



ECE Sector Planning Phase I Deliverables Review Process

Process Overview

- Each Early Learning Hub's set of Phase I Deliverables will be reviewed by a team of ELD Community Systems, Program, and Policy Team members.
 - The role of the review team will be to assess each Hub's Phase I Deliverables using the rubric on pages 3-6, and make recommendations to the Early Learning System Director as to whether each deliverable has been completed successfully, or whether it needs to be sent back to the Hub for either minor revisions/clarifications or significant revisions.
- Each Hub's Phase I Deliverables will be reviewed and scored by three members of the review team
 - Review team members will submit scores via a Google form for each Deliverable for the three Hubs to which they have been assigned. Scoring categories for each Deliverable are:
 - Meets Expectations
 - Additional Information Required
 - These scores will not be shared publicly, and are not intended to be final or binding. Rather, they starting point for the review team's recommendations to the Early Learning System Director.
 - Review team members will also be expected to review, but not score, the Deliverables for the Hubs for which they are not assigned as a primary reviewer, so that they are prepared to discuss them when the team convenes.
- The decision-making model for the Review Team will be to strive for consensus (defined as "all members of the team can live with the decision and will publicly support it") whenever possible, falling back to a 'decide with input' model when consensus cannot be reached. In these scenarios, the review team co-chairs will make a final determination about what will be recommended to Early Learning System Director.
- The team and/or System Director may recommend/require that some Hubs revise and re-submit one or more their Phase I Deliverables.
 - If only minor revisions or clarifications are needed, Hub staff will be given guidance and feedback on what is required.
 - If more significant revisions are required, it is likely that the impacted Hubs will need to re-convene their Regional Stewardship Committees.



- In these cases, the review team will identify specific supports or technical assistance necessary to support the Hub to complete the deliverable in a satisfactory fashion.
- The review team will be co-chaired by Joan Blough and Gwyn Bachtle, with Anne Morrison and Brett Walker serving as process facilitators. Aaron Reyna will provide administrative and logistical support.
- The review team will include:
 - Anne Morrison
 - Brett Walker
 - Cassandra Ferder
 - Dayna Jung
 - Denise Swanson
 - Gwyn Bachtle (Co-chair)
 - Joan Blough (Co-chair)
 - Jon Reeves
 - Margie McNabb

Key Dates

Activity	Due Date
Review process shared with Hubs	11.19.19
Hub feedback on review process submitted	11.21.19
Review process finalized	11.25.19
Review team completes orientation	12.6.19
Hubs submit Phase I Deliverables	12.13.19
Review team members submit scores for the Hubs for which they were one of the primary reviewers (by COB)	12.16.19
Review team convenes to assess each Hub's Phase I Deliverables and make recommendations to Early Learning System Director	12.17-12.18.19
Early Learning System Director reviews team's recommendations and makes final determination on each Hub's plan	12.17-20.19
Final determinations communicated out to Hubs	12.20.19
Deliverables requiring clarifications or revisions re-submitted	1.15.20
Revised plans reviewed & approved	1.17.20



Rubric

Deliverable 1: Priority Populations	
Meets Expectations	<ul style="list-style-type: none">• Demonstrates understanding of utilizing an equity lens to analyze the disparities in access to high quality ECE services in the region.• Clearly articulates at least two but no more than six priority populations from historically underserved communities for ECE service expansion.<ul style="list-style-type: none">○ Quantitative data analysis included for each priority population, with at least one data source cited for each priority population.• Clearly identifies communities and geographic areas within the Hub region with the highest number and/or percentage of the identified priority populations.• Evidence indicating at least one specific family and provider engagement approach took place, including:<ul style="list-style-type: none">○ Evidence indicating that family and provider engagement opportunities were focused on families' needs and barriers to accessing ECE services.○ Evidence indicating that existing touchpoints and relationships were leveraged.○ Evidence indicating that family and provider engagement opportunities were designed to be culturally responsive.○ Findings from family engagement indicate a clear understanding of the ECE needs of each priority population, and the barriers they face in accessing services.• Does not require clarifications or revisions.
Additional Information Required	<ul style="list-style-type: none">• Does not demonstrate a clear understanding of utilizing an equity lens to analyze the disparities in access to high quality ECE services in the region.• Does not clearly articulate at least two but no more than six priority populations from historically underserved communities for ECE service expansion.<ul style="list-style-type: none">○ Quantitative data analysis not included or incomplete for each priority population.



	<ul style="list-style-type: none"> • Does not clearly identify communities and geographic areas within the Hub region with the highest number and/or percentage of the identified priority populations. • Lacks evidence indicating at least one specific family and provider engagement approach took place. <ul style="list-style-type: none"> ○ Lacks evidence indicating that family and provider engagement opportunities were focused on families' needs and barriers to accessing ECE services. ○ Lacks Evidence indicating that existing touchpoints and relationships were leveraged. ○ Lacks evidence indicating that family and provider engagement opportunities were designed to be culturally responsive. ○ Findings from family engagement do not indicate a clear understanding of the ECE needs of each priority population, and the barriers they face in accessing services. • Requires clarifications or revisions.
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Deliverable 2: Family Needs & Preferences	
Meets Expectations	<ul style="list-style-type: none"> • Priority populations clearly align with those identified for Deliverable 1. • Families' needs and preferences are clearly articulated, and there is a clear link to the themes that emerged from the family and provider engagement activities. • Does not require clarifications or revisions.
Additional Information Required	<ul style="list-style-type: none"> • Priority populations do not clearly align with those identified for Deliverable 1. • Families' needs and preferences are not clearly articulated, are incomplete, and/or there is not a clear link to the themes that emerged from the family and provider engagement activities. • Requires clarifications or revisions.

Deliverable 2: Provider Supply Analysis	
Meets Expectations	<ul style="list-style-type: none"> • Clearly and thoroughly describes the extent to which the region is equipped to meet the demand and respond to the preferences and needs of families in the identified priority populations, and



	<p>describes the multiple provider types (e.g., OPK, center-based, home-based, CBO, K-12, etc.) that could potentially meet the demand.</p> <ul style="list-style-type: none"> • Clearly articulates where within the Hub region the biggest gaps in equity in access to service exist, based on geography. • Clearly describes the program characteristics necessary to meet the demand in the Hub’s targeted communities and among the identified priority populations. • Clearly describes how small providers might be supported through a network model. <i>(Page 11 in the Toolkit)</i> • Uses some evidence from the provider supply report provided by Teaching Research Institute (TRI) and/or other data sources in • Clearly articulates data sources used. • Does not require clarifications or revisions.
<p>Additional Information Required</p>	<ul style="list-style-type: none"> • Does not clearly describe the extent to which the region is equipped to meet the demand and respond to the preferences and needs of families in the identified priority populations, and does not adequately describe multiple providers types (e.g., OPK, center-based, home-based, CBO, K-12, etc.) that could potentially meet the demand. • Does not clearly articulate where within the Hub region the biggest gaps in equity in access to services exist, based on geography. • Does not clearly describe the program characteristics necessary to meet the demand in the Hub’s targeted communities and among the identified priority populations. • Does not clearly describe how small providers would be support through a network model. <i>(Page 11 in the Toolkit)</i> • Does not use evidence from the provider supply report provided by Teaching Research Institute (TRI) and/or other data sources. • Does not clearly articulate data sources used. • Requires clarifications or revisions.

<p>Deliverable 3: Emerging ECE Expansion Opportunities</p>	
<p>Meets Expectations</p>	<ul style="list-style-type: none"> • Clearly describes current and upcoming opportunities for ECE expansion in the Hub region, including settings, potential numbers of children served, and any innovative approaches to financing, facilities, and/or staffing. • Clearly describes which children and families will benefit from emerging expansion opportunities and the extent to which they will



Oregon

Kate Brown, Governor

Early Learning Division



	<p>advance an equity agenda and serve children from families in the Hub's identified priority populations.</p> <ul style="list-style-type: none">• Demonstrates outreach was conducted to Head Start, K-12, child care, and other community partners to include their perspectives in this deliverable.• Does not require clarifications or revisions.
Additional Information Required	<ul style="list-style-type: none">• Does not clearly describe current and upcoming opportunities for ECE expansion in the Hub region, including settings, potential numbers of children served, and any innovative approaches to financing, facilities, and/or staffing.• Does not clearly describe which children and families will benefit from emerging expansion opportunities and the extent to which they will advance an equity agenda/serve children from families in the Hub's identified priority populations.• Does not demonstrate outreach was conducted to Head Start, K-12, child care, and other community partners to include their perspectives in this deliverable• Requires clarifications or revisions.



Childhood is precious

"adverse conditions... have a lasting detrimental effect on the developing brain, even if a child's circumstances are improved later in childhood."

-Raise up Oregon

Our Region

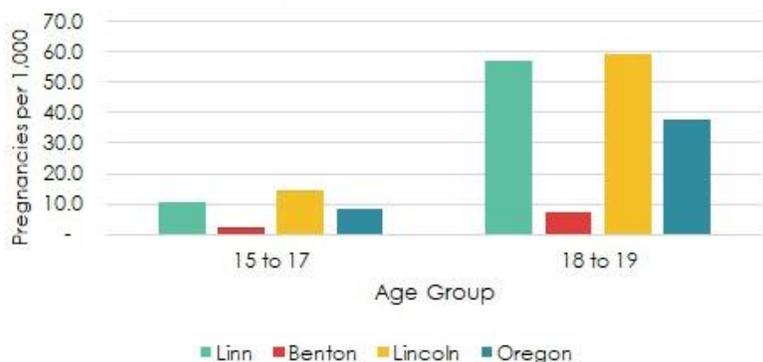
Our region is considered a "child care desert" where access to regulated child care is limited to children with the greatest need among 0-2 years old child care slot.

Affordability

"... lack of affordability often prevents families from accessing quality care and education."

- Oregon's Child Care Desert

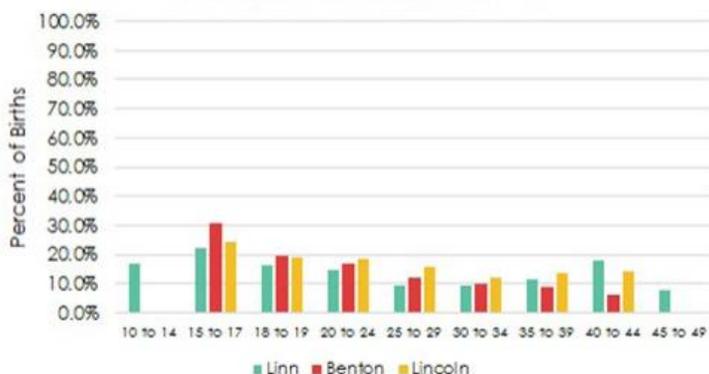
Teen Pregnancy Rates Per 1,000 by County, 2017



Teenage Pregnancy

The teen pregnancy rate in **Linn County** for ages 18–19 (57.3 per 1,000) and **Lincoln County** for ages 18–19 (59.3 per 1,000) were higher than Oregon's rate (37.6 per 1,000). The teen pregnancy rate for each age group (ages 15–17 and 18–19) in **Benton County** (2.5 and 7.3 per 1,000) was significantly lower than Oregon's rate (8.5 and 37.6 per 1,000).

Percent of Births with Inadequate or No Prenatal Care by Age Group, 2008-2015



Maternal and Infant Health

Areas of emphasis to understand maternal and infant health in our region:

- Births in Linn, Benton, and Lincoln counties
- Timeliness of Prenatal care
- Prenatal care
- Teen Pregnancy
- Mother's Education Level
- Unmarried Mothers
- Prenatal Substance Abuse
- Breastfeeding

Statistical data for the 3 counties

1 The number of births in **Linn County** (1,464) was over two times the number in **Benton County** (696) and over three times the number in **Lincoln County** (404) in 2017. Almost twice as many infants were born to mothers who are **Hispanic** in **Linn County** compared to mothers who are Hispanic in each **Benton** and **Lincoln** counties.

2 During 2014–2016, both **Linn County** and **Lincoln County** had a higher percentage of mothers who smoked at some point during pregnancy compared to the state.

FACTS

1 Breastfeeding is associated with numerous health benefits for infants, such as boosting immune system response, reducing the risk of Type 2 diabetes, and preventing obesity. Breastfeeding also promotes maternal-child bonding.

2 Tobacco, alcohol, and illicit drug use during pregnancy are linked with serious health consequences for both mother and infant. Abuse of multiple substances during pregnancy compounds these negative outcomes

3 Parenting is a barrier to achieving a high school education and puts the mother at increased risk for low income. A high school diploma or equivalent is a base for future opportunities, such as higher education leading to increased income levels.

3 Compared with women over the age of 25, women under the age of 25 in **Benton County** are nearly twice as likely to receive inadequate or no prenatal health care.

4 **Lincoln County** has the highest percent of births to mothers with less than 12 years of education in our region from 2009 to 2017.

Overall, the rate of births to mothers with less than 12 years of education decreased from 2009 to 2017 throughout our region.

5 Less than half of WIC mothers breastfed exclusively for six months in Linn, Benton, and Lincoln counties. In 2018, the WIC program reported serving the following women, infants, and children under age five: **Linn County**: 4,936, **Benton County**: 1,957, **Lincoln County**: 1,915.

4 Prenatal care is critical to lower the risk of low birth weight and serious health problems that can lead to death for the infant. Early prenatal care includes counseling about healthy choices to care for the mother's physical health and the infant's growth and development. Regular prenatal care with/by a healthcare professional also includes early identification and treatment for any medical complications and screening for the mother's mental health.



Who we are

The Early Learning Hub of Linn, Benton and Lincoln Counties brings together over 200 partners to increase family stability, improve kindergarten readiness, and ensure service coordination that is equitable, and culturally and linguistically

Goals of HUB

1 Create an early childhood system that is aligned, coordinated, and family centered.

2 Ensure that children arrive at school ready to succeed.

3 Ensure that Oregon's young children live in families that are healthy, stable, and attached.

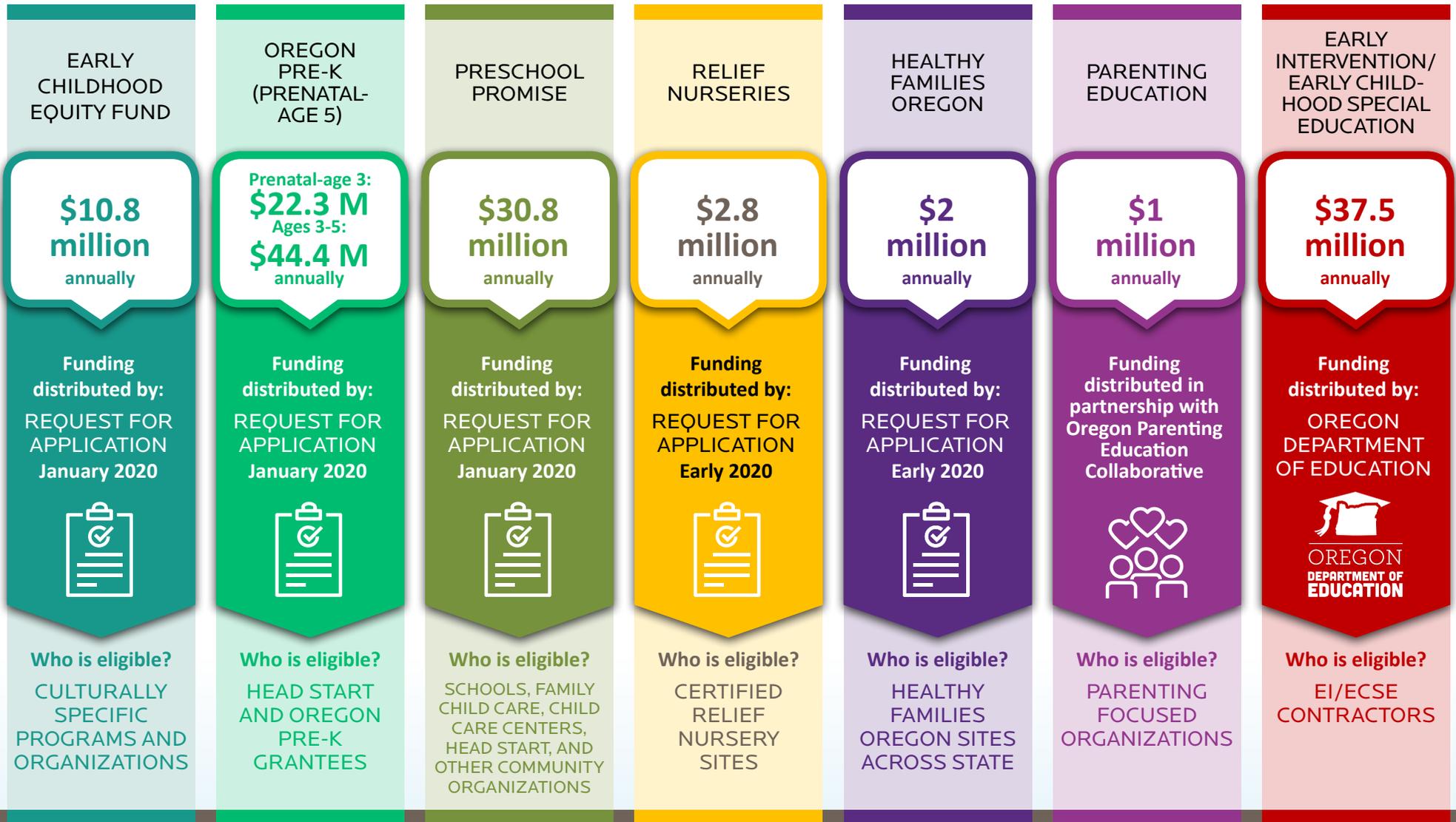


Connect with us:

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