



Early Learning Hub

of Linn, Benton & Lincoln Counties

Governing Board Packet November/December 2015

Governing Board
Early Learning Hub
December 10, 2015
lblearlylearninghub.org

Packet Overview

In your Governing Board packet for November/December you will find the following information:

1. The Agenda
2. The Coordinator's Report
3. Fiscal Oversight Committee Report
 - a. Fiscal Narrative
 - b. Hub Funding – Included as separate attachment
 - c. Financial Summary
 - d. 2 Year Budget
4. Consent Items
 - a. October Retreat & Meeting Minutes
5. Discussion Item Documents
 - a. Strategic Plan & Work Plan – Included as separate attachment
 - b. Data & Evaluation Work Group Report – Jerri Wolfe, Co-Chair of this work group will be providing a verbal overview of the groups proposed methodology for reviewing kindergarten assessment data for our region.
 - c. OSU Epidemiologist Intern – As discussed during our Board Retreat as we reviewed the Work Plan, the Hub has an opportunity to partner with Benton County Health Department in the hiring of an OSU Intern that will focus on Hub data, the story it tells, and how we share that story in and outside of our region. The Internship can be paid or unpaid (both budgets are included) and would be supervised by the Epidemiologist at Benton County Health Department that currently participates in the Hub Data & Evaluation work group. There is a cost associated with the supervision that would cover the required hours of supervision.
 - d. Family Connections Project – This project was featured at the recent Health and Early Learning Forum as mentioned in the Coordinator Report. More details will be provided during the Board Meeting.

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Agenda

Governing Board Members

Bill Hall, Co-Chair
Lincoln County Commissioner

Julie Manning, Co-Chair
Samaritan Health Services

Carolina Amador
Benton Health Services

Marco Benavides
Department of Human Services

DeAnn Brown
Confederated Tribes of Siletz Indians

Rebecca Cohen
Newport Public Library

Jeff Davis
Linn-Benton Community College

Guadalupe Diaz
Parent

Jim Golden
Greater Albany Public Schools

Paula Grace
Benton Community Foundation

Antonia Hernandez
Parent

Stephany Koehne
Kids & Company of Linn County

Tony Lewis
Lewis, Hanson & Co

Mary McKay
Linn Benton Lincoln
Education Service District

Jennifer Moore
United Way of Benton & Lincoln
Counties

Anne Peltier
Retired, Linn County Public Health

Bettina Schempf
Old Mill Center

Paul Smith
Strengthening Rural Families

Jeff Sneddon
Linn County Health Department

Marc Thielman
Abea School District

Betsy Wilcox
Lincoln County School District

Linell Wood
Coastal Pediatric Associates



December 10, 2015

2:00 – 4:00 P.M.

LBCC Benton Center

757 NW Polk Ave.

Room BC-246

Corvallis, OR

Members of the public wanting to make public comment must sign in. Each individual speaker will have 3 minutes during the Public Comment portion of the Agenda.

- I. Roll Call – 5 minutes
- II. Special Presentation
 - a. Parent Education – Cyrel Gable, Parenting Success Network
- III. Coordinator's Report/EL Hub Updates
- IV. Committee Reports
 - a. Fiscal Oversight Committee
 - i. 2 Year Budget – Approval Needed
- V. Consent Items
 - a. Approval of October Retreat & Board Minutes
- VI. Discussion Items
 - a. Strategic Plan & Work Plan – Approval Needed
 - b. Data & Evaluation Work Group Report – Approval Needed
 - c. OSU Epidemiologist Intern – Approval Needed
 - d. Family Connections Project – Approval Needed
- VII. Public Comment
- VIII. Next Meeting

January 7, 2016
LBCC Calapooia Fireside Room
- IX. Adjournment

All members of the EL Hub Governing Board **must disclose** when they believe they have or may have a conflict of interest, and may participate in discussions that are leading to consensus. If, however, consensus cannot be reached and the group uses the fall-back voting process, the individual with the conflict of interest may not participate in that final vote.

Coordinator's Report



November 2015 COORDINATOR UPDATES:

Leadership Institute: The first week of December included the final session of the Leadership Institute. During this session Hub Leaders reflected on their personal and professional development, the impact their participation has had on their community conversations, and ongoing systems building as a cohort of Early Learning Hub Leaders.

Each Hub Leader is required to submit an Executive Summary of their learning that I will share with the Board at our January Meeting.

Early Learning Hub Contract: We anticipate having a fully executed contract prior to the start of 2016. The ELD has been made aware of LBCC's Holiday schedule and is prioritizing contracts with Hub's that will be closed during the holidays.

Read for the Record: On Thursday, October 22, Early Learning Hub staff and volunteer agencies joined children and adults around the world by participating in the world's largest shared reading experience. The Hub was the local lead agency on this project, and twenty-seven local agencies partnered with us to bring "Not Norman" to over 1,100 children in the three counties. We appreciate all of the support and help that we received while working on this project! Check out our website for pictures and more details.

Health and Early Learning Forum: The Oregon Health Authority and Early Learning Division of the Oregon Department of Education invited Coordinated Care Organization (CCO) and Early Learning Hub representatives to participate in a Health and Early Learning Forum on Monday, November 16th.

The purpose of the forum was to:

- Identify collaborative opportunities to support early learning and children's health;
- Inspire and strengthen cross-sector connections; and
- Learn about existing CCO/Hub initiatives, projects and policies that can be replicated in other regions of Oregon.

This was the first-time representatives of Oregon's CCOs & Early Learning Hubs have come together to identify collaborative opportunities and learn about existing cross-sector initiatives and projects that can be replicated in other regions.

The Early Learning Hub of Linn, Benton & Lincoln Counties was featured during the World Café portion of the event to share about a new project that focuses on expectant families.

Kindergarten Partnership & Innovation: On November 13th the 12 school districts were invited to send representation to a meeting to discuss the needs in our region in regards to KPI funds. The time was spent on the following:

1. We received an overview from the Early Learning Division P-3 Specialist on:
 - a. the funding stream priorities,
 - b. data collection requirements, and
 - c. successes & lessons learned from year one.

2. We reviewed Evidence-based programs currently being implemented in Oregon and local promising practices.
3. How to allocate the funds between all 12 districts (equitably vs. equally)

The decision that came from this group is that more time is needed to do a thoughtful planning process and fund allocation. We recognized that all districts were not present and would like to make sure that each district is a part of the planning process.

The recommendation to the group of Superintendents from the group that met on Friday 11/13 was:

1. We hold two additional half day meetings between now and the January Superintendents meeting.
2. We are asking that each district assign a point person to participate in this short-term steering committee. It can be the superintendent, a principal, or a P-3 support staff. That will be up to each district but the same person will need to attend both meetings. The group also suggested that the CCR&R participate along with a representative from Head Start.
3. The first meeting, to occur on December 11th, will be a sharing of strategies and ideas from districts that have already done planning in this area and the Hub will provide additional information on cost associated with strategies that other hub regions have implemented.
4. Each representative will then go back to their district to do planning based on their needs and interest and determine the cost that they anticipate would be involved with implementation.
5. The next meeting will happen on January 15th, prior the Superintendents meeting, with a focus on determining the funding allocations based on each districts proposed need. Our goal is to see if we can meet everyone's funding need to implement services without having to do a strict resource allocation that limits our flexibility and capacity to share resources.
6. I will bring the final planning decisions back to the Superintendents group at the January meeting for feedback. The final plan will need to be approved by the ELD and the Hub Governing Board will need to approve the plan and resource allocation before contracts can be executed.
7. The group also decided that it was not in our best interest to have a regional P-3 Coordinator but to look at the actual FTE each district might need to support this work and include a stipend for FTE in their project proposal. The ELD recommendation was an FTE range from .1 to .25

I really appreciated that the group wanted to share and learn from each other, explore best practices together, and be mindful of how we plan for the use of these funds to best support the needs of children and families in their districts. The state has assured me that we can have the time we need to do thoughtful planning before we will be required to report on the use of funds.

Metrics Action Teams: On November 12 partners met at Old Mill Center in Corvallis to review the ELD's feedback on our Hub's Strategic Plan and Work Plan. Partners continued last month's work by breaking up into one of four "Metrics Action Teams" to work on specific metrics that the State Early Learning Division has tasked us with, addressing the feedback provided by the ELD. This process has prompted the Hub to think about how and when our work groups meet and what is the best format to work on the task at hand in our Hub region.

QRIS Update: The Hub would like to congratulate Samaritan Early Learning Center in Lincoln County on their recent award of a 5-star QRIS rating! This is the first 5-star rated program in Lincoln County!

Fiscal Oversight Committee Reports

Fiscal Narrative



Finance

October 31, 2015

The Financial Oversight Committee oversees the long-term fiduciary health of the organization.

Finance provides oversight of the Hub's budget, oversees accurate and transparent representation, accounting and reporting of financial transactions and communicates financial information to the Governing Board.

MONTH-END DETAILS

The financials this month reflect the extension budget through 12/31/15.

Revenue:

Current month-end reports reflect new line-items for items authorized with the start of the new contract period. All reimbursement grants show as individual line items—dates for the spending period are included, as they vary.

Expenditures: Note from previous month: due to the timing of startup, this first year will be skewed from the % to budget pace normally expected.

Month of fiscal	% pace	Current mo-end

These financial reports reflect when expenses are paid as opposed to when those expenses are invoiced; so the summary reflects completed transactions.

Finance discussed the nuances in being able to measure percent to budget figures, given variances in funds availability and timing of allowed expenditures. As noted above with revenue, spending periods may vary depending on the funding stream. Finance also discussed the viability of reflecting % to budget figures over a two-year period. This discussion may continue over the next few months as we become familiar with a full biennium budget.

Funding Streams:

School Readiness – Great Start Funds: TBD – these funds are contracted to us, and are available, but not yet allocated. Lincoln County LIFT previously approved by the BOD.

Family Stability – Title IV Funds: TBD – these funds are contracted to us, and are available, but not yet allocated.

Focused Child Care Network Grant: no anomalies

ELD Family Support Services Grant Carryover:

Northwest Health Foundation: no update

Portland State University—Oregon Consensus: expenses are as expected

Staff will be providing summary narratives for each funding stream; the summaries will include ties back to the strategic plan.



Other Funds: Branding Project

Currently drafting proposal for next phase of project – family resource management / maternity case managers for enrolling families into prenatal classes, parenting education. The proposal will be to create a continuum of services for families, linking prenatal classes (intake point into system) with early learning

- Funds would be to develop out a database for tracking the families
- Tracking Well Child visits
- Prenatal reunion classes – timing for a cohort baseline ASQ
- Current conversations with SHS system (to regionalize project), COG (data/research team), parenting education, CCR&R for Linn, Benton, Lincoln counties
- Some transformation funds for facilitation/project management

BUDGET / STRATEGIC PLAN

Finance reviewed a draft of the 2015-2017 budget, which covers the two fiscal periods of 7/1/15 to 6/30/16 and 7/1/16 to 6/30/17. Funds unspent at end of first fiscal can carry over into second fiscal year of the biennium.

Line items for each funding stream will begin matching Expenditure line items in the major categories: Coordination, Professional Dev, Family Engagement, Supplies & Materials, Sub-Contracts (travel Cost), etc.

A copy of the budget with an accompanying narrative will be presented to the Board for review and approval at the December meeting.

POLICY

No policy for review this month.

Finance discussed role of the committee and proposal of moving to quarterly meetings. The committee's function role is to:

- Manage creation of procurement policy
- Help build out structure / formatting of financial review
- Provide outside perspective, looking for anomalies, etc.

Consensus is to remain meeting monthly through the end of first fiscal year, with an evaluation check-point in March.

Financial Statement

LBL Early Learning Hub
Financial Update as of 10/31/15

	Budget	Current Month	YTD	Balance	% Rcvd
Revenues					
State Resources					
Coordination					
Dept of Education - ELD - Coordination Carryover	\$ 61,944.00	\$ -	\$ 61,944	\$ -	100%
Dept of Education - ELD - Coordination (July-Dec 2015)	\$ 173,109.00	\$ -	\$ -	\$ 173,109.00	0%
Reimbursement Grants					
Dept of Education - Focused Child Care Network (July-Dec 2015)	\$ 34,909.00	\$ -	\$ -	\$ 34,909.00	0%
Dept of Education - School Readiness Funds (July-Dec 2015)	\$ 19,243.00	\$ -	\$ -	\$ 19,243.00	0%
Dept of Education - Family Stability (July-Dec 2015)	\$ 36,044.00	\$ -	\$ -	\$ 36,044.00	0%
Dept of Education - ELD Family Support Services Grant Carryover (July-Sept 2015)	\$ 10,957.99	\$ -	\$ -	\$ 10,957.99	0%
Grant Resources					
Northwest Health Foundation (carryover only) (July - Dec 2015)	\$ 22,275.08	\$ -	\$ 22,275.08	\$ -	100%
Portland State University - Oregon Consensus (carryover only)	\$ 3,068.84	\$ -	\$ 3,068.84	\$ -	100%
Total Revenues	\$ 361,550.91	\$ -	\$ 87,287.92	\$ 274,262.99	24%

	Budget	Current Month	YTD	Balance	% Used
Expenditures					
Hub Coordination					
Personnel Costs	\$ 87,582.00	\$ 16,067.33	\$ 61,972.44	\$ 25,609.56	71%
Professional Development	\$ 6,750.00	\$ -	\$ 516.00	\$ 6,234.00	8%
Family Engagement	\$ 6,128.00	\$ 402.05	\$ 402.05	\$ 5,725.95	7%
Supplies & Materials	\$ 3,600.00	\$ 1,178.73	\$ 1,978.80	\$ 1,621.20	55%
SubGrants (Coordination Funds)	\$ 4,182.00	\$ -	\$ -	\$ 4,182.00	0%
Travel Cost	\$ 2,416.00	\$ 648.17	\$ 1,864.69	\$ 551.31	77%
Administration Cost	\$ 18,804.00	\$ 1,590.86	\$ 5,802.51	\$ 13,001.49	31%
UnAllocated	\$ 105,591.00	\$ -	\$ -	\$ 105,591.00	
Total Hub Coordination	\$ 235,053.00	\$ 19,887.14	\$ 72,536.49	\$ 162,516.51	31%
School Readiness - Great Start Funds					
HART Preschool	\$ 1,098.00	\$ -	\$ -	\$ 1,098.00	0%
Strengthening Rural Families - Alesia PUPS	\$ 4,470.00	\$ -	\$ -	\$ 4,470.00	0%
Lincoln County School District - LIFT	\$ 8,712.00	\$ -	\$ -	\$ 8,712.00	0%
Parent Education (TBD)	\$ 4,320.00	\$ -	\$ -	\$ 4,320.00	0%
TBD	\$ 643.00	\$ -	\$ -	\$ 643.00	
Total School Readiness - Great Start Funds	\$ 19,243.00	\$ -	\$ -	\$ 19,243.00	0%
Family Stability - Title IV Funds					
Linn County Public Health	\$ 9,672.00	\$ -	\$ -	\$ 9,672.00	0%
Family Tree Relief Nursery	\$ 10,002.00	\$ -	\$ -	\$ 10,002.00	0%
Old Mill Center - Relief Nursery	\$ 5,541.00	\$ -	\$ -	\$ 5,541.00	0%
HART Family Resource Center	\$ 4,084.00	\$ -	\$ -	\$ 4,084.00	0%
TBD	\$ 6,745.00	\$ -	\$ -	\$ 6,745.00	
Total Family Stability	\$ 36,044.00	\$ -	\$ -	\$ 36,044.00	0%
Focused Child Care Network					
Child Care Resource & Referral (Family Connections)	\$ 34,909.00	\$ 0.00	\$ -	\$ 34,909.00	0%
Total Focused Child Care Network	\$ 34,909.00	\$ -	\$ -	\$ 34,909.00	0%
ELD Family Support Services Grant Carryover (July-Sept)					
Benton County - Old Mill Center	\$ 8,585.96	\$ 1,854.97	\$ 4,572.90	\$ 4,013.06	53%
Lincoln County School District	\$ 2,260.09	\$ -	\$ -	\$ 2,260.09	0%
Linn County - Family Tree Relief Nursery	\$ 3.36	\$ -	\$ -	\$ 3.36	0%
LBCC Indirect	\$ 108.58	\$ -	\$ 27.18	\$ 81.40	25%
Total Family Support Services Grant	\$ 10,957.99	\$ 1,854.97	\$ 4,600.08	\$ 6,357.91	42%
Northwest Health Foundation (carryover only)					
Materials & Supplies	\$ 1,490.73	\$ -	\$ 379.40	\$ 1,111.33	25%
Travel Expense	\$ 2,605.18	\$ 155.75	\$ 944.67	\$ 1,660.51	36%
Contracted Services	\$ 15,593.21	\$ 750.00	\$ 1,215.04	\$ 14,378.17	8%
Meeting Expenses	\$ 560.96	\$ 107.33	\$ 316.29	\$ 244.67	56%
Indirect	\$ 2,025.00	\$ 101.31	\$ 285.54	\$ 1,739.46	14%
Total Northwest Health Foundation	\$ 22,275.08	\$ 1,114.39	\$ 3,140.94	\$ 19,134.14	14%
Portland State University - Oregon Consensus (carryover only)					
Travel	\$ 3,068.84	\$ 294.16	\$ 1,722.98	\$ 1,345.86	56%
Total Expenditures	\$ 361,550.91	\$ 23,150.66	\$ 82,000.49	\$ 279,550.42	23%

Revenues					
Other Resources (funds not located at LBCC)					
Expenditures					
IHN-CCO (funds not located at LBCC)					
Identity Project	\$ 78,750	\$ -	\$ -	\$ 78,750.00	0%
Healthcare Alignment	\$ 200,000	\$ -	\$ -	\$ 200,000.00	0%
Total IHN-CCO	\$ 278,750	\$ -	\$ -	\$ 278,750.00	0%

2 Year Budget

**Early Learning Hub of Linn, Benton & Lincoln Counties
Early Learning Hub - 2 Year Budget**

	<u>July 1, 2015 to</u> <u>December 31,</u> <u>2015</u>	<u>January 1, 2016</u> <u>to June 30,</u> <u>2016</u>	<u>July 1, 2016 to</u> <u>June 30, 2017</u>	<u>2 Year Budget</u>
Resources				
Revenues				
State Resources				
Coordination				
Dept. of Education - ELD - Coordination Carryover FY 14-15	\$61,944.00	\$20,646.36	\$41,292.72	\$123,883.08
Dept. of Education - ELD - Coordination	\$173,108.74	\$149,679.30	\$299,358.54	\$622,146.58
Reimbursement Grants				
Dept. of Education School Readiness	\$0.00	\$52,998.30	\$105,996.62	\$158,994.92
Dept. of Education - Great Start	\$19,243.42	\$20,530.22	\$41,060.52	\$80,834.16
Dept. of Education - Title IV-B2	\$36,044.43	\$38,455.40	\$76,910.52	\$151,410.35
Dept. of Education - Family Stability	\$0.00	\$32,563.75	\$65,127.36	\$97,691.11
Dept. of Education - Focused Network	\$34,909.00	\$34,909.00	\$34,909.00	\$104,727.00
Dept. of Education - Partnership & Innovation	\$0.00	\$181,958.94	\$363,917.82	\$545,876.76
Total Resources	\$325,249.59	\$531,741.27	\$1,028,573.10	\$1,885,563.96
Expenditures				
Coordination				
Personnel Costs				
Employee Salary	\$61,626.00	\$63,330.20	\$126,660.40	\$251,616.60
Employee Benefits	\$25,956.00	\$28,480.02	\$56,960.04	\$111,396.06
Total Employee Costs	\$87,582.00	\$91,810.22	\$183,620.44	\$363,012.66
Professional Development				
Developmental Screening Training	\$3,750.00	\$0.00	\$0.00	\$3,750.00
P-3 Strategic Planning	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Family Resource Managers Learning Community - Meetings & Trainings	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Total Professional Development Cost	\$6,750.00	\$0.00	\$0.00	\$6,750.00
Family Engagement				
Parent Focus Groups	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Reading Initiative	\$2,678.00	\$0.00	\$0.00	\$2,678.00
Parent Stipends	\$450.00	\$450.00	\$900.00	\$1,800.00
Total Family Engagement Cost	\$6,128.00	\$450.00	\$900.00	\$7,478.00
Supplies & Materials				
Equipment	\$600.00	\$0.00	\$0.00	\$600.00
Supplies	\$1,500.00	\$1,500.00	\$3,000.00	\$6,000.00
Remote Communication Technology	\$1,500.00	\$1,500.00	\$3,000.00	\$6,000.00
Total Supplies & Materials Cost	\$3,600.00	\$3,000.00	\$6,000.00	\$12,600.00
Sub-Contracts (Coordination Funds)				
Translation Services	\$2,400.00	\$2,400.00	\$4,800.00	\$9,600.00
Family Connections	\$1,782.00	\$0.00	\$0.00	\$1,782.00
Total Sub-Contract Cost	\$4,182.00	\$2,400.00	\$4,800.00	\$11,382.00
Travel Cost				
	\$2,416.00	\$6,000.00	\$12,000.00	\$20,416.00
Unallocated Funds (Projects TBD)				
	\$105,590.52	\$53,039.39	\$106,078.72	\$264,708.63
Administrative Cost				
Indirect to LBCC, 8% of Coordination Funds	\$18,804.22	\$13,626.05	\$27,252.10	\$59,682.37
Total Coordination Expenditures	\$235,052.74	\$170,325.66	\$340,651.26	\$746,029.66
Ending Coordination Balance	\$0.00	\$0.00	\$0.00	\$0.00

Reimbursement Grants				
School Readiness Funds				
Contracts TBD	\$0.00	\$50,878.37	\$101,756.76	\$152,635.12
Indirect to LBCC, 4% of School Readiness Funds	\$0.00	\$2,119.93	\$4,239.86	\$6,359.80
School Readiness Cost	\$0.00	\$52,998.30	\$105,996.62	\$158,994.92
Great Start Funds				
HART Preschool	\$1,098.00	\$0.00	\$0.00	\$1,098.00
Strengthening Rural Families - Alesa PUPS	\$4,470.00	\$0.00	\$0.00	\$4,470.00
Lincoln County School District - LIFT	\$8,712.00	\$8,712.00	\$0.00	\$17,424.00
Contracts TBD	\$0.00	\$10,997.01	\$39,418.10	\$50,415.11
Parent Education (TBD)	\$4,193.68	\$0.00	\$0.00	\$4,193.68
Indirect to LBCC, 4% of Great Start Funds	\$769.74	\$821.21	\$1,642.42	\$3,233.37
Total Great Start Cost	\$19,243.42	\$20,530.22	\$41,060.52	\$80,834.16
Title IV Funds				
Contracts TBD	\$0.00	\$68,178.24	\$136,356.50	\$204,534.74
Linn County Public Health	\$9,672.00	\$0.00	\$0.00	\$9,672.00
Family Tree Relief Nursery	\$10,002.00	\$0.00	\$0.00	\$10,002.00
Old Mill Center - Relief Nursery	\$11,082.00	\$0.00	\$0.00	\$11,082.00
HART Family Resource Center	\$4,086.00	\$0.00	\$0.00	\$4,086.00
Indirect to LBCC, 4% of Title IV Funds	\$1,202.43	\$1,538.22	\$3,076.42	\$5,817.07
Total Family Stability Cost	\$36,044.43	\$69,716.46	\$139,432.92	\$245,193.81
Family Stability Funds				
Contracts TBD	\$0.00	\$31,261.20	\$62,522.27	\$93,783.47
Indirect to LBCC, 4% of Family Stability Funds	\$0.00	\$1,302.55	\$2,605.09	\$3,907.64
Total Family Stability Cost	\$0.00	\$32,563.75	\$65,127.36	\$97,691.11
Partnership & Innovation				
Contracts with Districts (TBD)	\$0.00	\$174,680.00	\$349,361.28	\$524,041.28
Indirect to LBCC, 4% of P&I Funds	\$0.00	\$7,278.36	\$14,556.71	\$21,835.07
Total Partnership & Innovation Cost	\$0.00	\$181,958.36	\$363,917.99	\$545,876.35
Focused Network				
Child Care Resource & Referral (Family Connections)	\$34,909.00	\$34,909.00	\$34,909.00	\$104,727.00
Total Reimbursement Grants	\$90,196.85	\$392,676.08	\$750,444.41	\$1,233,317.34
Total Expenditures	\$325,249.59	\$563,001.75	\$1,091,095.68	\$1,979,347.01
Ending Balance	\$0.00	\$0.00	\$0.00	\$0.00

Consent Items

October Retreat Minutes

Early Learning Hub of Linn, Benton and Lincoln Counties Governing Board Retreat Meeting Minutes

MEETING COMMENCED	10:00am, October 22, 2015 Linn-Benton Community College, Albany, OR
MEETING CALLED BY	Kristi May
GOVERNING BOARD MEMBERS PRESENT	Paul Smith, Mary McKay, Stephany Koehne, Rebecca Cohen, Jennifer Moore, Bettina Schempf, Paula Grace, Anne Peltier, Julie Manning, Betsy Wilcox, Jeff Davis, Tony Lewis, Tab Dansby (ELD)
VERSION	Final
RECORDED	No

Agenda topics

INTRODUCTION	October 22, 2015 Governing Board Members
Each Governing Board member was asked to introduce themselves and explain why they are involved with the Early Learning Hub and this Board.	

DOCUMENT REVIEW	Metrics Guidance Document
Members of the GB were divided into small groups (from different counties and sectors), and asked to review the Metrics Guidance document. These metrics are the measurable and actionable methods to focus the work of the Hub and its stakeholders towards the three specific goals for which the Hub was created: (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. Below are the thoughts of one of those groups following their review:	
Engaging the parents is key.	
Very excited that preschool will be available to everyone, regardless of income.	
How do we get more access to programs?	
We need to get kids ready for school, and our schools ready for kids.	

ACTIVITY	Jumpstart <i>Read for the Record</i>
The GB members visited the Periwinkle Child Development Center here at Linn-Benton Community College to view the children reading the Jumpstart book, "Not Norman: A Goldfish Story". The GB voted to fund the reading for agencies in the three counties, and today got to see the fruits of that funding. Approximately 1,100 children and twenty-seven agencies were part of this reading activity that the Hub participated in.	

DOCUMENT REVIEW	Strategic Plan / 1-Year Work Plan
Members of the Governing Board were again placed into small groups (from different counties and sectors), and asked to review the Strategic Plan and the 1-Year Work Plan. The Strategic plan is a compilation of the goals that the State has set for us, and the strategies that the Hub (and its stakeholders) have determined will help us to achieve those outcomes, over the next five years. The Strategic Plan is going to be submitted to the State Early Learning Division in November for approval, and this was an opportunity for	

<p>the Board to review it and offer any suggestions beforehand. The 1-Year Work Plan breaks down the Strategic Plan strategies into steps that can be taken in the coming year and what key metrics this will move. The Work Plan also includes the proposed date of completion, the partners who will be needed at the table to accomplish this project, and what resources will be needed. This was an opportunity for the Governing Board to review and offer suggestions before they are submitted to the State. Below are their comments:</p>
<p>The Annual Work Plan contains references to research, and the fact that Linn-Benton Community College has a fact-finding department and a grant-writing department, will help with this goal. In addition, the Benton County Health Department has an epidemiologist, and they are qualified to review our data and help us to focus on data pertinent to the Hub.</p>
<p>Page 8, item 2.A.4: "Visit models of PreK/schools partnerships..." Pre-K program being co-located into school district facilities. The Corvallis School district is driving towards this model, and we should be able to help to make this a reality. We want to see the data for this model and see WHY this is going to work. There is a co-located model already working in Alsea, and we need to review that data and breakdown the hows and whys of its success.</p>
<p>The new Partnership and Innovation funds would be part of this.</p>
<p>Page 7, item 2.A.2: We believe that this is already happening, somewhat, but we aren't reaching the preschool teachers. We need to find a neutral facility for these early meetings so that everyone is comfortable.</p>
<p>This is a huge document for one year. Will it be refined down? This is too much to expect to happen in one year.</p>
<p>Would like to see a quarterly report of how we are doing on this document.</p>
<p>If we have more comments or suggestions on this document, please start it on Basecamp.</p>

<p>MEETING ADJOURNED</p>	<p>2:06pm</p>
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October Meeting Minutes

Early Learning Hub of Linn, Benton and Lincoln Counties Governing Board Meeting Minutes

MEETING COMMENCED	2:00pm, October 22, 2015 Linn-Benton Community College, Albany
MEETING CALLED BY	Julie Mann
GOVERNING BOARD MEMBERS PRESENT	Stephany Koehne, Mary McKay, Rebecca Cohen, Paula Grace, Anne Peltier, Guadalupe Diaz, Paul Smith, Tony Lewis, Jeff Davis, Jennifer Moore
VERSION	Final
RECORDED	No

Agenda topics

ROLL CALL	October 22, 2015 Governing Board Meeting
Took silent roll of Board Members present.	

SPECIAL PRESENTATION	Imagination Library
Greg Roe, of Linn County United Way, made a presentation about the Imagination Library and what the benefits would be for the three counties. Handed out a summary of the Kindergarten Readiness scores in our area, and pointed out how low our scores are, compared to the rest of the state. Greg explained how the program is being funded, but could use more funding in order to reach full capacity. Program is free to every child, at a cost of \$25/year per child.	

COORDINATOR'S REPORT	Kristi May
We have received our contract extension from the State on September 28, 2015, and our funded partners are in the process of submitting their information in order to get their individual contracts.	
NW Health Foundation grant application was submitted on October 9, 2015. We'll hear if we got the funding in December. This grant meets a large number of our indicators, and this would be a big help to us, if we get it.	
Work Group Day was held a little differently this month in order to get help from our partners preparing our 2016 Work Plan. Participants were divided into seven teams each focusing on a specific indicator. Special thanks to Kidco Head Start for sending multiple representatives and add their perspective to the Work Plan.	
Participated in the Oregon Association for the Education of Young Children Conference, along with partner, Lauren Sigman, also was able to participate on the panel.	
Today was Jumpstart Read for the Record, which the Governing Board voted to fund at least month's meeting. During this morning's Retreat, we had the opportunity to walk down to the Periwinkle Child Development Center and help read to the children, and see the results of their funding choice. Approximately 1,133 children are participating in today's event at twenty-six different partner agencies and childcare facilities in the three counties.	
In November there will be a Health & Early Learning Forum which is focusing on a new collaboration between LBCC Parenting Education and the Samaritan Hospitals in the three counties. The collaboration involves LBCC becoming more involved in the registration of new parents in the hospital classes and then	

steering these same parents into the early childhood classes. This will allow us to catch and keep these families, and hopefully set them on the path to continued family education throughout their children's formative years. The CCO is in full agreement and has even offered to help with grant money to aid in the technology issues that this collaboration will need to resolve.

COMMITTEE REPORTS		Fiscal Oversight Committee													
A supplemental budget has been created and will need Board approval. The 4-month approval was given by the Board, but the State changed our contract extension to 6-month's. A 6 month budget was developed based on the budget the board previously approved, and it will require another approval from the Board.															
The November reports will reflect new line-items for items authorized with the start of the new contract period.															
CONCLUSIONS															
Motion to Accept: Paul Smith															
Motion to Second: Anne Peltier															
Vote of the Group: Unanimous															
VOTING RESULTS		Individual Votes cast by Board Members (Yes, No, Abstain)													
B. Wilcox	Y	N	A	J. Golden	Y	N	A	M. Thielman	Y	N	A	J. Davis	Y	N	A
D. Morgan	Y	N	A	A. Hernandez	Y	N	A	G. Diaz	Y	N	A	J. Manning	Y	N	A
L. Wood	Y	N	A	A. Peltier	Y	N	A	C. Amador	Y	N	A	M. McKay	Y	N	A
J. Moore	Y	N	A	T. Lewis	Y	N	A	P. Grace	Y	N	A	D. Brown	Y	N	A
B. Hall	Y	N	A	J. Sneddon	Y	N	A	B. Schempf	Y	N	A	M. Benavides	Y	N	A
R. Cohen	Y	N	A	S. Koehne	Y	N	A	P. Smith	Y	N	A				

CONSENT ITEM		Approval of September Minutes, Strategic Plan & Work Plan moved to discussion items for further discussion by the board													
The Minutes from the September Governing Meeting were posted on Basecamp and the Website for Board Member review.															
CONCLUSIONS															
Motion to Accept: Guadalupe Diaz															
Motion to Second: Jeff Davis															
Vote of the Group: Unanimous															
VOTING RESULTS		Individual Votes cast by Board Members (Yes, No, Abstain)													
B. Wilcox	Y	N	A	J. Golden	Y	N	A	M. Thielman	Y	N	A	J. Davis	Y	N	A
D. Morgan	Y	N	A	A. Hernandez	Y	N	A	G. Diaz	Y	N	A	J. Manning	Y	N	A
L. Wood	Y	N	A	C. Peltier	Y	N	A	E. Amador	Y	N	A	M. McKay	Y	N	A
J. Moore	Y	N	A	T. Lewis	Y	N	A	P. Grace	Y	N	A	F. Brown	Y	N	A
B. Hall	Y	N	A	J. Sneddon	Y	N	A	D. Schempf	Y	N	A	M. Benavides	Y	N	A
R. Cohen	Y	N	A	S. Koehne	Y	N	A	P. Smith	Y	N	A				

DISCUSSION ITEM		Approval of draft Strategic Plan & Work Plan											
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Jennifer Moore – Make an addition to Core Strategy 1, under Goal 1, page 5: adding the language “among providers and other stakeholders” that improves the quality...															
Mary McKay– Rephrase K-12 Connection Strategy to read: “Work collaboratively with K-12 schools to develop multiple pathways to reach and engage parents of preschool children in kindergarten transition efforts”. Language change.															
CONCLUSIONS															
Motion to Accept: Rebecca Cohen															
Motion to Second: Paul Smith															
Vote of the Group: Unanimous															
VOTING RESULTS		Individual Votes cast by Board Members (Yes, No, Abstain)													
B. Wilcox	Y	N	A	J. Golden	Y	N	A	M. Thielman	Y	N	A	J. Davis	Y	N	A
D. Morgan	Y	N	A	A. Hernandez	Y	N	A	G. Diaz	Y	N	A	J. Manning	Y	N	A
L. Wood	Y	N	A	E. Peltier	Y	N	A	G. Amador	Y	N	A	M. McKay	Y	N	A
J. Moore	Y	N	A	T. Lewis	Y	N	A	P. Grace	Y	N	A	H. Brown	Y	N	A
B. Hall	Y	N	A	J. Sneddon	Y	N	A	F. Schempf	Y	N	A	M. Benavides	Y	N	A
R. Cohen	Y	N	A	S. Koehne	Y	N	A	P. Smith	Y	N	A				

DISCUSSION ITEM		Lincoln County Housing Project													
Want to explore a project coming to Lincoln county, increasing housing opportunities.															
There is a need for a relief nursery in Lincoln County, and the possibility exists within this project to include a relief nursery, dental clinic, medical clinic, etc. all located within a new low-income housing project. Location and size are to be determined, but will be brought back to the Board as we learn about it. These are additional State dollars, and the legislature requested that this group work with Early Learning Hubs to see where the greatest need is and where the families are. Our goal would be to get a relief nursery included in this project.															
Currently we are unsure of the RFP process and how Hubs will be involved.															
Not sure if we want to tell Kristi who she can and can't have discussions with, but we do urge caution in becoming involved with a group that could bring “risk” to our Hub.															
Concerned that we are looking at something that will only benefit one county, but we need to look at where the highest need is.															
Want to make sure that this work meets our strategic priorities.															
We also may need to decide what things we should be discussing in these meetings, and what things we don't.															
We are forging out a precedence: where the Board should and shouldn't go.															
CONCLUSIONS															
Motion to accept: Jeff Davis															
Motion to second: Tony Lewis															
Unanimous vote															
VOTING RESULTS		Individual Votes cast by Board Members (Yes, No, Abstain)													
B. Wilcox	Y	N	A	J. Golden	Y	N	A	M. Thielman	Y	N	A	J. Davis	Y	N	A
D. Morgan	Y	N	A	A. Hernandez	Y	N	A	G. Diaz	Y	N	A	J. Manning	Y	N	A
L. Wood	Y	N	A	G. Peltier	Y	N	A	I. Amador	Y	N	A	M. McKay	Y	N	A
J. Moore	Y	N	A	T. Lewis	Y	N	A	P. Grace	Y	N	A	J. Brown	Y	N	A
B. Hall	Y	N	A	J. Sneddon	Y	N	A	H. Schempf	Y	N	A	M. Benavides	Y	N	A

R. Cohen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. Koehne	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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DISCUSSION ITEM	Mixed Delivery Preschool (MDP) (Tab Dansby)
	New MDP will allow about 1,400 more preschoolers to get a quality preschool education.
	“Mixed Delivery” means that preschool will be delivered in a variety of settings.
	Funding will be flowing through the Hubs, partnering with local agencies.
	Looking at lots of opportunity and innovation.
	Children ages 3-4 years old living at 200%-300% of poverty levels will be eligible.
	Agencies will need to be 3- and 4-star rated in order to participate.
	Teachers need Bachelor’s Degrees. Will they also need a license?
	Statewide Salary Scale for teachers? Benefits? Collective bargaining? Are we going to bankrupt some of our agencies by requiring “state-level pay and benefits”?
	How do families access that money? Or does the money go directly the agencies?
	This has become a law, so we need to work out the rules.
	Estimated timeline is fall of next year.
	One priority is going to be facilities. State standards are very stringent: right-sized bathrooms, right-sized kitchens, playgrounds, etc. Lots of rural areas don’t have facilities that meet these requirements. The only way to make it happen is to build whatever you need.
	A “Star-Rating” requires that your organization has been in business for at least 2 years.
	\$27,000,000 has been budgeted by the legislature for this project. (Breaks out to \$20,000/child per year.)
	CULTURALLY RESPONSIVE TEACHING:
	What aspect of your community’s culture/family norms are important to acknowledge and understand when designing culturally responsive preschool programs?
	Language
	Family expectations
	Rural versus Urban expectations
	What do we need to know about what children in your community most need to learn and grow? Where must we access that information?
	Opportunities like this are helpful because the State can see our interactions, and understand our perspectives. Focus group information would be helpful. The community advocacy committees are required by the CCO, and that information could be helpful for their discussions.
	Health, food, and other self-needs are all important discussion items that all of our stakeholders are worried about and are trying to address.
	How would you learn about a community’s cultural/family norms in order to understand and design a responsive preschool program?
	Other entities are already doing this work – like the USDA Food program, the Cultural Center (Corvallis), Casa Latino (Corvallis) – and will share their data and explain their data (data whisperers).
	Council of Governments (Cascades) also has a shared database.
	The focus group information that we gathered for the NW Health Foundation Grant asked some of these exact questions.
	What are the behaviors should we expect from culturally responsive adults?
	One-size does not fit all – you’re comparing teachers and students. First we need teachers who have the training and experience, and then they will be able to teach.
	What experiences have you had in your community that you would identify as important in supporting children and families?
	Transportation is a barrier.
	Privatization of enriching behaviors: paying for sports, etc.

Lack of resources in the rural communities in order to create an appropriate place.
What does a successful family engagement look like in our community?
Each family is engaged differently, even within local programs.
Give parents the opportunity to grow and become leaders.
What kinds of challenges have you overcome in reaching families?
Very distrustful of organizations, in general. Must build a relationship with them. Ongoing problem.
Families are very transient in low-income areas. Must re-engage each time they move.
Navigator roles are popping up everywhere to try to deal with this problem.
Need to enable parents, who will in turn enable other parents.
How would you characterize the first wave of enrollees in your programs? Where/when are families accessing program information?
130-200% poverty enrollees. Greatest need enrollees appear at the very end of the enrollment period.
Word of mouth.
Convenience. What they can afford. CCR&Rs.
The agency must know who their "audience" is and then advertise to them. Agencies can do that by design.
We must identify non-traditional partners to help us.
HR departments could help because they know the difficulties that their work force is facing.
Bachelor's degree requirements: (GB Members wished to specifically discuss this issue.)
Lots of older teachers available, with lots of experience, but don't have (and don't want) a bachelor's Degree. You're going to lose a lot of very talented individuals if you require a bachelor's degree.
Local agencies can't afford to pay the wages that the State will want them to pay for a teacher with a bachelor's degree.
Maybe implement a two-tier system: one with bachelor's degrees and one without bachelor's degrees.
Teacher's who are fresh out of college and have a bachelor's degree often have no idea how to deal with young children.
Funding for a mentor would be very beneficial. Works in hospitals with nurses, and would work in the preschool program.
What the legislators want might not be workable "on the ground".
What suggestions would you give to the ELD about ways that we can avoid excluding members of the communities that you serve from this process?
Don't worry about numbers.
Preferred qualifications vs minimum qualifications. Look at MQs in the now and PQs in the future.
Bring in some school administrators and talk to them about what is actually happening.
What are the most effective ways that we can provide follow-up information about this event?
Where are we in the rule implementation phase? Where is the process at this time? Are they still accepting input?
What other groups have you talked to? What answers did they give you?
How do you measure the impact of your program?
Developmental testing, before and after.
Interim indicators.

NEXT MEETING	Thursday, December 10, 2015
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Meeting will be held from 2-4:00pm at the LBCC Benton Center in Corvallis. Map will be posted on the Website and Basecamp.

**MEETING
ADJOURNED**

3:12pm

Discussion Items

OSU Epidemiologist Intern

Oregon State
UNIVERSITY

**College of Public Health
and Human Sciences**

MPH Internship Information for Preceptors *Epidemiology Track*

Determining an appropriate project:

- * Community or population focus
- * Project-based experience that integrates theory and practice in an applied setting under supervision
- * Must meet track and student-specified competencies
- * Can be completed in 200 hours/1 term

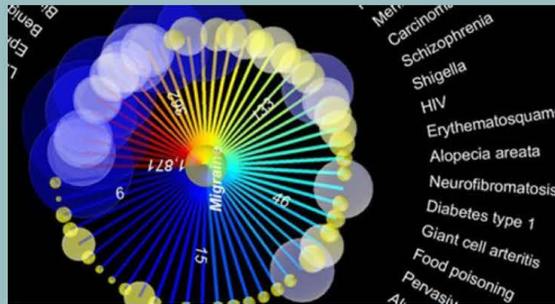
"Our intern developed two medical professionals design research studies. He wrote full study designs! Our intern did a great job and was a delight to work with." Samaritan Health Services

How to have a successful experience:

- * Provide an orientation for your student
- * Set up a regular weekly check-in time
- * Provide continual feedback
- * Meet with your student at the end of the experience to debrief

View the entire preceptor orientation presentation here:

<http://health.oregonstate.edu/degrees/graduate/public-health/graduate-handbooks#mph-handbooks>



Examples of appropriate projects:

- Conduct data analysis and participate in reporting of an outbreak investigation
- Conduct data collection and/or analyze data in support of an analytic epidemiologic study or public health policy/practice change
- Analyze county, state, federal, or international data to support organizational reporting
- Design and/or implement a database

Most importantly, the internship must be competency-based, meeting track and student-specified competencies (see backside)

For more information, contact:

Faith Vawter, MPH
MPH Internship Coordinator
445 Waldo Hall
541-737-4891
Faith.Vawter@oregonstate.edu

Oregon State
UNIVERSITY

Epidemiology Track Competencies

1. Recognize public health problems pertinent to the population and identify key related sources of data
2. Understand, calculate and apply the basic terms, measures, and methods used in epidemiology
3. Apply principles of good ethical/legal practice and cultural competency as they relate to study design and data collection
4. Draw appropriate inferences from epidemiological data including identifying strengths and limitations of reports
5. Apply epidemiologic skills in the formation or application of public health programs or policies
6. Assist in communicating findings and developing recommended evidence-based interventions and control measures in response to epidemiologic findings

Students will work with their preceptor to develop individual learning objectives that directly relate to the track learning competencies. Students must also describe how their area of specialization, internship, and career objectives are connected.

THANK YOU FOR YOUR INTEREST IN SERVING AS A PRECEPTOR!

Linn, Benton, Lincoln Early Learning Hub / Benton County Health Department

Epidemiology Track – Early Learning Hub Internship

Timeframe: 1 or 2 academic terms

Start date: Beginning of Winter Term

Hours per week: 20 (1 term) or 10 (2 terms), flexible scheduling

Location: Linn Benton Community College, Albany, Oregon / Benton County Health Department, Corvallis, Oregon

Compensation: This position may be compensated

Preceptor: Peter Banwarth, Epidemiologist, Benton County Health Department and Regional Health Assessment of Linn, Benton, and Lincoln Counties. peter.banwarth@co.benton.or.us

Project description: The Early Learning Hub of Linn, Benton & Lincoln Counties (EL Hub) supports underserved children and families in our region to learn and thrive by making resources and supports more available, more accessible, and more effective. Hubs are required to work across systems – early learning, K-12 education, business, health, and human services. The challenges of collecting and tracking data across systems are strong. We need to be able to provide data to the governing board so they can make informed decision regarding the EL Hub resources. Data also needs to be accessible to our Hub partners for their needs, such as grant writing.

Data come from a very wide range of sources, and the aggregation, documentation, and analysis of the statistical reliability of this information is a very important task. An intern working on this project will become familiar with a wealth of sources for early learning (i.e. health, education and human services data) and the practices and procedures for working with that data.

Primary intern duties (Epidemiology track competency):

- Create a detailed, searchable list of early learning systems databases that contains metadata on type of data, access instructions, update frequencies, and geographic detail. (Competencies 1, 3)
- Produce early learning risk factors and Kindergarten Assessment fact sheets for sharing with the EL Hub workgroups, the governing board, and other interested organizations. (Competencies 2, 3, 4)
- Collaborate with the EL Hub Data and Evaluation Workgroup (workgroup co-chairs, epidemiologist, EL Hub Coordinator, and EL Hub Project Manager) to crosswalk data as necessary to facilitate data analysis and decision-making (Competencies 1, 2, 3)
- Create presentations using a variety of technologies for use in groups and website to inform EL Hub partners and community about the status of our region's children and movement toward outcomes (All competencies)



Regional Health Assessment: Early Learning Hub Internship
Linn, Benton and Lincoln Counties, Oregon

	Hours	Expenses
A. SALARY		
a. Project Coordinator (TBD) 1.0 FTE	12	\$ 234.84
b. Epidemiologist (Peter Banwarth) 0.5 FTE	54	\$ 1,437.48
e. PH Epidemiology/IT Interns @ 20 hours per week	200	\$ 2,694.00
Total Salary		\$ 4,366.32
B. FRINGE BENEFITS (@66%, Interns 10%)		
a. Project Coordinator (TBD)		\$ 154.99
b. Epidemiologist (Peter Banwarth)		\$ 948.74
e. PH Epidemiology/IT Interns		\$ 269.40
Total Fringe		\$ 1,373.13
C. EQUIPMENT/SUPPLIES (Benton County in-kind)		
a. Desk, Computer, IT Equipment & Technical Maintenance		\$ 105.00
b. Central cost/space allocations (in kind, Benton County)		\$ -
c. General office supplies, photocopying, printing		\$ 100.00
Total Equipment		\$ 205.00
D. TRAVEL		
a. Mileage reimbursement (local travel - 104 miles)		\$ 60.00
Total Travel		\$ 60.00
Total Contractual		\$ -
F. TOTAL DIRECT COSTS		
Sum of A - E		
Total Direct Project		\$ 6,004.45
G. INDIRECT COSTS		
10% of Total Direct Costs		
Total Indirect		\$ 600.00
H. TOTAL PROJECT COSTS (excluding in-kind)		
Sum of F & G		
		\$ 6,604.45

Regional Health Assessment: Early Learning Hub Internship Linn, Benton and Lincoln Counties, Oregon

	Hours	Expenses
A. SALARY		
a. Project Coordinator (TBD) 1.0 FTE	12	\$ 234.84
b. Epidemiologist (Peter Banwarth) 0.5 FTE	54	\$ 1,437.48
e. PH Epidemiology/IT Interns @ 20 hours per week		\$ -
Total Salary		\$ 1,672.32
B. FRINGE BENEFITS (@66%, Interns 10%)		
a. Project Coordinator (TBD)		\$ 154.99
b. Epidemiologist (Peter Banwarth)		\$ 948.74
e. PH Epidemiology/IT Interns		\$ -
Total Fringe		\$ 1,103.73
C. EQUIPMENT/SUPPLIES (Benton County in-kind)		
a. Desk, Computer, IT Equipment & Technical Maintenance		\$ 105.00
b. Central cost/space allocations (in kind, Benton County)		\$ -
c. General office supplies, photocopying, printing		\$ 100.00
Total Equipment		\$ 205.00
D. TRAVEL		
a. Mileage reimbursement (local travel - 104 miles)		\$ 60.00
Total Travel		\$ 60.00
Total Contractual		\$ -
F. TOTAL DIRECT COSTS		
Sum of A - E		
Total Direct Project		\$ 3,041.05
G. INDIRECT COSTS		
10% of Total Direct Costs		
Total Indirect		\$ 304.00
H. TOTAL PROJECT COSTS (excluding in-kind)		
Sum of F & G		
		\$ 3,345.05

Family Connections Project



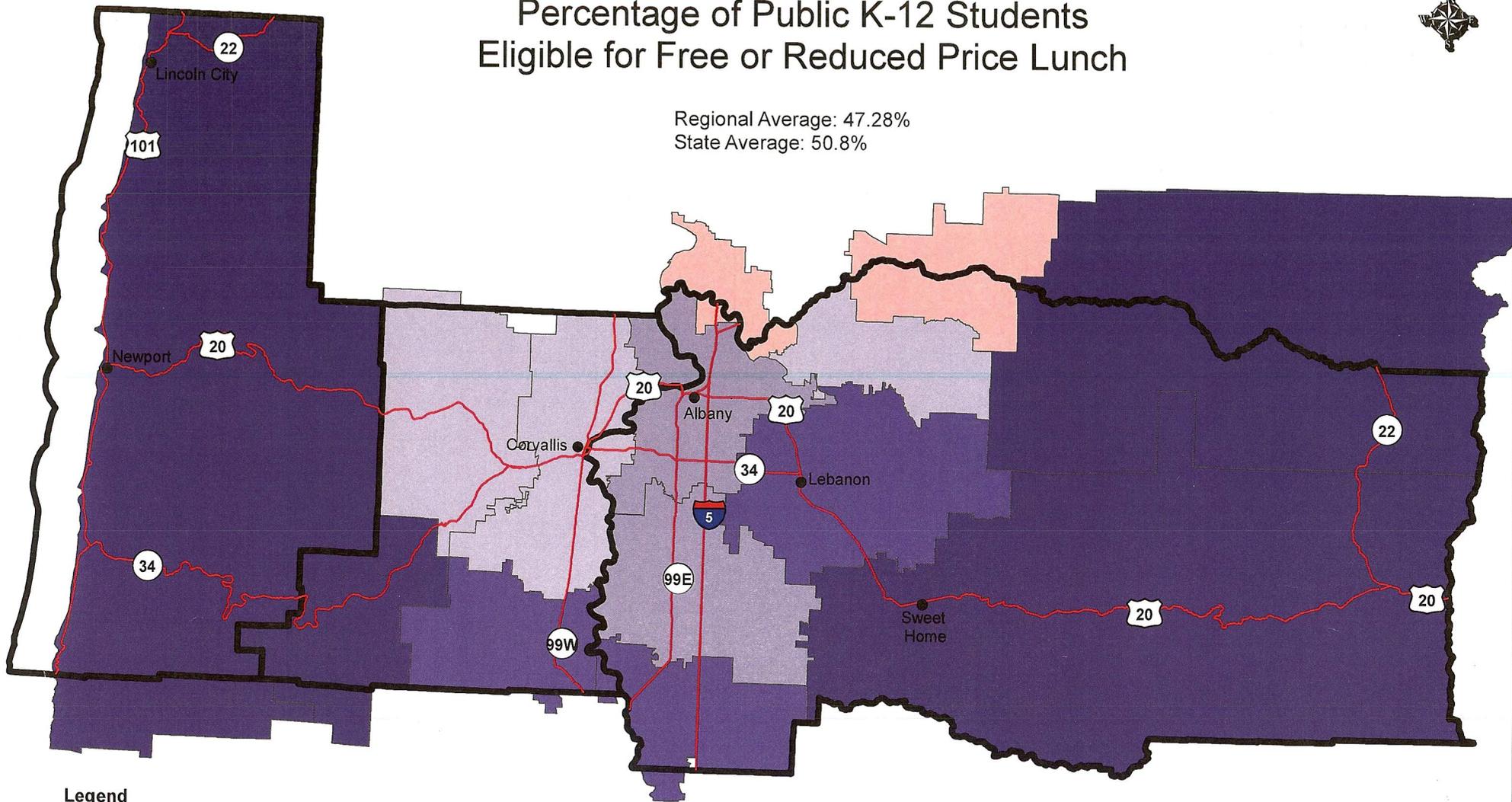
Family Resources & Education Center
 Linn-Benton Community College
 6500 Pacific Blvd. SW, LM – 101
 Albany, OR 97321

Our Region	The Early Learning Hub of Linn, Benton & Lincoln Counties mirrors the service areas of DHS, LBL ESD, and IHN-CCO to maximize opportunities for the integration of early learning services.
The History	Linn-Benton Community College was selected to be the backbone agency for our hub because of their long history of offering family supports in the community. LBCC is also the fiscal agent for our CCR&R and our OPEC Hub. Together with the Early Learning Hub, these three programs make up the Family Resources and Education Center at LBCC. This allows for ongoing communication, planning, and leveraging of resources to provide quality programs and services in Linn, Benton and Lincoln Counties.
Our Governing Board	The Early Learning Hub of Linn, Benton & Lincoln Counties Governing Board includes cross sector representation from decision-makers in all three counties. Our board of 23 members includes sector representation from parents, early childhood, K-12, business, health, and social & human services. Each county has a representative for each sector and there are five standing seats for representatives from LBCC, DHS, the Confederated Tribes of Siletz Indians, LBL ESD, and IHN-CCO.
Back Bone Alliance	<p>LBCC, IHN-CCO, LBL-ESD and the three county health departments will work together to provide backbone support to the EL Hub. The role of the Back Bone Alliance is to provide coordination and facilitation support to the EL Hub. An MOU has been created to document the agreement and commitment of the backbone organizations.</p> <p>Roles and Responsibilities of Backbone Alliance</p> <ul style="list-style-type: none"> • Work group facilitation • Development of an ongoing communication plan. • Insuring all three counties and associated sectors are equally represented in working groups. • Advocacy at the local and state level • Connecting with business and other potential partners, who have not been previously engaged • Facilitating alignment of evaluation and tracking of common outcomes
The Need	Hospital leaders identified a need for centralizing the registration process for prenatal and sibling preparation classes for expectant parents. This request prompted interest in co-locating this function with the existing classes and resources offered by the region's Parenting Education Hub as well as the Early Learning Hub, allowing for more robust, comprehensive and on-going engagement of parents, starting with expectant parents.
The Project	<p>Design an integrated process for reaching out to all pregnant parents and families with newborns in order to assess needs for prenatal and parenting education, make appropriate referrals and enable the use and collection of ASQ screening. Leverage and align existing services to create county "hubs" for early learning resources. The development of this project has included gathering key partners (IHN-CCO, four Samaritan Medical Center, LBL Early Learning Hub, LBCC Parenting Education and Family Connections) to assess interest and potential next steps. A work plan was submitted to OHA to utilize transformation dollars to access facilitation for our process through Oregon Public Health Institute. Next steps include;</p> <ul style="list-style-type: none"> • Mapping current processes for prenatal and parenting class registration and delivery • Inventory of related programs and services for expectant and new parents • Design integrated process for prenatal and parenting education • Develop marketing materials to promote the program

Percentage of Public K-12 Students Eligible for Free or Reduced Price Lunch



Regional Average: 47.28%
State Average: 50.8%



Legend

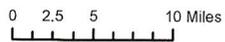
- Major Cities
- Major Highways

□ County

Percent

- <Null>
- 7.9 - 42.2%
- 46.6 - 59%
- 59.1 - 62.9%
- 63 - 79.8%

U - This data may be Unreliable



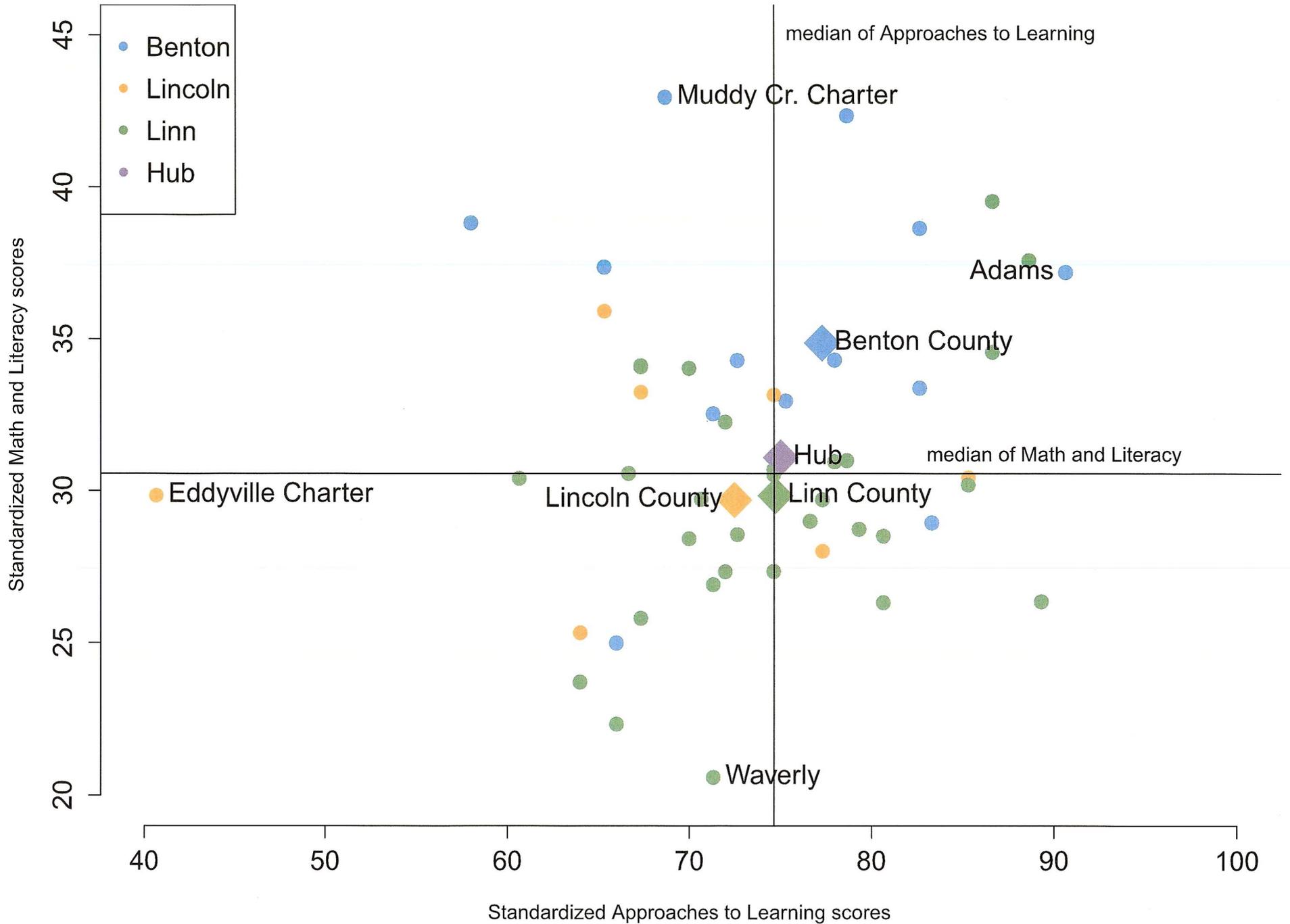
Study Area



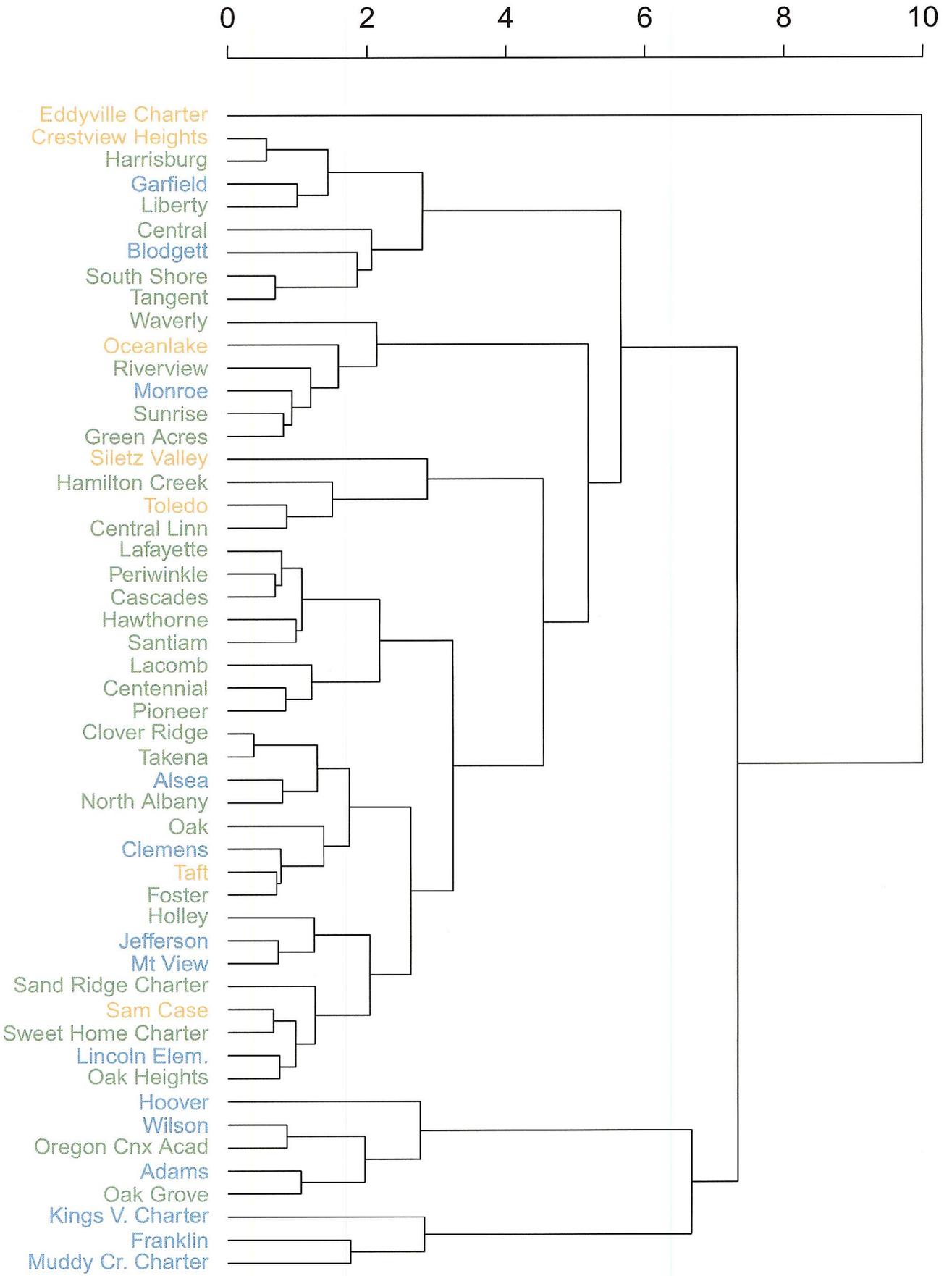
Source: Oregon Department of Education,
2013-2014 Academic Year
Map Created by Linn County GIS Department
Property of the Regional Health Assessment
of Linn, Benton and Lincoln Counties, 2015

Kindergarten readiness, LBL Early Learning Hub, 2014

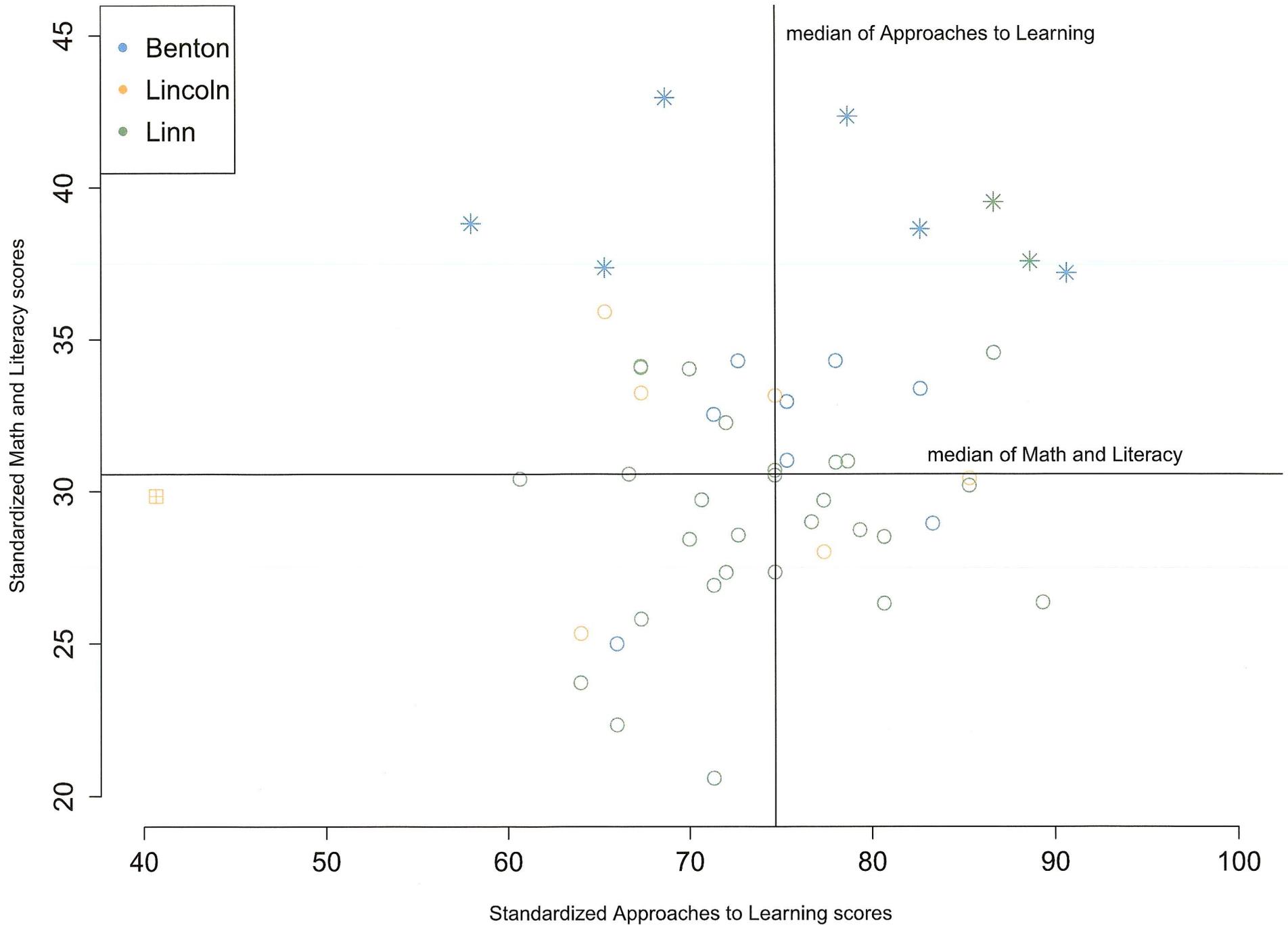
Comparison of Approaches to Learning to Math and Literacy



**Kindergarten readiness, LBL Early Learning Hub
Hierarchical clustering of schools, raw scores**



Kindergarten readiness, LBL Early Learning Hub, 2014 comparison of Approaches to Learning to Math and Literacy



Early Learning System Transformation

Supporting all of Oregon's young children and families to learn and thrive.

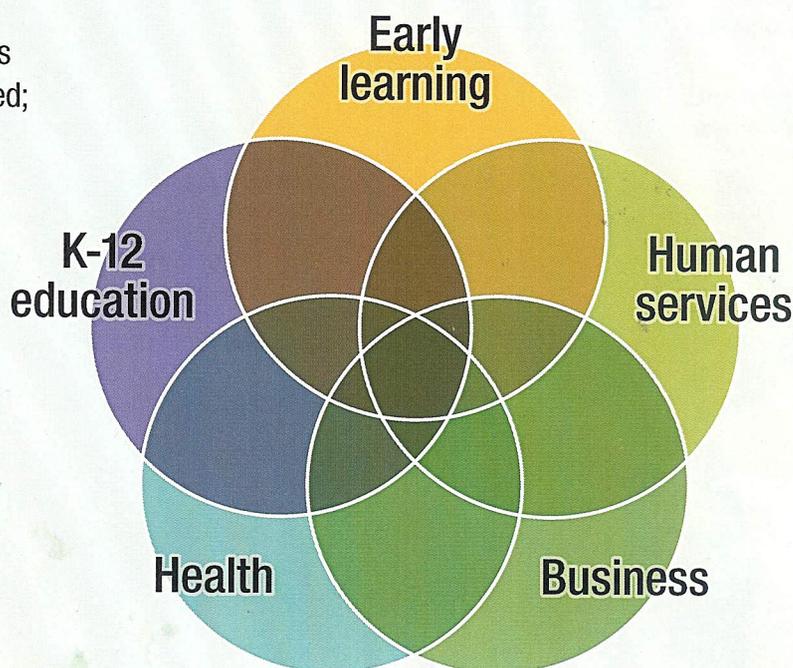
In 2013, the Oregon Legislature passed House Bill 2013. The resulting statute authorized the Early Learning Council to create 16 regional and community-based Early Learning Hubs to make supports more available, accessible, and effective for children and families, particularly those who are historically overrepresented in the opportunity gap and underrepresented in services.

The Early Learning Hubs are directed to accomplish three specific goals:

- 1 Create an early childhood system that is aligned, coordinated and family-centered;
- 2 Ensure children arrive at school ready to succeed; and
- 3 Ensure Oregon's young children live in families that are healthy, stable and attached.

The goals of the Early Learning Hubs are to:

- Identify the underserved children in their communities;
- Evaluate the needs of those children and families; and
- Ensure that programs and services reach them and meet their needs.



Hubs help leverage and coordinate existing services such as home visiting, child care, preschool and wrap around services to share lessons learned across service providers. Hubs encourage the reduction of duplicated services to provide the most relevant and effective services to families.

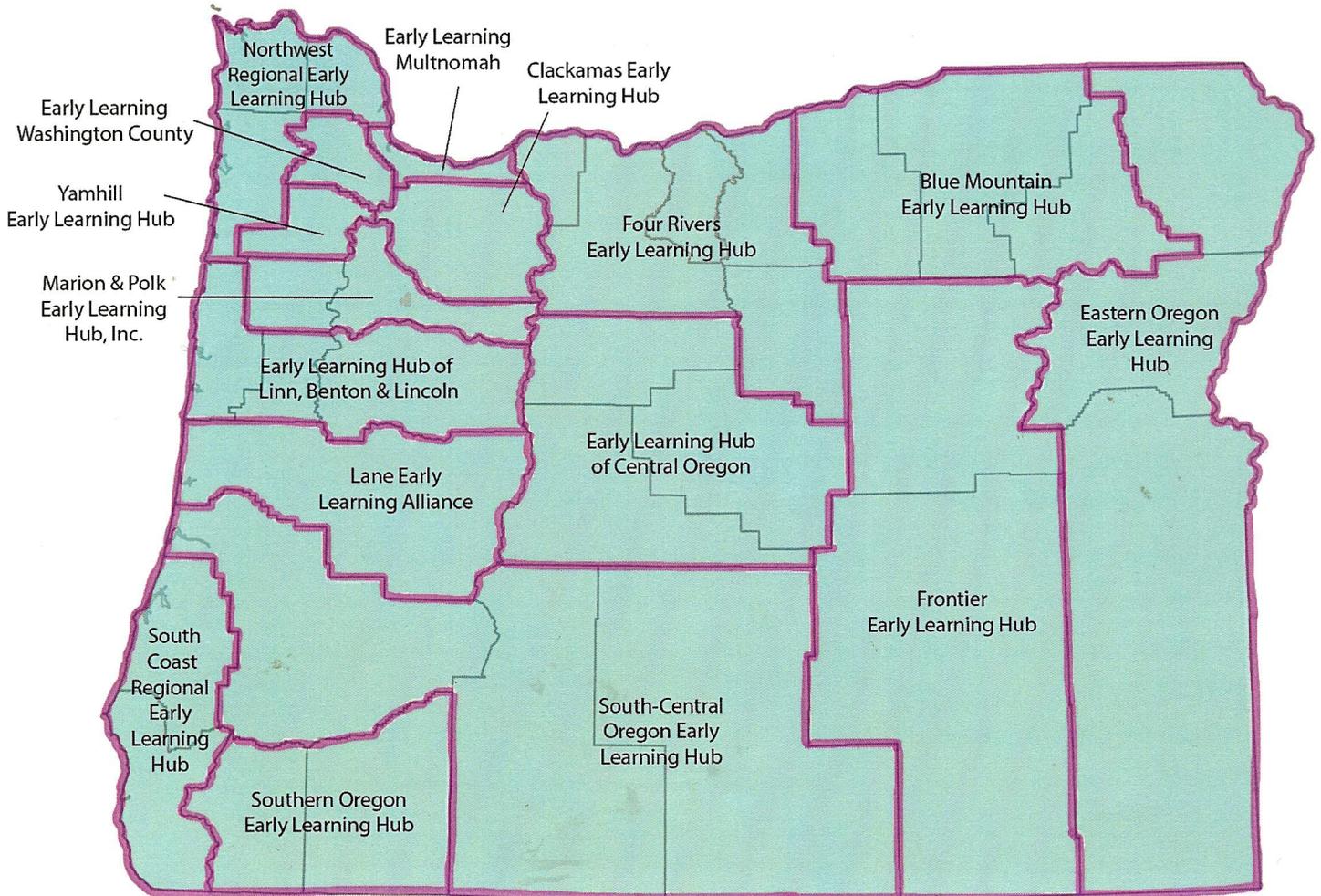
Early Learning Hub metrics

Early Learning Hubs currently report on short-term metrics; medium and long-term metrics will be introduced and measured for years three and beyond.

Metrics shared with the health system:

- The percentage of children who receive a developmental screen before the age of three (CCO Incentive Metric); and
- The percentage of children on OHP who have six or more well-child visits by 15 months of age (CCO State Performance Measure).

Oregon's Early Learning Hubs



For more information on about Early Learning Hubs and the Early Learning System transformation, visit the Early Learning Division Website: <http://oregonearlylearning.com/>

Oregon's Health System Transformation

Better health, better care, lower cost

Oregon's health system transformation started with the creation of coordinated care organizations (CCOs), which serve Oregon Health Plan members. The Oregon Health Authority is now working to spread the coordinated care model to other plans and payers. The ultimate goal is to bring better health, better care and lower costs to Oregonians.

The coordinated care model provides Oregonians with improved, more integrated care. By focusing on primary care and prevention, health plans using this model are able to better manage chronic conditions and keep people healthy and out of the emergency department.

What are coordinated care organizations?

A coordinated care organization (CCO) is a network of all types of health care providers (physical health care, addictions and mental health care, and some dental care providers) who have agreed to work together in their communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). Sixteen CCOs operate across the state.

How coordinated care organizations work

CCOs are local. They provide integrated services for physical, mental and now dental care. CCOs are accountable for health outcomes of the population they serve. They are governed by a partnership among health care providers, community members and stakeholders in the health systems that have financial responsibility and risk.

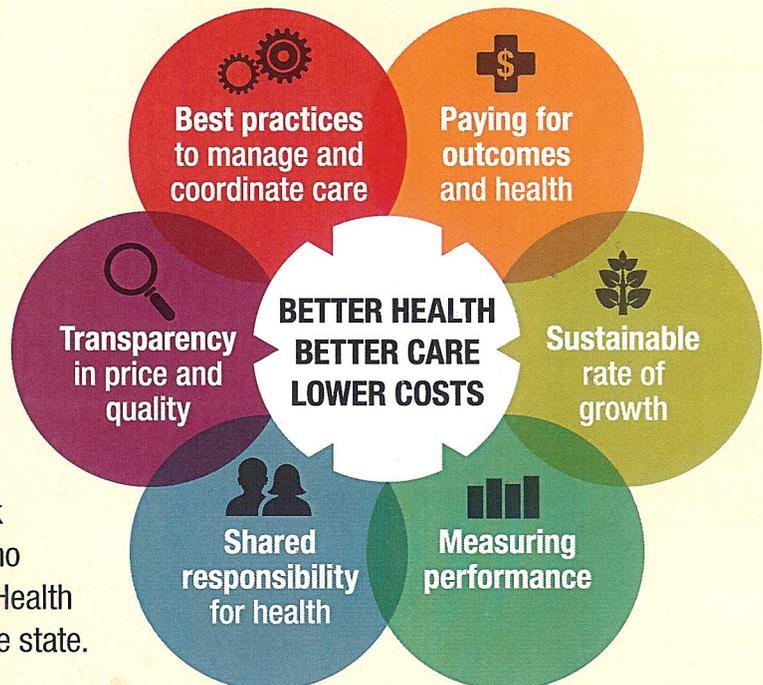
CCO child health metrics

Through the coordinated care model, the state measures and pays for performance. In 2014, we showed large improvements on child health metrics including:

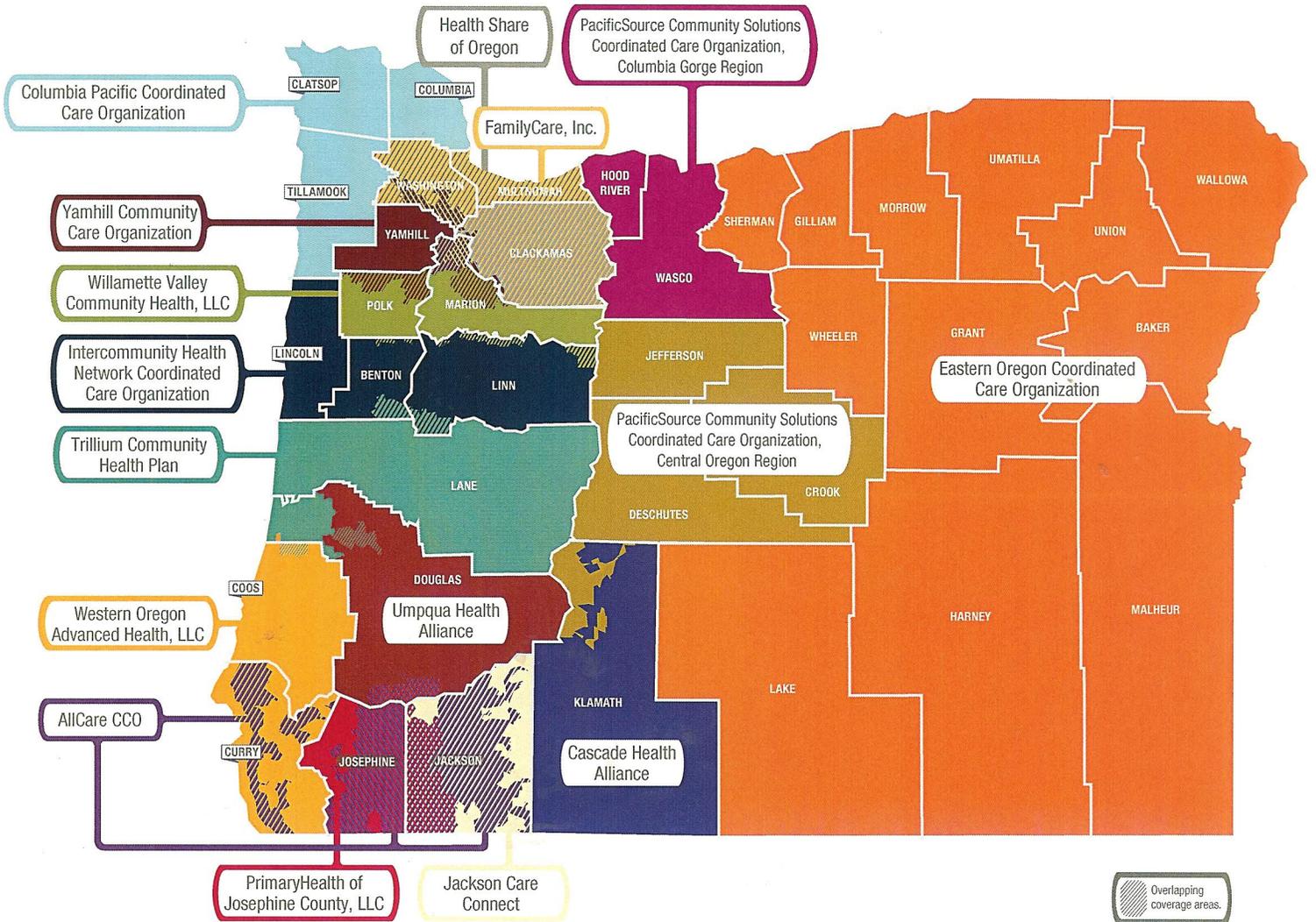
- ✓ **Developmental screening in the first 36 months of life.** Developmental screening rates have increased nearly 22% statewide since 2011.
- ✓ **Mental and physical health assessments within 60 days for children in DHS custody.** Assessment rates have increased 16.4% since baseline data, with current statewide assessment rates at 70%.

The full 2014 performance report is available at: www.oregon.gov/oha/metrics

Key elements of the coordinated care model include:



Coordinated Care Organization Service Areas



Strategic Priorities 2015 – 2020



Early
Learning **Hub**

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Background

The Early Learning Hub of Linn, Benton & Lincoln Counties supports underserved children and families in our region to learn and thrive by making resources and supports more available, more accessible, and more effective.

The Early Learning Hub is a collection of program and service providers who believe that by working together as K-12 schools, early education, health, human services, and business we can better serve children and families.

We are focused on young children and their families because research is clear that giving children a strong start helps set them on a path toward future success, in school and in life. Well before the start of kindergarten, a child's brain has already created the foundation for future learning and development. The more we invest in young children, the greater the payoff will be down the road with stronger readers in third grade, more high school graduates, more college-ready students, and a skilled workforce that has the social, emotional and cognitive skills needed to meet the demands of a rapidly changing economy and contribute to our shared prosperity.

If our Early Learning Hub is successful, we will see more children ready to succeed in kindergarten, more families with the resources and tools to create stable environments for their children, and services and programs working together to provide what children and families need most.

Early Learning Hub Vision and Mission

Vision

Our communities provide an easily accessible and collaborative system of support and care for families that help children to grow up safe, nurtured, healthy, and ready for school and life.

Mission

The Early Learning Hub of Linn, Benton & Lincoln Counties brings partners together to increase family stability, improve kindergarten readiness, and ensure service coordination that is equitable and culturally and linguistically competent.

Guiding Principles

The Hub and its governance Councils shall operate under the following guiding principles in fulfilling the vision, mission and outcome goals of an Early Learning Hub:

- There are several places where families and organizations cross the three counties, providing opportunities for systems alignment and coordination.
- We will strive to create community-specific strategies, since needs and programs differ across counties and communities.
- We respect and value our existing relationships and will seek to expand our partnerships and build new relationships.
- The Collective Impact Model will guide our actions including the five core components; common agenda, shared measurement, mutually reinforcing activities, continuous communication and backbone support.
- We seek to create a Hub that is inclusive and transparent with processes and procedures that are as stream-lining as much as possible.
- Our governance model will evolve over time, and will be evaluated and adjusted to strategically meet outcomes.

Early Learning Hub Metrics

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 our work, and strategic in our use of resources.

The Hub metrics are the most concrete, measurable and actionable method of assisting Hubs and stakeholders to focus the development of our 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.

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

- 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.
- 1-1.B** The hub has active participation of leaders from all five sectors within their governance structure.
- 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.
- 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.
- 1-1.E** The hub utilizes mechanisms to share funding and blend/braid resources actively.
- 1-2.A** Demonstrated meaningful engagement with children and families from all of the communities served by the hub.
- 1-3.A** Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.
- 1-4.A** Program participation data demonstrates increase in services to children and families from identified priority populations.
- 1-5.A** Hub demonstrates that their operating administrative overhead is below 15% annually.

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

- 2-1.A** The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.
- 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.
- 2-3.A** Increase in number of 3, 4, and 5-star QRIS providers serving children from "hot spots" and communities of color and an increase in the number of children served in hot spots and communities of color.
- 2-4.A** Increase in percent of children who receive a developmental screen before the age of 3.
- 2-5.A** Increase in percentage of children enrolled in kindergarten before start of school year.

Goal 3: Families are healthy, stable and attached

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

Goal 1: Early Learning System is aligned, coordinated, and family centered

Goal #1:	Early Learning System is aligned, coordinated, and family centered
Hub Outcomes:	Disparities in access to services and supports are reduced and services and supports are culturally responsive.
Indicator:	<p>1-2.A Demonstrated meaningful engagement with children and families from all of the communities served by the hub.</p> <p>1-3.A Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.</p> <p>1-4.A Program participation data demonstrates increase in services to children and families from identified priority populations.</p>
Success Metrics:	<p>By June 30, 2020, increase by 60% the number of at risk children served across early education, health and human services (from baseline of 30% to 90%).</p> <p>By June 30, 2020, increase by 15% the number of at-risk children identified and connected to services by age 3.</p>

Strategies to Achieve Outcomes:

Core Strategy 1: Formalize a system for sharing information among providers and other stakeholders that improves the quality and cultural and linguistic competency of services and reduces duplication and missed opportunities to coordinate care across multiple agencies.

Core Strategy 2: Pilot and disseminate common intake form/assessment tool and incorporate new tracking/child identification tools developed in partnership with IHN-CCO. Establish MOU's to reduce duplication, overlap, and fragmentation among early childhood, public/mental health, and DHS programs (i.e. developmental screening, family resource management/navigation, home visiting, etc.).

Core Strategy 3: Partner with 211 and other key stakeholders (LBCC CCR&R, IHN-CCO, Samaritan Health Services, Oregon State University) to consolidate existing Information and Referral systems to ensure information about community resources is accessible to all providers and families, including resources in other languages.

Equity Strategies: Use local/regional data with a focus on Equity to inform ongoing training and professional development and to tailor strategies to address the unique needs of populations disproportionately impacted by academic achievement gaps.

K-3 Connection Strategy: Utilize Kindergarten Assessment data to target areas of high need for provider professional development, parent education about school readiness, and other subject specific training opportunities related to kindergarten readiness (early literacy, math, etc.)

Capacity Building/Workforce Development Strategy: Coordinate with the EL HUB Data and Evaluation team, Benton County's Public Health Epidemiology Unit, DHS Region 4, and IHN-CCO's Clinical Data and Race and Ethnicity Data Teams to track all available education and population level data to monitor disparities and inform integrated data synthesis across sectors.

Goal #1:	Early Learning System is aligned, coordinated, and family centered
Hub Outcome:	Family Resource Management function has been developed.
Indicator:	1-5.A Hub demonstrates that their operating administrative cost is below 15% annually.
Success Metric:	By June 30, 2020, decrease the costs to serve at risk children including Administrative Overhead.

Strategies to Achieve Outcomes:

Core Strategy 1: Create an annual Comprehensive Children's Budget informed by the Funding and Resources team, to track the cost of serving children across the system and engage partners in planning about how to leverage resources to reduce overhead.

Core Strategy 2: Coordinate with DHS to review and synthesize data on home care, number of families served through Family Support and Connections that later enter the child welfare system, at risk families, family homes and support services to inform EL Hub program development and evaluation.

Core Strategy 3: Build relationships with local businesses through community outreach, targeting local chambers and philanthropic organizations. Educate the business sector on the importance of early learning environments on workforce readiness and the availability of resources for staff that support early learning.

Core Strategy 4: Consult with local business to develop a framework for levels of sustainable engagement with the Early Learning Hub.

Equity Strategies: Provide training to Family Resource Managers/Navigators in cultural humility/competency, health literacy principles, use of qualified interpreter services/language line, motivational interviewing, popular education strategies, and social determinants of health and education. Inventory outreach, intake/assessment, and other educational materials used at key system touch points to determine gaps/needs for resources that reflect the language and cultural needs of diverse families.

Engagement/Mobilization Strategies: Identify and incorporate key parent satisfaction measures and in all existing parent surveys/input mechanism used across the early learning system. Conduct qualitative evaluation among target parent populations to better understand the needs/experiences of communities disproportionately impacted by academic achievement gaps.

Capacity Building/Workforce Development Strategy: Convene a regional EL HUB Learning Community that brings together Family Resource Managers/Navigators across multiple agencies for the purpose of cross-training, professional development, and program planning. Incorporate mental health, domestic violence, substance abuse prevention and treatment, housing and transportation, and faith community sectors in all EL HUB planning and systems transformation efforts.



Goal 2: Children arrive at Kindergarten ready and supported for success

Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	<p>Early care and education programs and providers are equipped to promote positive child development.</p> <p>Disparities in outcomes for children of color and from low-income families are reduced.</p>
Indicator:	2-3.A Increase in number of 3, 4, and 5-star QRIS providers serving children from “hot spots” and communities of color and an increase in the number of children served in hot spots and communities of color.
Success Metrics:	<p>By June 30, 2020, increase by 2000% the number of QRIS star rated programs serving children from “hot spots” and communities of color (from a baseline of 0 to 20 providers).</p> <p>By June 30, 2020, increase by 804% the number of at risk children served by a QRIS provider (from a baseline of 177 to 1600 children).</p>

Strategies to Achieve Outcomes:

Core Strategy 1: Partner with Family Connections and Family Care Connections to increase the supply of star-rated programs in the region, by tracking the number and slots available to families who are on subsidy programs and by working to increase the number of available slots.

Core Strategy 2: Using a tiered targeted technical assistance model, support training and professional development for family-based and center-based providers to achieve quality care for all children, in the areas of developmental screening and assessment, evidence-based early learning curriculum, and evaluation techniques.

Equity Strategies: Implement a targeted recruitment campaign to engage Latino and other minority and rural family-based and center-based providers into the QRIS system. Cross-train bilingual, bicultural traditional health workers/navigators and minority community based organizations on QRIS standards to assist in recruiting potential minority child care providers. Partner with regional equity coalitions to develop policy initiatives to expand the long term availability of high quality, affordable child care.

Engagement/Mobilization Strategies: Engage parents through an Ages and Stages Questionnaire (ASQ) and Patient Centered Primary Care Home (PCPCH) social marketing campaigns to ensure parent knowledge of quality early learning models and the QRIS star-rating standards to support parents in making informed childcare decisions.

K-12 Connection Strategy: Coordinate with Head Start, Oregon Pre-kindergarten, Relief Nurseries, and community based organizations to identify opportunities to develop or expand preschool opportunities in priority areas identified by the EL Hub Data and Evaluation team.

Capacity Building/Workforce Development Strategy: Utilize CCR&R early childhood provider training to raise interest and engage Latino, rural and other minority child care providers into the QRIS system. Develop opportunities for articulation of provider training into certificates and AA degrees with LBCC's Child and Family Studies Degree Program to promote advancement on the Oregon Registry.

Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	Families are supported as their child's first and most important teacher. Children and families experience aligned, culturally responsive instructional practice and seamless transitions from early learning programs to kindergarten.
Indicator:	<p>2-1.A The Hub has demonstrated shared activities among early learning providers, families, and K-3 partners.</p> <p>2-2.A 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.</p> <p>2-5.A Increase in percentage of children enrolled in kindergarten before start of school year.</p>
Success Metrics:	Data source not yet determined

Strategies to Achieve Outcomes:

Core Strategy 1: Convene preschool and elementary educators to align early learning and K-3 standards, assessments and curricula. Increase cross-collaboration efforts to make recommendations for transition to kindergarten improvements.

Core Strategy 2: Develop a coordinated plan around preparing children for transition to kindergarten, including connecting parents with elementary school staff prior to the school year, fostering connections between child care providers and kindergarten teachers to facilitate smooth transitions, and allowing opportunities for students to learn about and visit kindergarten programs before entry.

Core Strategy 3: Partner with 211 and other key stakeholders (LBCC CCR&R, IHN-CCO, Samaritan Health Services, Oregon State University) to consolidate existing Information and Referral systems to ensure information about community resources is accessible to all providers and families, including resources in other languages.

Equity Strategies: Provide culturally and linguistically relevant messages, learning opportunities, and peer support for kindergarten transition in diverse and parent-friendly venues.

K-12 Connection Strategy: Work collaboratively with K-12 schools to develop multiple pathways to reach and engage parents of preschool children in kindergarten transition strategies.

Capacity Building/Workforce Development Strategy: Leverage existing Parenting Education Hubs to offer programming that supports parents in their role as "first teachers" in their children's development.



Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school.
Indicator:	2-4.A Children are developmentally screened and referred.
Success Metrics:	By June 30, 2020, increase by 26% the number of children prior to the age of 3 years who receive developmental screening by the Ages and Stages Questionnaire (ASQ) (from a baseline of 24% to 50%).

Strategies to Achieve Outcomes:

Core Strategy 1: The EL Hub Health Care Integration workgroup with the help of the IHN-CCO will develop a policy and process for the sharing of ASQ's 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.

Core Strategy 2: The EL Hub in collaboration with the IHN-CCO will provide professional development training for medical providers on administration of the ASQ in partnership with the Oregon Pediatric Society's Screening Tools and Referral Training (START)

Equity Strategies: Based on provider and community settings inventory, assure information about ASQ's is available in diverse venues, in parent's language of choice, at appropriate literacy levels, and in alternative formats (in-person, phone, on-line, etc.)

Engagement/Mobilization Strategies: Promote a common message on the importance of developmental screening and how/where to make referrals. Implement culturally and linguistically appropriate parent/family social marketing campaign on child developmental milestones and the benefits of developmental screening, e.g. "See How I Grow."

Capacity Building/Workforce Development Strategy: The EL Hub will provide regular training opportunities for all non-medical providers doing ASQs utilizing Master Trainers who participated in the Oregon Health Authority ASQ training. As part of these trainings, we will also incorporate a module about how the screening process will work for the three-County region and how screens will be shared with parents and medical providers.



Goal 3: Families are healthy, stable, and attached

Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	Working families have access to safe and affordable child care that promotes positive child development.
Indicator:	3-1A. Increase in percent of children in Employment Related Day Care (ERDC) in a 3, 4 or 5 star QRIS program.
Success Metrics:	By June 30, 2020, increase the percent of children in ERDC in a QRIS star rated program by 2043% from a baseline of 7 to a target of 150.

Core Strategy 1: Partner with Family Connections and Family Care Connections to increase the supply of star-rated programs in the region, by tracking the number and slots available to families who are on subsidy programs and by working to increase the number of available slots.

Core Strategy 2: Implement a Focused Child Care Network for Center based and/or family providers to support their completion of the QRIS portfolio needed to become star rated. Target centers that are ERDC providers and centers in rural communities.

Core Strategy 3: Implement social media connections between businesses, the Early learning Hub and partner organizations.

Equity Strategies: Implement a targeted recruitment campaign to engage Latino and other minority and rural family-based and center-based providers into the QRIS system. Cross-train bilingual, bicultural traditional health workers/navigators and minority community based organizations on QRIS standards to assist in recruiting potential minority child care providers. Partner with regional equity coalitions to develop policy initiatives to expand the long term availability of high quality, affordable child care.

Engagement/Mobilization Strategies: Engage parents through a social marketing campaign to ensure parent knowledge of quality early learning models and the QRIS star-rating standards to support parents in making informed childcare decisions.

Capacity Building/Workforce Development Strategy: Utilize CCR&R early childhood provider training to raise interest and engage Latino, rural and other minority child care providers into the QRIS system. Develop opportunities for articulation of provider training into certificates and Associate of Arts degrees with LBCC's Child and Family Studies Degree Program to promote advancement on the Oregon Registry.



Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	<p>Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care.</p> <p>Families have adequate resources to meet their needs, such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress.</p>
Indicator:	3-2.A Increase 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.
Success Metrics:	Data source not yet determined

Strategies to Achieve Outcomes:

Core Strategy 1: Establish a relief nursery in Lincoln County leveraging technical assistance, consultation and training from Linn and Benton County’s established relief nurseries. Expand access to quality respite care and ensure families are aware of available respite services through better coordinated Intake and Referral and family outreach efforts.

Core Strategy 2: Build on new opportunities available through Oregon Senate SB 964/Strengthening, Preserving and Reunifying Families Services, and the Department of Human Services (DHS) – Region 4’s Differential Response Initiative to convene a regional team of family navigators/family resource managers that work closely to facilitate referrals and implement team based care.

Equity Strategy: Strengthen formal alliances with DHS to support their mission of promoting equity, diversity and inclusion and to reduce the disproportionate proportion of children of color currently involved in the child welfare system. Utilize emerging best practices developed through Oregon Health Authority’s traditional health workers/community health workers model for recruiting, training, and retaining bilingual, bicultural outreach workers.

Engagement/Mobilization Strategy: Better coordinate existing home visiting services with DHS’s Family Support and Connections (FSC) program to ensure families at risk of becoming involved in the child welfare system (identified through DHS Hotline but not assigned for intervention) are linked to family support, parenting and other prevention services; integrate community mental health services into home visiting; explore integrating home visiting component into Drug and Alcohol outreach programs; advocate/expand class-based services that include direct referrals to family resource managers/navigators.

K-3 Connection Strategy: Engage elementary school counselors and/or administrators as part of family navigator/family resource teams to ensure common understanding of resources available for parents and children and continue successful strategies from early learning.

Capacity Building/Workforce Development Strategy: Assure all new DHS family navigators and parent coaches/mentors are incorporated into Family Resource Manager/Navigator training and capacity building activities sponsored by the EL Hub.

Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	Families have positive physical and mental health, supported by access to high-quality health services.
Indicator:	3-3. A Increase in the percentage of children on Oregon Health Plan who make it to 6 or more well-child visits by 15 months of age.
Success Metrics:	By June 30, 2020, increase by 34% the number of children on Oregon Health Plan who make it to 6 or more well-child visits by 15 months of age (from a baseline of 46% to 80%).

Strategies to Achieve Outcomes:

Core Strategy 1: In conjunction with the regional Ages and Stages (ASQ) provider inventory, identify all primary care physicians, pediatricians, oral health providers, and Healthy Kids (HK)/Cover Oregon (CO) outreach and enrollment sites, including those certified as PCPCHs, to increase awareness of referral sites among early learning and other social service providers.

Core Strategy 2: Incorporate early learning providers into perinatal pilot projects funded by Inter-Community Health Network Coordinated Care Organization (IHN-CCO) to strengthen the development and evaluation of new models for screening, referral, care coordination, and patient/child tracking.

Core Strategy 3: Identify new funding and /or align existing programs to expand the availability of home visiting services (both general and targeted), particularly in rural areas and among culturally and linguistically diverse communities.

Equity Strategy: Partner with HK/CO Outreach and Enrollment workers and traditional health workers/health navigators to facilitate referrals and complete applications to HK/CO for all eligible families, and ensure families not eligible for Oregon Health Plan due to immigration status can access county and tribal Federally Qualified Health Care Centers (FQHCs) and other safety net clinics.

Engagement/Mobilization Strategies: Promote a common message on the benefits of having a primary care provider and how to access certified PCPCHs. Partner with IHN-CCO and local public health departments to develop and implement culturally and linguistically appropriate outreach and social marketing/media strategies, e.g. "Everyone needs a provider" campaign.

K-3 Connection Strategy: Target all school based health centers to strengthen referral pathways, conduct outreach, improve information sharing, and replicate successful models such as Corvallis 501J's 100% Lincoln project at other Title 1, priority, and focus schools.

Capacity Building/Workforce Development Strategy: Sponsor training for early learning providers on PCPCH model, OR health care transformation, referral pathways to certified PCPCH, and other team based care coordination models (e.g. Youth Service Teams).



Glossary of Acronyms

ASQ	Ages and Stages Questionnaire
CCR&R	Child Care Resource & Referral
DHS	Department of Human Services
DOC	Declaration of Cooperation
ERDC	Employment Related Day Care
FQHC Centers	Federally Qualified Health Care Centers
IHN-CCO	InterCommunity Health Network – Coordinated Care Organization
LBCC	Linn-Benton Community College
MOU	Memorandum of Understanding
OHP	Oregon Health Plan
OPK	Oregon Pre-Kindergarten
PCPCH	Patient Centered Primary Care Home
QRIS	Quality Rating and Improvement System
START	Screening Tools and Referral Training
TANF	Temporary Assistance for Needy Families





Early Learning Hub

of Linn, Benton & Lincoln Counties

Early Learning Hub Funding

2015 - 2017

lblearlylearninghub.org

Vision: Our communities provide an easily accessible and collaborative system of support and care for families that help children to grow up safe, nurtured, healthy, and ready for school and life.

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Hub Coordination

Biennium Amount – \$622,146.58

Hub Coordination funds are used to support the day-to-day operation of the EL Hub. The indicators the Hub Coordination funds are meant to support are as follows:

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.
1-1.B	The hub has active participation of leaders from all five sectors within their governance structure.
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.
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.
1-1.E	The hub utilizes mechanisms to share funding and blend/braid resources actively.
1-2.A	Demonstrated meaningful engagement with children and families from all of the communities served by the hub.
1-3.A	Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.
1-4.A	Program participation data demonstrates increase in services to children and families from identified priority populations.
1-5.A	Hub demonstrates that their operating administrative overhead is below 15% annually.

Description of funds:

- Contracted monthly allocation
- Submit monthly draw request to ELD on 5th of month for previous month's funds
- Once in Hub account, can be rolled over if unspent

Great Start Funds

Biennium Amount – \$80,834.16

Program Requirements:

1. **Eligibility:** Prenatal services to expectant mothers, children 0 through six years of age and the children's families.
2. **Services:** Programs and services in the Coverage Area that promote Outcomes including, but not limited to, research-based early childhood programs, in-home or center based parenting programs, literacy programs, preschool programs, licensed childcare programs or other programs that connect early childhood to kindergarten readiness.

The indicators the Great Start funds are meant to support are as follows:

-
- | | |
|--------------|--|
| 2-1.A | The hub has demonstrated shared activities among early learning providers, families, and K-3 partners. |
| 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. |
| 2-3.A | Increase in number of 3, 4, and 5-star QRIS <i>providers</i> serving children from "hot spots" and communities of color and an increase in the number of <i>children</i> served in hot spots and communities of color. |
| 2-4.A | Increase in percent of children who receive a developmental screen before the age of 3. |
| 2-5.A | Increase in percentage of children enrolled in kindergarten before start of school year. |
-

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to partner organizations to implement services with a focus on improving the indicators above for our Hub region
- Contracted Partners submit monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over

School Readiness Funds

Biennium Amount – \$158,994.92

School Readiness Funds are Oregon General Fund dollars that are in addition to Great Start Funds and are also meant to support school readiness.

The indicators the School Readiness funds are meant to support are as follows:

2-1.A	The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.
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.
2-3.A	Increase in number of 3, 4, and 5-star QRIS <u>providers</u> serving children from “hot spots” and communities of color and an increase in the number of <u>children</u> served in hot spots and communities of color.
2-4.A	Increase in percent of children who receive a developmental screen before the age of 3.
2-5.A	Increase in percentage of children enrolled in kindergarten before start of school year.

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to partner organizations to implement services with a focus on improving the indicators above for our Hub region
- Contracted Partners submit monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over

Title IV-B2 Funds

Biennium Amount – \$151,410.35

Eligibility: All children and their families.

Services:

- (A) **Family Support Services:** Family Support Services means community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development. *US Department of Health and Human Services, Administration for Children and Families.*
- (B) Family Support Services must (1) be family-focused and targeted to the family and not only the child or other individual family member(s); (2) be focused on at-risk families so that the services will have an impact on the population that would otherwise require services from DHS; and (3) focus on child welfare (not educational needs or other services which are the responsibility of other agencies). Family Support (Title IV-(B)(2)) funds allocated to Hubs may not be used for family preservation or family reunification services as these are services provided by DHS.
- (C) Family Support Services funds are federal Title IV-B(2). Use and expenditure of these funds must meet all federal requirements. Family Support Services may include:
 - i) Services, including in-home visits, parent support groups, and other programs designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition. Example of programs may include Parenting Classes, Parent-to-Parent Support, and In-Home Visitation classes;
 - ii) Respite care of children to provide temporary relief for parents and other caregivers, for example, Family Respite Care;
 - iii) Structured activities involving parents and children to strengthen the parent-child relationship, including, for example, Healthy Families Oregon;
 - iv) Drop-in centers to afford families opportunities for informal interaction with other families and with program staff, including, for example, Family Resource Centers;

- v) Transportation, information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education literacy programs, legal services, and counseling and mentoring services, including, for example, Dial-a-ride, Child Care Referral, and Outreach Centers;
- vi) Early developmental screening of children to assess the needs of such children and assistance to families in securing specific services to meet these needs, including, for example, Healthy Families Oregon.

Title IV-B2 Family Support Services Funds. When utilizing federal Title IV-B2 Family Support Services funds, Consultant shall comply and require all Providers to comply with the additional federal requirements applicable to Title IV-B2 Family Support Services funds in 42 USC 629 et seq., including but not limited to: maintaining and providing to Agency such documentation as Agency shall require to comply with federal reporting requirements, 45 CFR Part 92, and the limitations of the use of Title IV-B2 funds in 42 USC 629d.

The indicators the School Readiness funds are meant to support are as follows:

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

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to partner organizations to implement services with a focus on improving the indicators above for our Hub region
- Contracted Partners submit monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over

Family Stability Funds

Biennium Amount – \$97,691.11

Family Stability Funds are Oregon General Fund dollars that are in addition to Title IV-B2 Funds and are also meant to support healthy, stable and attached families.

The indicators the Family Stability funds are meant to support are as follows:

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

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to partner organizations to implement services with a focus on improving the indicators above for our Hub region
- Contracted Partners submit monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over

Focused Child Care Network

Biennium Amount - \$104,727.00

A Child Care Network is a cohort of child care practitioners who meet frequently to discuss best practices, access and share resources, receive training and encourage progress as they work toward increasing the quality of their programs. The Focused Child Care Networks (Focused Networks) utilize Oregon's Quality Rating and Improvement System as the framework to support quality improvements with an expectation that programs will submit an application and portfolio to receive a star rating.

Early Learning Programs participating in a Focused Network will have access to twice the funding to support quality improvement activities to achieve a star rating. In practice this means family child care programs that participate in a Focused Network will receive \$2000 versus \$1000 in financial support to make quality improvements. There is a required review of Quality Improvement Plans in order to access these double funds.

The indicators the Focused Child Care Network funds are meant to support are as follows:

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

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

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to the CCR&R to implement services with a focus on improving the indicators above for our Hub region
- The CCR&R submits monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over
- This funding stream has an end date of December 31, 2016

Kindergarten Partnership & Innovation

Biennium Amount - \$545,876.76

Goals

- To measurably improve children's readiness for Kindergarten and close early opportunity gaps
- To build local PreK-grade 3 systems that create seamless experiences for both adults and children
- Develop replicable and scalable models for aligning PreK-3 systems in communities throughout Oregon

Priority Areas

- Shared Professional Development
 - Learning Communities
 - Alignment of curriculum, instructional practices, assessment, and classroom environments
 - P-3 leadership development
- Kindergarten Transitions
- Family Engagement

The indicator the Kindergarten Partnership & Innovation funds is meant to support is as follows:

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

Description of Funds:

- Funds are distributed on a reimbursement basis
- The EL Hub subcontracts these funds to partner organizations to implement services with a focus on improving the indicators above for our Hub region
- Contracted Partners submit monthly invoices to LBCC with required supporting documentation and are reimbursed monthly
- The Hub submits a quarterly report to the Early Learning Division on all subcontracts and is reimbursed for actual expenditures paid during that quarter
- Resource allocation does not have to be equal over the course of the biennium but all funds must be spent by the end of the biennium, they cannot be rolled over



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Early Learning Hub Name: Early Learning Hub of Linn, Benton & Lincoln Counties

Strategic Plan Goal: Early Learning System is aligned, coordinated, and family centered

Objective: The voice of families and communities served by the Hub guides the work of the Hub.

Disparities in access to services and supports are reduced and services and supports are culturally responsive.

Key Metrics This Will Move:

- 1-2.A Demonstrated meaningful engagement with children and families from all of the communities served by the hub.
- 1-3.A Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.A.1	Elect a parent from Head Start Policy Council and a Home Visitor (i.e. Family Advocate) to act as a Hub Representative to increase interaction with the Hub and to get voices of parents heard at the Hub.	02/01/16	Parent Engagement Coordinator	Head Start Parents and Hub Representatives	Coordination Funds Provide incentives for parents participating in data collection and surveys	
1.A.2	Develop a diverse Parent Advisory Group	09/01/16	Parent Engagement Coordinator	Steering Committee partners and local culturally specific	Coordination funds for transportation cost – gas cards	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

				organizations		
1.A.3	Apply for Northwest Health Foundation Communities Collaborate grant	10/09/15	Hub Coordinator and Project Manager	Steering Committee partners and local culturally specific organizations	No cost associated with grant application	
1.A.4	Hire a Parent Engagement Coordinator to attend parent meetings at local culturally specific organizations.	1/15/16	Hub Coordinator and Project Manager	Steering Committee partners and local culturally specific organizations to recruit and participate in interview panel	FTE & salary TBD after award announcement of NWHF grant	

Notes/Explanations: If awarded the Northwest Health Foundation Communities Collaborate grant the above activities have been included in the grant and the associated cost would be paid by the grant funds.



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

<u>Strategic Plan Goal:</u> Early Learning System is aligned, coordinated, and family centered						
<u>Objective:</u> Disparities in access to services and supports are reduced and services are culturally responsive.						
<u>Key Metrics This Will Move:</u>						
1-4.A Program participation data demonstrates increase in services to children and families from identified priority populations.						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.B.1	Hire an intern in partnership with Benton County Health Department to review and synthesize population data, develop easy to understand materials for dissemination	Intern to begin during Spring Term and work for 2 terms	Hub Project Manager and Data & Evaluation Co-Chairs	Benton County Health Department Epidemiologist & OSU Intern	Hub Coordination funds to pay the fee to supervise intern and possible stipend/salary for intern Printing cost for possible community fact sheets	
1.B.2	Identify common data points across Hub funded programs, collect meaningful data targeted to inform systems adjustments and investments.	Process to begin 3/1/16	Hub Project Manager and Data & Evaluation Co-Chairs	Benton County Health Department Epidemiologist & OSU Intern	Fee to supervise intern and possible stipend/salary for intern	
1.B.3	Use data to inform programming and funding decisions.	Ongoing	EL Hub Coordinator	Work Groups & Governing Board	Nominal	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Early Learning System is aligned, coordinated, and family centered

Objective: Family Resource Management function has been developed.

Key Metrics This Will Move:

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

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.C.1	Convene regional EL Hub Community of Practice (CoP) that brings together Family Resource Managers/Navigators across multiple agencies for cross training, professional development and program planning.	03/31/16 first convening of CoP with regular meeting schedule TBD by group	Family Resource Manager	Family Resource Managers CoP Community Health Navigators	Coordination funds for Meeting time, space, facilitation and meals/snacks	Ongoing
1.C.2	Develop consistent protocols, forms and data collection for Family Resource Managers.	08/30/16	Family Resource Manager with input from CoP	Family Resource Managers CoP Community Health Navigators	Coordination funds for Meeting time, space, facilitation and meals/snacks	
1.C.3	Partner with 211 and other key stakeholders to consolidate existing information and referral systems to ensure the	03/31/16	Family Resource Manager with input	Family Resource Managers CoP	TBD	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

	information about community resources is current and accessible to all providers and families.		from CoP	Community Health Navigators 211 Representative		
1.C.4	LBCC/Samaritan collaboration project for pre-natal/parenting class registration & ASQ outreach.	Ongoing	Hub Coordinator, GB Co-Chair, Director CCR&R, Director OPEC Hub	LBCC, Samaritan, IHN and all other related agencies	Funds from CCO outlined in MOU	
1.C.5	Connect with local chambers to attend chamber business functions such as “Greeters & Chamber after Hours” to inform and provide resources & inquire about chamber priorities.	Beginning in February of 2016	Hub Coordinator	Hub Partner Agencies & Governing Board Members	Nominal cost Time to attend meetings and to research local chamber events schedules	
1.C.6	Talk to key business partners in an effort to align business goals with Early Learning goals.	Beginning in February of 2016	Hub Coordinator	Local area businesses	Nominal	
1.C.9	Develop criteria to recognize local businesses for support of the EL Hub.	06/30/16	Hub Coordinator	Hub Partner Agencies & Governing Board Members	Printing Cost	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Early Learning System is aligned, coordinated, and family centered

Objective: All five sectors can demonstrate alignment of agendas, strategies and resources

Key Metrics This Will Move:

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

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.D.1	Administer performance-based contracts across the region informed by metrics, indicators, and targets that provide evidence of blending and braiding of funds.	Ongoing	EL Hub Coordinator	LBCC Finance, Governing Board	Staff time	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Children arrive at kindergarten ready and supported for success

Objective: Families are supported as their child’s first and most important teacher.

Children arrive at kindergarten with the social-emotional skills that will support their success in school.

Key Metrics This Will Move:

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

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.A.1	Develop a KPI Steering Committee to include a representative from each of the 12 school districts in the region, Head Start staff and the CCR&R director.	1/30/16	P-3 Coordinator	ESD, K-12 staff, Lincoln County Early Childhood Coordinator	Kindergarten Partnership & Innovation Funds	
2.A.2	Inventory schools that currently have space available to co-locate a preschool, should funds be available.	04/01/16	EL Hub Coordinator & KPI Steering Committee Members	K-12 staff, Partnership & Innovation Action Team	Nominal Cost	
2.A.3	Work with Steering Committee to determine district priority, best school location for KPI	1/30/16	EL Hub Coordinator	KPI Steering Committee Members	Kindergarten Partnership & Innovation Funds	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

	implementation, and fund level needed to support district project.					
2.A.4	Partner with Public Library to host a social/planning session for shared professional development topics as a launch point for local P-3 professional learning communities – invite preschool teachers, kinder teachers and elementary school principals.	03/01/16	EL Hub Coordinator & KPI Steering Committee Members	K-12 staff & Early Learning Providers with local library staff	Kindergarten Partnership & Innovation Funds	
2.A.5	Visit models of PreK/schools partnerships – learn from their models – David Douglas School District at Earl Boyles Elementary and Gladstone School District at PreK and Kinder building Gladstone Center for Children and Families and the Yoncalla Early Works site in N. Douglas County.	03/01/16	EL Hub Coordinator	KPI Steering Committee Members	Kindergarten Partnership & Innovation Funds	
2.A.6	Connect with Pendleton Early Learning Center to discuss their model.	03/01/16	EL Hub Coordinator	KPI Steering Committee Members	Kindergarten Partnership & Innovation Funds	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Children arrive at kindergarten ready and supported for success

Objective: Children arrive at kindergarten with the social-emotional skills that will support their success in school.

Key Metrics This Will Move:

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.

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.B.1	Provide training for Family Resource Manager CoP on how to access CCR&R and 211	05/31/16	Family Resource Manager	CCR&R, 211, Family Resource Manager CoP	CCO Funds Outlined in MOU	
2.B.2	Expand current early childhood committees in Linn, Benton and Lincoln counties to create continuity, regularity and with releases, share and determine who can serve waiting families	06/30/16	EL Hub Coordinator	All providers	Funds for meeting coordination	
2.B.3	Use Hub website or list serve for partner agencies to post openings or availability to serve.	08/01/16	EL Hub Assistant	LBCC's Hub list serve CCR&R (Family Connections)	Nominal staff time	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Children arrive at kindergarten ready and supported for success						
Objective: Early care and education programs and providers are equipped to promote positive child development. Disparities in outcomes for children of color and from low income families are reduced.						
Key Metrics This Will Move: 2-3.A Increase in number of 3, 4, and 5-star QRIS providers serving children from “hot spots” and communities of color and an increase in the number of children served in hot spots and communities of color.						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.A.1	Target providers who are at C2Q for additional support for portfolio completion.	Ongoing	Hub Coordinator with CCR&R Directors	CCR&Rs – QRIS staff	Funds for a center-based and/or family provider focus network based on local need	
2.A.2	Targeted recruitment of Latino Providers to participate in the QRIS process.	Ongoing	Hub Coordinator with CCR&R Directors	QI's, CCR&Rs	Great Start Funds	
2.A.3	Develop a training cohort, with training specific to the needs of Latino providers.	03/01/16	Hub Coordinator with CCR&R	CCR&Rs and culturally specific organizations serving the Latino	Great Start Funds	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

			Directors	community		
2.A.4	Provide set 1 and set 2 professional development trainings based on providers needs for achieving QRIS professional development targets.	Ongoing	Hub Coordinator with CCR&R Directors	CCR&Rs	Great Start Funds	
2.A.5	Once licensed provider commits to quality, assign them to a work group to provide support on portfolio development	Ongoing	Hub Coordinator with CCR&R Directors	Star rated programs willing to be mentors and CCR&Rs	Mentor Stipends	
2.A.6	Public awareness campaign about what QRIS is and means to families – add link to Hub website for families to access that shows ratings	Ongoing	Hub Coordinator with CCR&R Directors	CCR&Rs and WOU	Great Start Funds for communications materials	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

<u>Strategic Plan Goal:</u> Children arrive at kindergarten ready and supported for success						
<u>Objective:</u> Children arrive at kindergarten with the social-emotional skills that will support their success in school.						
<u>Key Metrics This Will Move:</u>						
2-4.A Increase in percent of children who receive a developmental screen before the age of 3						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.A.1	Develop and strengthen pathways that assure ASQs not provided in the medical setting are forwarded to primary care providers.	08/01/16	Hub Project Manager with CCO	CCO and ECE providers	Great Start Funds and CCO Funds Outlined in MOU	
2.A.2	Pilot joint training (medical & non-medical providers) in the use of the ASQ that includes a work session on sharing of ASQ results between settings.	02/01/16	Hub Project Manager with CCO	CCO, Health Departments, HCI work group chairs	Great Start Funds for ASQ trainings and CCO Funds Outlined in MOU	
2.A.3	System to collect ASQ information <ul style="list-style-type: none"> • Create a process for moving community completed ASQ's to physicians. • Explore shared database as a potential long term strategy. 	Ongoing	Hub Project Manager with CCO	CCO, Health Departments, HCI work group chairs	Great Start Funds and CCO Funds Outlined in MOU	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

2.A.4	Identify all family serving agencies and engage them in ASQ collection effort	03/01/16	Hub Coordinator	Use ECCC workgroup to ID programs not yet collecting	Nominal	
2.A.5	LBCC/Samaritan collaboration project for pre-natal/parenting class registration & ASQ outreach	Ongoing	Family Resource Manager	LBCC, Samaritan, IHN and all other related agencies	CCO Funds Outlined in MOU	

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Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

<u>Strategic Plan Goal:</u> Families are healthy, stable and attached						
<u>Objective:</u> Working families have access to safe and affordable child care that promotes positive child development.						
<u>Key Metrics This Will Move:</u>						
3-1.A Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
3.A.1	DHS and Child Care Licensing/QRIS at WOU establish an automatic link so that application to accept ERDC funds is sent once provider achieves 3-5 star-rating	12/31/16	Hub Coordinator	DHS QRIS Certifiers	Family Support Funds	
3.A.2	DHS “navigators” provide families with most up-to-date list of approved providers (with 3-5 star-ratings)	Ongoing	Family Resource Manager	Paul Adent & Sandy Chase @ DHS Agency Directors and CCR&Rs – QRIS staff	Family Support Funds	
3.A.3	Target DHS providers who are at C2Q for additional support for portfolio completion.	Ongoing	Hub Coordinator with CCR&R Directors	CCR&Rs – QRIS staff	Family Support funds for a center-based focus network	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Strategic Plan Goal: Families are healthy, stable and attached						
Objective: 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, such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress						
Key Metrics This Will Move: 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.						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
3.A.1	Convene stakeholders in Lincoln County to explore co-location of Housing development and Relief Nursery services through funding from Oregon Housing and Community Services.	02/01/16	EL Hub Coordinator & Lincoln County Partners	Lincoln County Stakeholders, Linn & Benton County Relief Nurseries for peer support.	Funds for stakeholder meetings & supplies. Partner with grant applicant when Oregon Housing & Community Services when RFP is released.	
3.A.2	MOU's between TANF and relevant agencies (providing parent ed/early learning/family	03/01/16	Paul Adent & Sandy Chase @	DHS/TANF Relief Nurseries FS & C	Nominal	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

	support services) to bring agency reps in to Orientations and classes		DHS Agency Directors	LBCC/Parent Ed. Libraries Head Start		
3.A.3	Use Lebanon Library “invitation” strategy to track how many DHS families get to Library for gift bags	06/30/16	Hub Coordinator	Carol Dinges, Lebanon Library & Tammi Martin, DHS/TANF	Funds for Library Gift bags	
3.A.4	Differential Response Overview training for all serving families	Ongoing	Hub Coordinator	DHS state trainers – Hub to coordinate partners	Family Support Funds for meeting coordination	
3.A.5	Providers present overview of services and referral process at self-sufficiency and child welfare case manager meetings	Ongoing	Hub Coordinator	Family Resource Manager CoP and DHS Agency Directors	Family Support Funds for meeting coordination	

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Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

<u>Strategic Plan Goal:</u> Families are healthy, stable and attached						
<u>Objective:</u> Families have positive physical and mental health, supported by access to high-quality health services.						
<u>Key Metrics This Will Move:</u>						
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.						
Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
3.A.1	Explore the creation of an electronic “passport” that tracks well child visits with an *incentive (i.e. books) given at each of the 6 visits by age 15 months.	To begin in the later part of the year 8/30/16 with work carrying over into the 2 nd year.	Family Resource Manager	LBCC, Samaritan, IHN and all other related agencies	CCO Funds Outlined in MOU for tracking system & Family Support Funds for incentives	
3.A.2	LBCC/Samaritan collaboration project for pre-natal/parenting class registration & well-child visit follow-up	Ongoing	Family Resource Manager	LBCC, Samaritan, IHN and all other related agencies	CCO Funds Outlined in MOU	



Annual Work Plan for Early Learning Hubs:

Plan Period: January 1, 2016 – December 31, 2016

Notes/Explanations: We anticipate additional strategies on this metric in year 2. We hope to do information gathering about current need for support toward improving this metric in the different communities within our region.

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Methodology/Explanations for Kindergarten Readiness Visuals

Figure 1: Scatterplot of kindergarten readiness scores

1. Create a composite score for Approaches to Learning by averaging the three components (Approaches to learning, Self regulation, Interpersonal skills) for each school
2. Create a single composite score for Early Math and Early Literacy by scaling the three components to a common scale and then averaging them for each school
3. Scale both the Approaches to Learning composite score and the Math and Literacy composite score to range between 0-100.
4. Compute weighted averages for each county and for the Hub, using n as the weights.
5. Plot Approaches to Learning against Math and Literacy on an x-y axis, including county and Hub averages. Indicate medians for each composite score to divide the plane into quadrants. Color-code the different counties

Figure 2: Hierarchical clustering of schools

Each of the six kindergarten readiness components is like a coordinate in six-dimensional space. Using these coordinates, statistical packages can measure the “distance” or difference between schools. The package then pairs schools by similarity in a hierarchical algorithm. The process is grounded in the data – there is no preset number or size of groups at any stage. The colors correspond to the counties.

A couple of notes:

1. I chose to scale all the scores to be the same. This has the effect of weighting each component equally.
2. The vertical scale (0-10) is unrelated to the actual scores in any of the components. Instead, it measures the “distance” or difference between schools or groups of schools. To determine the relative difference between two schools, find the height of the vertex where branches that contain the two schools split. For example, Eddyville Charter branches at height 10 from all other schools – this means that it is the most different from all other schools. Crestview Heights and Harrisburg branch at about 0.5, this means they are very similar.
3. By choosing an arbitrary height, you can split the 51 schools into however many groups you choose by grouping any schools that branch below that height. For example, if you cut at about 7, you get three groups, one of size 1, one of size 8, and one of size 42.
4. There is no significance to the absolute position of a school on the horizontal axis, only its relative position to other schools. This figure could be mirrored left-to-right and it would tell the same story.
5. The algorithm is conducted in a black box. I understand the underlying process, but I don’t know exactly what is happening at each step. This means I also don’t know why the schools are “similar” or “different”, just that they are according to these six dimensions.

Figure 3: Scatterplot of kindergarten readiness scores, with identification of 3 groupings based on hierarchical clustering.

1. I recreated the scatterplot, but this time I did not include county or Hub averages.
2. There are three different shapes in the scatter plot. Each school was assigned a shape based on the group it belonged to in the hierarchical clustering. I chose to use three groups.
3. This addition to the scatter plot has two effects.
 - a. First, it allows us to visually group schools, when previously it may have been difficult to draw lines around any distinct groups
 - b. Second, it allows us to understand the “decision” process of the hierarchical clustering algorithm. It is now clear that the first branch point is due to Eddyville’s much lower Approaches to Learning Scores, while the second branch point is due to a difference in Math and Literacy scores.