



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

<p><u>Strategic Plan Goal:</u> Early Learning System is aligned, coordinated, and family centered</p> <p><u>Objective:</u> The voice of families and communities served by the Hub guides the work of the Hub.</p> <p>Disparities in access to services and supports are reduced and services and supports are culturally responsive.</p> <p><u>Key Metrics This Will Move:</u></p> <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>					
Key Activities					
Date to	Person(s)	Critical Partners	Resources Needed	Status with Date	
11/15/16	Parent Engagement Coordinator and Hub Project Manager	Linn-Benton Health Equity Alliance & LBCC	Coordination Funds		1.A.1
Develop parent leadership program to pay for a certificate that leads to opportunities for parents to participate at a higher level for pay or scholarships					
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
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.					



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1.A.3	Develop a diverse Parent Advisory Group	2/1/16	Parent Engagement Coordinator		Coordination funds for transportation cost – gas cards
1.A.4	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.5	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.



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Objective: Disparities in access to services and supports are reduced and services are culturally responsive.						
Key Metrics This Will Move:						
1-4. A Program participation data demonstrates increase in services to children and families from identified priority populations.						
Key Activities	Date to	Person(s)	Critical Partners	Resources Needed	Status with Date	
1. A.1 Review and synthesize population data, develop easy to understand materials for dissemination.	Ongoing	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 Printing cost for possible community fact sheets		
1. A.2 Identify common data points across Hub funded programs, collect meaningful data targeted to inform systems adjustments and investments.			Benton County Health Department Epidemiologist & OSU Intern	Fee to supervise intern and possible stipend/salary for intern		
1. A.3 Use data to inform programming and funding decisions.	Ongoing	EL Hub Coordinator	Work Groups & Governing Board	Nominal		
Notes/Explanations:						



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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	Person(s)	Critical Partners	Resources Needed	Status with Date		
02/01/16	Hub Coordinator	Family Resource Managers CoP	Community Health Navigators	Coordination funds for Meeting time, space, facilitation and meals/snacks	Ongoing	
06/30/16	Hub Coordinator	Family Resource Managers CoP	Community Health Navigators	Coordination funds for Meeting time, space, facilitation and meals/snacks		
03/31/16	Hub Coordinator	Family Resource Managers CoP	Community Health Navigators	TBD		
03/31/16	Hub Coordinator	Family Resource Managers CoP	Community Health Navigators			
Partner with 211 and other key stakeholders to consolidate existing information and referral systems to ensure the information about community resources is current and						
1.A.1	Convene regional EL Hub Community of Practice that brings together Family Resource Managers/Navigators across multiple agencies for cross training, professional development and program planning.					
1.A.2	Develop consistent protocols, forms and data collection for Family Resource Managers.					
1.A.3	Partner with 211 and other key stakeholders to consolidate existing information and referral systems to ensure the information about community resources is current and					



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accessible to all providers and families.	1.A.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	211 Representative	Notes/Explanations:
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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.A.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
Notes/Explanations:					



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<p>Strategic Plan Goal: Children arrive at kindergarten ready and supported for success</p>					
<p>Objective: Families are supported as their child's first and most important teacher.</p>					
<p>Children arrive at kindergarten with the social-emotional skills that will support their success in school.</p>					
<p>Key Metrics This Will Move:</p>					
<p>2-1.A The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.</p>					
Key Activities	Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.A.1 Create a program that can target unserved children (partnerships between those serving i.e. LIFT)					
2.A.2 Look at partnerships between school districts/preschools incorporating preschools into elementary school settings					
2.A.3 Partner with Public Library (children's librarian?) to host a social – invite preschool teachers and kinder teachers – goal introduce, break-down barriers between teacher in middle (neutral) ground – just a kick off beginning of conversation					



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2.A.4	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				
2.A.5	Hire a P-3 Coordinator to engage with local districts and early learning providers, schedule shared professional development activities, and convene a P-3 Steering Committee.				



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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 <u>served</u> by a Hub partner program.	

Key Activities		Date to Complete	Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.A.1	Create a system for tracking/flagging SSID #s assigned and a tracking system for childcare providers in order to track outcomes			ESD, Head Start, Early Childhood Organizations, CCR&R	Tracking system development	
2.A.2	Have a training for all affected organizations on how to access CCR&R and 211 Provide a network (web-based) – maybe becomes 211 – includes criteria and details of who each agency serves			Head Start Day care providers Preschool	Place Trainer	
2.A.3	Service organization meets to share community-based information			Multiple coordinators based on communities including cross-county	Coordinators Group meeting locations	



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2.A.4	Community crossed county database i.e. families needing services and connected to priority needs of organizations (services offered)					
2.A.5	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			All providers		
2.A.6	Face-to-face collaborative meetings will help understanding of enrollment processes and help partners support each other and communication for the benefit of families					
2.A.6	Create a website or list serve and post openings or availability to serve – provides would post openings			LBCC's Hub list serve CCR&R (Family Connections)		
2.A.7	Establish protocol for sending information on unserved families and families on waiting lists to community based agencies who will provide the resource manager function and document needs and gaps.					
Notes/Explanations:						



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<p>Strategic Plan Goal: Children arrive at kindergarten ready and supported for success</p>						
<p>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.</p>						
<p>Key Metrics This Will Move:</p>						
<p>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.</p>						
Key Activities						
Date to						
Person(s)						
Responsible						
Critical Partners						
Needed						
Resources Needed						
Status with Date						
2.A.1	Target providers who are at C2Q	Ongoing		CCR&Rs – QRIS	Funds for a center-based focus network	
	for additional support for portfolio completion.			staff		
2.A.2	Targeted recruitment of Latino providers to participate in the QRIS process.					
2.A.3	Develop a training cohort, with training specific to the needs of Latino providers.					
2.A.4	Provide set 1 and set 2 professional development trainings based on providers needs for achieving QRIS professional development targets.					
2.A.5	Meet with each licensed provider to explain what QRIS does			Hub staff		
				QRIS consultants		
				Childcare licensors		



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2.A.6	Meet with unlicensed providers to discuss benefits of licensing					
2.A.7	Once licensed provider commits to quality, assign them to a work group to provide support on portfolio development					
2.A.8	Once licensed provider commits to quality, assign them to a work group to provide support on portfolio development					
2.A.9	Public awareness campaign about what QRIS is and means to families – develop an “app” for families to access that shows ratings					
Notes/Explanations:						



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<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.					
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.	February 2016				
2.A.3	PSA – statewide, local Normalize screening					
2.A.4	Identify key local provider champions to lead/promote training and effort a. Regional Cohort? b. Clinic spearheading effort Tracking – regularly medical/non-medical	1 year Twice a year in	EL Hub	Providers	Pay them for their time	



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	each county		EL Hub	Funding position	
2.A.5	Have an ASQ Coordinator				
2.A.6	System to collect ASQ information One database across the region? • ease of access to tools for providers • Resources for families Normalize screening				
2.A.7	Identify all family serving agencies and engage them in ASQ collection effort			Use ECCC workgroup to ID programs not yet collecting	
2.A.8	LBCC/Samaritan collaboration project for pre-natal/parenting class registration & ASQ outreach			LBCC, Samaritan, IHN and all other related agencies	
Notes/Explanations:					



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<p>Strategic Plan Goal: Families are healthy, stable and attached</p>					
<p>Objective: Working families have access to safe and affordable child care that promotes positive child development.</p>					
<p>Key Metrics This Will Move:</p>					
<p>3-1.A Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.</p>					
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 be able to accept ERDC fund sent once provider achieves 3-5 star-rating			DHS QRIS Certifiers		
3.A.2 DHS "navigators" provide families with most up-to-date list of approved providers (with 3-5 star-ratings)					
3.A.3 Target DHS providers who are at C2Q for additional support for portfolio completion.	Ongoing		CCR&Rs – QRIS staff	Funds for a center-based focus network	
<p>Notes/Explanations:</p>					



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Strategic Plan Goal: Families are healthy, stable and attached						
<p>Objective: 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>						
<p>Key Metrics This Will Move:</p> <p>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.</p>						
Key Activities						
Date to Complete		Person(s) Responsible	Critical Partners Needed	Resources Needed	Status with Date	
3.A.1	Improve referral pathways for families identified through the DHS Hotline but not assigned for intervention.					
3.A.2	Convene stakeholders in Lincoln County to explore co-location of Housing development and Relief Nursery services through funding from Oregon Housing and Community Services.	EL Hub Coordinator & Lincoln County Partners	Lincoln County Stakeholders, Linn Relief Nurseries for peer support.	Funds for stakeholder meetings meals & supplies. Apply for grant from Oregon Housing & Community Services when RFP is released.		
3.A.3	Provide coaching (through classes, one-on-one and community cafes) to Early					



(revised 8/21/15)

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

	substance abuse, or a developmental or intellectual disability	
	(F) Living with neglectful care	
	(G) Having unmet health care or medical treatment needs	
	(H) Having a racial or ethnic minority status consistent with disproportionate overrepresentation in academic achievement gaps, child welfare, foster care, or juvenile corrections.	

<ul style="list-style-type: none"> All five sectors can demonstrate alignment of agendas, strategies and resources 	<p>1.E. Mechanisms to share funding and blend/braid resources are actively being used and can be verified.</p> <p>> Annual Work Plan, Annual Narrative Report</p> <p>> Annually</p> <p>> 1, 2, or 3</p>
<ul style="list-style-type: none"> The voice of families and communities served by the Hub guides the work of the Hub 	<p>2. Demonstrated meaningful engagement with children and families from all of the communities served by the Hub.</p> <p>> Strategically, Annual Work Plan, and Annual Narrative Report</p> <p>> Annually</p> <p>> 1, 2, or 3</p>
<ul style="list-style-type: none"> Disparities in access to services and supports are reduced and services and supports are culturally responsive 	<p>3. Demonstrated engagement with culturally-specific Community Based Organization as partners in delivery of services to children and families.</p> <p>> Strategically, Annual Work Plan, Annual Narrative Report, and MOU/DOCs</p> <p>> Annually</p> <p>> 1, 2, or 3</p>
	<p>4. Program participation data demonstrates increase in services to children and families from focus populations.</p> <p>> Annual Narrative Report, Hub Quarterly Reporting Workbook</p> <p>> Annually with quarterly unscored reviews</p> <p>> 1, 2, or 3</p>

Goal 2. Children arrive at kindergarten ready and supported for success	School Readiness Funds (including Great Start) Kindergarten Partnership & Innovation Funds Focused Child Care Network Funds	Families Health sector Human services Early learning programs K-12 education Business community Local community		
<div> <div>Strategic Plan (Goal 2)</div> <div> <ul style="list-style-type: none"> Family Resource Management function has been developed Families are supported as their child's first and most important teachers; Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school; </div> </div>				
		<ul style="list-style-type: none"> Early care and education programs and providers are equipped to promote positive child development 	5. Demonstrated administrative overhead below 15%. > Annual reporting in Hub Quarterly Reporting Workbook > Annually > 1 or 2	
		3. Increase in number of QRS providers serving, and # of children served in, "hot spots" (high-needs in, "hot spots" (high-needs > Annual Work Plan, Annual Narrative Report, ELD data > Annually with quarterly unscored	1. Demonstrated shared activities among early learning providers, families, and K-3 > Annual Work Plan, MOU/DOCs, Annual Narrative Report > Annually > 1, 2, or 3	1.A. Increase in percentage of children in Kindergarten with consistent school attendance by demographic group. 1.B. Decrease in disparities in percentage of Kindergarten children of color and from low-income families with consistent school attendance.
		2.A. Increase in Kindergarten Assessment scores in each domain by demographic group. 2.B. Decrease in		

			<ul style="list-style-type: none"> Disparities in outcomes for children of color and from low-income families are reduced 	communities) including reviews > 1, 2, or 3	disparities in Kindergarten Assessment scores for children of color and children from low-income families. 3.A. Increase in percentage of children in third grade who are reading at grade-level by demographic group.
			(see Goal 2, Outcome 2) 4. Increase in percent of children who receive a developmental screen before the age of 3.	> ELD data (via OHA), Annual Work Plan, Annual Narrative Report, Hub Quarterly Reporting Workbook (optional) > Annually with quarterly unscored reviews > 1, 2, or 3	3.B. Decrease in disparities in percentage of third-grade children of color and from low-income families who are reading at grade level.
			<ul style="list-style-type: none"> Children and families experience aligned, culturally responsive instructional practices and seamless transitions from early learning programs to kindergarten 5. Increase in percentage of children enrolled in kindergarten before start of school year.	> Annual Narrative Report, Hub Quarterly Reporting Workbook > Annually with quarterly unscored reviews > 1, 2, or 3	
Goal 3: Families are healthy, stable, and	Healthy, Stable & Attached Family Funds (including		<ul style="list-style-type: none"> Families have positive physical and mental health, supported by access to high-quality health services; 1. Increase in percentage of children in Employment Related Day Care (ERDC) in quarterly unscored a 3, 4 or 5 tier QRIS program.	> ELD data > Annually with quarterly unscored reviews > 1, 2, or 3	* PROVISIONAL * 1. Increase in the percentage of children that turned 2 years old during the

attached	
Family Support)	
in-kind resources	
Strategic Plan (Goal 3)	
<ul style="list-style-type: none"> 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; and Working families have access to safe and affordable child care that promotes positive child development. 	<p>2. Increase in the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.</p> <p>> Annually with quarterly unscored reviews</p> <p>> 1, 2, or 3</p>
	<p>3. Increase % of children with 6+ well-child visits by 15 months.</p> <p>> Annually with quarterly unscored reviews</p> <p>> 1, 2, or 3</p>
	<p>2. Increase in the number of children and families that had specific vaccines by their second birthday.</p> <p>* 2. Increase in the percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year.</p> <p>* 3. Decrease in the rate of children removed due to maltreatment.</p>



Oregon Early Learning Hub Metrics Guidance

8.27.2015

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

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

Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

Here is a list of the 2015 CCO Incentive Metrics:

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

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

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

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

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

Note: This may include federally recognized tribal governments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resources: The money, time, people, and space available to implement a hub strategy that works towards reaching an identified hub goal.

Timeline: The approximate amount of time, usually accompanied by a target completion date, needed to implement a hub strategy and/or achieve a hub goal.

Metrics, Intents, and Rating Indicators

SHORT-TERM INDICATORS

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

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

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

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

Intent:

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

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

- ☺ Tip: Hubs are encouraged to co-create with local level sector partners clear, concrete actions that will produce outcomes for children identified as high risk. Such actions should be specific to priority populations identified from a thorough review of relevant local data across the hub coverage area.
- ☺ Tip: When reviewing demographic data to quantify information about the priority populations, the Oregon Equity Lens should guide decisions regarding actions and alignment of resources.

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

Intent:

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

1-1.B RATING INDICATORS

3 - N/A.

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

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

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

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

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

Intent:

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

1-1.C RATING INDICATORS

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

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

1	-	shared between the hub and the partner, as well as the activities to achieve those outcomes. The hub has less than four of five Memoranda of Understanding/Declarations of Cooperation with partners from all five sectors that specify outcomes that are shared between the hub and the partner, as well as the activities to achieve those outcomes.
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☺ Tip: Hubs are encouraged to utilize standardized Shared agreements (i.e.: MOUs/DOCs) templates for all sector partners and include specific activities relevant to each hub-partner relationship in support of the hub goals and associated medium and long term metrics.

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

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

Intent:

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

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

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

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

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

Intent:

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

aligned system.

1-1.E RATING INDICATORS

- | | | |
|---|---|--|
| 3 | - | The hub is utilizing mechanisms to share funding and blend/braid resources actively with sector partners actively supporting the strategies identified within the strategic plan. Practices within the hub are promising for network replication. |
| 2 | - | The hub utilizes mechanisms to share funding and blend/braid resources with partners actively supporting some of the strategies identified within the strategic plan. The hub has a plan to improve this practice over the course of the next year in place and has acted upon the plan. |
| 1 | - | The hub does not yet utilize mechanisms to share funding and blend/braid resources with partners actively supporting the strategies identified within the strategic plan. The hub does not yet have a plan to improve this practice over the course of the next year in place. |

☺ Tip: Project budgets reflect shared funding from sector partners and illustrate both blending and braiding of funds to support identified community needs related to early learning.

☺ Tip: Specific to a coordinated and aligned system, hub coverage area service needs may include shared professional development activities, data sharing tools, family resource management activities etc.

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

Intent:

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

1-2.A RATING INDICATORS

- | | | |
|---|---|---|
| 3 | - | The hub demonstrates meaningful engagement with children and families from all of the communities served by the hub and has within the past year made a policy/service change as a direct result of family engagement/parental input. |
| 2 | - | The hub demonstrates meaningful engagement with children and families from all of the communities served by the hub. |
| 1 | - | The hub does not demonstrate meaningful engagement with children and families from all of the communities served by the hub. |

☺ Tip: The hub is expected to adopt the Early Learning Division's philosophical framework for engaging families in meaningful ways, as evidenced in their engagement strategies, and support the professional development of early learning providers within their community to achieve high quality and

meaningful engagement of families.

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

Intent:

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

1-3.A RATING INDICATORS

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

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

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

Intent:

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

1-4.A RATING INDICATORS

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

1	-	The hub is not yet using data to monitor, plan and alter services for early learners within their coverage area.
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☺ Tip: The hub is encouraged to utilize data provided by the Early Learning Division from large early learning service delivery programs (i.e.: Healthy Families, Relief Nurseries, ERDC, OPK, etc.) to identify increases in services accessed by traditionally underserved families and identify opportunities for further service delivery increases. This data is made available to hubs on a quarterly basis via the Hub Quarterly Data Report.

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

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

Intent:

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

1-5.A	RATING INDICATORS	
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3	-	N/A
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2	-	The hub demonstrates that their operating administrative overhead is below 15% annually.
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1	-	The hub's operating administrative overhead is above 15% annually.
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☺ Tip: Hubs are required by Oregon Revised Statutes (ORS) § 417.827 to maintain an administrative overhead of 15% or below annually.

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

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

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

Intent:

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

2-1.A	RATING INDICATORS	
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3	-	The hub has demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by MOUs/DOCs and annual work plan commitments contained therein and evidence of at least one shared activity operationalized.
2	-	The hub has demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by MOUs/DOCs and annual work plan commitments contained therein, however activities have not yet been operationalized.
1	-	The hub does not have demonstrated shared activities among early learning providers, families, and K-3 partners as evidenced by Shared agreements (i.e.: MOUs/DOCs) and annual work plan commitments contained therein.

- ☺ Tip: Hubs are encouraged to co-create with local level sector partners clear, concrete actions that will prepare children identified as high risk for school success. Such actions should be specific to priority populations identified from a thorough review of relevant local data across the hub coverage area.
- ☺ Tip: When reviewing demographic data to quantify information about priority populations, the Oregon Equity Lens should guide decisions regarding actions and alignment of resources.

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

Intent:

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

2-2.A RATING INDICATORS

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

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

☺ Tip: Family Resource Management Systems may be operationalized by local early learning partners, early learning hub staff, and/or a combination of both. Technical assistance from Early Learning Division hub facilitators is available to assist with the development of this system, as well as the operationalizing of it.

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

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

Intent:

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

2-3.B RATING INDICATORS

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

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

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

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

Intent:

- *Hubs are required to increase the percent of developmental screens, specifically the*

Ages and Stages Questionnaire (ASQ) for children before the age of three residing within their coverage area.

- *Hubs approach this activity through systems building activities and/or service delivery activities in partnership with the Coordinated Care Organization(s) (CCOs) within their coverage area.*

2-4.A RATING INDICATORS

- | | | |
|---|---|---|
| 3 | - | The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before the age of three within their coverage area, and has exceeded their target as set within their contracted metrics. |
| 2 | - | The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before the age of three within their coverage area, and has met the target as set within their contracted metrics. |
| 1 | - | The hub has worked with CCO partners within their coverage area to see an increase in the percent of developmental screens for children before the age of three within their coverage area, and has not met the target as set within their contracted metrics. |

☺ Tip: Hubs may choose to develop additional data tracking systems to capture screenings already being performed by early learning service providers in their community and/or provide professional development training on the administration of the ASQ in partnership with Screening Tools and Referral Training (START).

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

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

Intent:

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

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

2-5.A RATING INDICATORS

- | | | |
|---|---|---|
| 3 | - | The hub has worked with K-12 partners within their coverage area to see an increase in the percent of children enrolled in kindergarten before the start of the school year within their coverage area, and has exceeded their target as set within their contracted metrics. |
| 2 | - | The hub has worked with K-12 partners within their coverage area to see an increase in the percent of children enrolled in kindergarten before the start of the school year within their coverage area, and has met their target as set within their contracted metrics. |

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

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

3. Families are healthy, stable and attached.

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

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

Intent:

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

3-1.A RATING INDICATORS

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

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

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

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

Intent:

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

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

3-2.A RATING INDICATORS

- | | | |
|---|---|---|
| 3 | - | The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has exceeded their target as set within their contracted metrics. |
| 2 | - | The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has met their target as set within their contracted metrics. |
| 1 | - | The hub has worked with DHS partners within their coverage area to see an increase in the percent of children and families receiving early learning, parent education or family support services, who are also served by DHS, and has not met their target as set within their contracted metrics. |

☺ Tip: Hubs are encouraged to co-create activities with their DHS office(s) to ensure the percentage increases are met and reflect specific actions of both the hub and the DHS office(s) within annual Shared agreements (i.e.: MOUs/DOCs).

☺ Tip: Shared agreements (i.e.: MOUs/DOCs) should include actions that support data sharing and/or data collection as necessary to support the documentation of this metric.

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

Intent:

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

3-3.A RATING INDICATORS

- 3 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has exceeded their target as set within their contracted metrics.
- 2 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has met their target as set within their contracted metrics.
- 1 - The hub has worked with CCO partners within their coverage area to see an increase in the percent of children who make it to regular visits in their primary medical care home, who are also recipients of the Oregon Health Plan (OHP), and has not met their target as set within their contracted metrics.

😊 Tip: Hubs are encouraged to co-create activities with their CCO(s) to assure the percentage increases are met and reflect specific actions of both the hub and the CCO(s) within annual Shared agreements (i.e.: MOUs/DOCs).

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

MEDIUM AND LONG-TERM INDICATORS

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

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

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

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

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

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

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

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

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

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

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

Goal 3: Families are healthy, stable and attached.

NOTE: Provisional until approved by the Early Learning Council.

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

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

3-3. Decrease rates of child maltreatment.

Summary and Guidance for Data Collection Timeframes

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

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

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

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

Measuring/Monitoring/Reporting/Review Timeframes

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

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

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

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 <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.

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 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 data development through Equity Strategies 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.

Equity Strategies: Provide training to Family Resource Managers/Navigators in cultural humility/competency, health literacy principals, 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 incorporate 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:	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.
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:	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). 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).

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 Prekindergarten, 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 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: Encourage K-12 schools to use community preschools as a pathway to reach and engage parents of preschool children in kindergarten transition efforts.

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-3 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:	3-1 A. 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 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.

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.

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 #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 I and R 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 EL 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 I, 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).





The Final Word

Adapted by Jennifer Fischer-Mueller and Gene Thompson-Grove.

Purpose

The purpose of this protocol is to give each person in the group an opportunity to have their ideas, understandings, and perspective enhanced by hearing from others. With this protocol, the group can explore an article, clarify their thinking, and have their assumptions and beliefs questioned in order to gain a deeper understanding of the issue.

Time

For each round, allow about 8 minutes (circles of 5 participants: presenter 3 minutes, response 1 minute each for 4 people, final word for presenter 1 minute). Total time is about 40 minutes for a group of 5 (32 minutes for a group of 4, 48 minutes for a group of 6).

Roles

Facilitator/time-keeper (who also participates); participants

Facilitation

- Have participants identify one most significant idea from the text (underlined or highlighted ahead of time)
- Stick to the time limits
- Avoid dialogue
- Have equal sized circles so all small groups finish at approximately the same time

Process

1. Sit in a circle and identify a facilitator/time-keeper.
2. Each person needs to have one most significant idea from the text underlined or highlighted in the article. It is often helpful to identify a back-up quote as well.
3. The first person begins by reading what struck him or her the most from the article. Have this person refer to where the quote is in the text - one thought or quote only. Then, in less than 3 minutes, this person describes why that quote struck her/him. For example, why does she/he agree/disagree with the quote? What questions does she/he have about that quote? What issues does it raise for her/him? What does she/he now wonder about in relation to that quote?
4. Continuing around the circle, each person briefly responds to that quote and what the presenter said, in less than a minute. The purpose of the response is:
 - To expand on the presenter's thinking about the quote and the issues raised for him or her by the quote
 - To provide a different look at the quote
 - To clarify the presenter's thinking about the quote
 - To question the presenter's assumptions about the quote and the issues raised (although at this time there is no response from the presenter)

5. After going around the circle with each person having responded for less than one minute, the person that began has the “final word.” In no more than one minute the presenter responds to what has been said. Now what is she/he thinking? What is her/his reaction to what she/he has heard?
6. The next person in the circle then begins by sharing what struck him or her most from the text. Proceed around the circle, responding to this next presenter’s quote in the same way as the first presenter’s. This process continues until each person has had a round with his or her quote.
7. End by debriefing the process in your small group.