hub Metrics Guidance, July 24, 2015).* The guidance specifies using the ASQ as the screening tool. The intent of the metric is for Hubs to build a coordinated system for the developmental screening activities in partnership with the Coordinated Care Organization (CCO) in their area. In addition, they suggest developing a data tracking system for ASQ's and/or providing professional development training on administration of the ASQ in partnership with START.

Similarly, there is a CCO Incentive Measure to have all children screened at least once by the age of 3. Medical Providers evidence this by encountering that they “*review the results of a standardized, validated general development screening tool (e.g. ASQ or PEDs) in the context of a clinic visit, interpret the findings with the family, and include the appropriate documentation in the chart (the tool used, results and the actions taken).* (Developmental Screening for Young Children Guidance Document, July 2014)

Issue:

Developmental screenings are within the scope of work for many early learning and health care professionals. At this time IHN CCO is not meeting its incentive measure. At the same time many early learning providers are performing ASQ developmental screenings as part of their work but there is little data and evidence that those

screenings are available by medical providers for review at well child or other visits. Developmental screenings performed by a non-medical trained provider and shared with a medical provider reduce the time needed by the medical provider to meet the metrics by the CCO and time can be focused on the interpretation of the screening and discussion with the family.

There is also some evidence of duplicate screenings in the Early Learning sector.

To standardize and coordinate practices, a Joint Early Learning Council and Oregon Health Policy Board Subcommittee is developing uniform screening policies and workforce training tools.

The HCI Workgroup conducted two surveys with non-medical and medical providers in Linn, Benton and Lincoln Counties recently and responses indicated that 88% of responding physicians and 81% of non-medical providers had no training in the use of the ASQ-3 and that there was no process for sharing ASQs.

Recommendations:

- 1) The EL Hub will provide regular training opportunities for all non-medical providers doing ASQs utilizing the trainers at Linn-Benton Community College. As part of these trainings, we will also incorporate a module about how the screening process will work for the three-County region
- 2) The IHN CCO in collaboration with the EL Hub will provide professional development training for medical providers on administration of the Ages and Stages Questionnaire (ASQ) in partnership with the Oregon Pediatric Society's Screening Tools and Referral Training (START)
- 3) The HCI workgroup with the help of the IHN CCO will develop a policy and process for the sharing of ASQ Developmental screenings performed by trained non-medical providers with families and medical providers. The process will take into account the need for quality assurance of the original screen before the medical provider receives it and discusses it as part of a medical visit with families. The aim is to avoid duplication of screenings and to increase the number of children screened.
- 4) The Health Care Integration (HCI) workgroup with the help of the IHN CCO will develop a system to track screenings performed by non- medical providers and to ensure there is no duplication of screenings.



Health Care Integration Workgroup

Recommendation to IHN CCO on 8/20/2015

Re: The CCO Developmental Screening Incentive Measure

CCO Incentive Measure:

In order to "count" towards the CCO incentive measure, a provider (physician, NP or PA) within the CCO provider network must review the results of a standardized, validated general development screening tool (e.g. ASQ or PEDs) in the context of a clinic visit, interpret the findings with the family, and include the appropriate documentation in the chart (the tool used, results and the actions taken). (Developmental Screening for Young Children Guidance Document, July 2014)

Early Learning Hub Metric:

Increase the percent of children who receive a developmental screen before the age of 3. (DRAFT Oregon Early Learnings Hub Metrics Guidance, July 24, 2015)

Recommendation:

That the IHN CCO provide professional development training on administration of the ASQ in partnership with the Oregon Pediatric Society's Screening Tools and Referral Training (START). **Furthermore, we recommend regular training opportunities for all non-medical providers doing ASQs but utilizing the trainers at LBCC. As part of these trainings we will also incorporate a module about how the screening process will work for the three-County region to assure results of all screenings are seen by a medical provider, results are discussed with families, that there is no duplication for screening and that as many children as possible are screened.**

We support this recommendation based on the transformation taking place in health and early learning. Developmental screenings are within the scope of work for many

early learning and health care professionals. To standardize and coordinate practices, a Joint Early Learning Council and Oregon Health Policy Board Subcommittee is developing uniform screening policies and workforce training tools. However, the EL Hub conducted a survey in the 3 counties and discovered that 88% of responding physicians and 81% of non-medical providers had no training in the use of the ASQ-3.