



Early Learning Hub of Central Oregon

REV 4-13-16

2015-17 STRATEGIC WORK PLAN

(Preliminary Starting Place – January 2016)



Early Learning Hub Partnership

Utilizing the Collective Impact approach, the Early Learning Hub of Central Oregon is bringing together the early childhood, K-12 and higher education, health and human services, community and business, government and philanthropic sectors to improve outcomes for young children and to align services into one efficient and effective local early learning system. The Early Learning Hub builds on existing community resources and assets and works collectively to support parents and to establish a solid foundation for children's long term success. Plan development, strategies and outcomes of the Early Learning Hub of Central Oregon are strategically aligned with existing regional plan efforts and initiatives including the prenatal to career Regional Achievement Collaborative, Better Together, and the Central Oregon Regional Health Improvement Plan.

Vision

The vision of the Early Learning Hub of Central Oregon is healthy, stable, and supported families and children who are successful in school and life.

Mission

To create an efficient and effective early learning system to ensure all children, prenatal through eight, receive the opportunities and supports needed to be healthy and successful in school.



Outcomes and Goals

The shared outcome goals for the region's Early Learning Hub and among its network of providers and community partners are to achieve the following:

- Early childhood services are coordinated, effective, accessible, and family-centered
- Children receive the opportunities and supports needed to enter school ready to succeed and with health and development on track
- Children are raised in healthy, stable, supported and supportive families

Our Priority Population

The target population for the Early Learning Hub of Central Oregon is infants and children, prenatal through age eight, with emphasis on vulnerable families defined as: low-income, from rural under-resourced communities, children with cultural and linguistic needs, differently abled children, children in disruptive and unstable family environments and children at risk for adverse effects of toxic stress and trauma.

Guiding Principles of the Early Learning Hub of Central Oregon

- a. **Collaborative** approach is preferred approach to use for planning and service delivery
- b. **Accessible** – No wrong door / multiple entry points
- c. **Timely** – Referral and linkages to services occur in a timely fashion
- d. **Best Practices** – Services investments are based on objective criteria (primarily on evidence-based programs/practices and based on prioritized strengths/needs informed by both data and local wisdom
- e. **Outcome Driven & Data Informed** – Investments, programs and projects are selected based on demonstrated effectiveness and prioritized need, informed by both quantitative and qualitative data, and monitored to evaluate how well they impact the targeted outcomes.
- f. **Efficient** – Services and resources are coordinated and delivered wisely without reducing quality
- g. **Culturally Appropriate** – Services are delivered in a culturally specific and appropriate manner
- h. **Family Centered** – Families are offered choices, actively engaged in identifying prioritized needs and solutions, and respected and supported

Strategic Alignment with 19 Existing Regional Plans and Initiatives

- Better Together (Regional Achievement Collaborative – RAC) and 40:40:20 Goals
- Child Care Resource and Referral (CCR&R)
- Early Childhood Learning Center (Redmond)
- Early Intervention / Early Childhood Special Education Plans (EI-ECSE)
- Family Preservation and Support Initiative (FPSI)
- Focused Child Care Network (FCCN)
- Housing “LIFT” planning
- Inclusionary Care Grant (DHS)
- Kindergarten Partnership and Innovation (PreK-3RD Approach and Growth Mindset)
- Literacy Grant Work and continuation efforts
- Mixed Delivery Pre-School
- OCF Early Childhood / P-3 Grants
- Oregon Parenting Education Collaborative – OCF Grant
- Partners in Practice (PiP) ECE Work Force Development Grant
- Home Visiting Service Coordination and Perinatal Continuum of Care (in development)
- Pre-School Promise (in development)
- Public Health Core Functions and Oregon Public Health Modernization
- Regional Health Improvement Plan (RHIP) and Triple Aim Goals
- Vroom (FRC & Healthy Beginnings)

Appendix A

State-Defined Outcomes that the Strategic Plan will address:

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

1. Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school
2. Families are supported as their child's first and most important teachers
3. Early care and education programs and providers are equipped to promote positive child development
4. Children and families experience aligned instructional practices and seamless transitions from early learning programs to kindergarten
5. Disparities in outcomes for *vulnerable children and families are reduced

Children are supported to enter school ready to succeed

1. Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school
2. Families are supported as their child's first and most important teachers
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5. Disparities in outcomes for *vulnerable and families are reduced

Families are healthy, stable, supported and supportive

1. Families have positive physical and mental health, supported by access to high-quality health services
2. Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care
3. Families have adequate resources to meet their needs, such as housing and transportation, and supports to strengthen their resilience to stress
4. Working families have access to safe and affordable child care that promotes positive child development

Appendix B (2-10-16)

State-Defined *Short-Term* Indicators (1-2 years) Strategic Plan will address:

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

(1-1A) The Early Learning Hub has a strategic plan in place detailing the role of all 5 sectors (business, EL, health, K-12, education and human services) in achieving shared outcomes for children and families.
Completed: Plan developed and approved by Early Learning Council (ELLC) 12/1/15 and Wellness & Education Board (WEBCO) 12/10/15

(1-1B) Hub has active participation of leaders from all five sectors within their governance structure.
Baseline: 88% Participation rate among 17 member Early Learning Leadership Council (Oct. 2014 - Oct. 2015) with min. 2-Year Target

(1-1C) MOUs in place with partners from all 5 sectors specifying shared outcomes and activities.
(1-1D) MOUs also specify that each sector partner will, as appropriate and mutually agreed upon, share data regarding budgets, services provided, and number of children served.
Completed: Signed MOUs with above stipulations completed and signed by Early learning Council members January 2016

(1-1E) Demonstrated utilization of mechanisms to share funding and to blend/braid resources.
Status: An on-going priority. Tracking system and baseline TBD

(1-2A) Meaningful engagement with children and families from all communities served by the EL Hub.
Baseline: 81 parents of 164 children participated in Parent Focus Groups across the region fiscal year 2015 with 2-Year Target to double number

(1-3A) Demonstrated engagement with culturally-specific community-based organizations as partners in delivery of services to children and families.
Status: An on-going priority. Data collection and analysis project with PSU and OSU-Cascades to identify disparities in access, opportunities and achievement. Targeted funding for Warm Springs Audiology services, sponsoring bi-lingual mentor providers and scholarships with Partners in Practice (COCC) for early care and education providers to access professional development in their communities & language. 2-Year Target TBD

(1-4A) Program participation data demonstrates increase in services for identified priority populations.
Status: Contracted with PSU/OSU-Cascades to do intensive data collection and analysis and to identify racial/ethnic disparities and hot spots

(1-5A) Hub demonstrates that their operating administrative overhead is below 15% annually.
Baseline: 12.27% of all funds invested through the EL Hub in fiscal year 2015 were administrative

Children are supported to enter school ready to succeed

(2-1A) Hub has shared activities among early learning providers, families, and K-3 partners.
Status: Metric included in HDESD Kindergarten Partnership and Innovation PreK-3 Project Contract and Crook Co. School District P-3 Agreement

(2-2A) Increase the number of children from EHS, HS, OPK, Relief Nurseries, Health Families Oregon and/or other waiting lists served by hub partner program.
Process Metric: Baselines and targets TBD by December 2016

(2-3A) Increase in number of 3, 4, and 5-star providers serving children from "hot spots".
Status: Target metrics to be revised by January 31, 2016 due to reduction in QRIS project funds

(2-4A) Increase in percent of children who receive a developmental screen before age 3.
Baseline: 50% (2,985 in 2014) with 2-Year Target of 55% (3,134) Note: State benchmark is 50%

(2-5A) Increase in percentage of children enrolled in kindergarten before start of school year.
Process Metric: Baselines and targets TBD by PreK-3rd and P-3 Leadership Teams by June 2016

Families are healthy, stable, supported and supportive

(3-1A) Increase in percentage of children in ERDC in a 3, 4, or 5-star QRIS program.
Baseline: 6.1% (41 of 674 children - June 2015 QRIS) with 2-Year Target of 12% (81 of 674 children. Need to assess impact of reduced QRIS funds.

(3-2A) Increase # of children & families served by DHS (e.g., through TANF, or child welfare) receiving early learning, parenting ed., or family support services
Process Metric: Baselines and targets TBD by December 2016

(3-3A) Increase in % of children on OHP who make it to ≥ 6 well-child visits by 15 months of age
Baseline: 56% (561 - OHA 2014) with 2-Year Target of 59% (3% increase to 578) - NOTE: Baseline and target corrected per OHA on 4/13/16

Appendix C

Summary of Current Local Strategies to address State-Defined *Short-Term Outcomes*:

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

- A. Active leadership and participation among providers in early care and education, health, education, social services, and businesses to ensure all young children and families, with emphasis on vulnerable populations, receive needed opportunities & supports. *(Metric 1-1A thru 1-1D)*
- B. Aligned planning across agencies with mutually reinforcing activities to achieve goals. *(Metric 1-1A to 1-1D)*
- C. Utilize data to inform and evaluate investments, to learn and adjust as needed, and to continually improve services. Utilize data to identify opportunities to decrease disparities. *(Metric 1-1D and 1-4A)*
- D. Provide meaningful and relevant opportunities for parents to actively participate and provide input on developing and evaluating strategies, supports and services. *(Metric 1-2A)*
- E. Improve coordination and connection to services for families with newborns in collaboration with the region's Healthy Families Oregon programs, Public Health Departments, High Desert ESD, PacificSource, and other Community Based Organizations. *(Metric 1-3A and Metric 3-2A)*
- F. Build upon successful existing strategies and initiatives. *(Metric 1-3A)*
- G. Resource allocation to support organizations reaching and serving vulnerable children and families. *(Metric 1-3A)*
- H. Identify and seek opportunities to blend and braid resources among providers, to maximize use of available resources and to assure resources are invested wisely. *(Metric 1-5A)*

2. Children are supported to enter school ready to succeed

- A. Provide a coordinated approach utilizing the PreK-3rd Framework to increase school readiness, early enrollment and retention strategies that engage families, early learning providers and K-3 partners. *(Metric 2-1A and 2-5A)*
- B. Identify and implement strategies to effectively serve children on identified program wait lists with effective early learning programs and supports. *(Metric 2-2A)*
- C. Develop a supply of 3-Star, 4-Star and 5-Star quality early learning programs in coordination with QRIS and workforce development efforts with emphasis on improving access and reducing barriers to quality early care and education opportunities for vulnerable populations. *(Metric 2-3A)*
- D. Coordinate with the CCO and Community Based Organizations to align work to increase rates of developmental screenings and improve the referral, information sharing systems and follow-up processes among medical and early learning providers. *(Metric 2-4A)*

3. Families are healthy, stable, supported and supportive

- A. Strengthen provider capacity and parent supports to access affordable, quality care. *(Metric 3-1A)*
- B. Identify and implement strategies that connect DHS families to quality early learning and literacy experiences, parenting education, and/or family supports. *(Metric 3-2A)*
- C. Increase understanding on the importance of well child visits among parents; utilize data and best practice models to develop a closed-loop referral and information sharing system among physicians, public, community based and non-profit organizations. *(Metric 3-3A)*
- D. Develop a seamless, family-centered and culturally responsive home visiting, screening and referral system and continuum of care to support pregnant women, infants and young children. *(Metric 1-3A & 3-4A)*

Appendix D

State-Defined Medium and Long-Term (Future) Indicators / Metrics

NOTE: Provisional until approved by the Early Learning Council

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 coordinated, effective, accessible & family-centered

There currently 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, supported and supportive

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

Goal 1: Early Childhood System is coordinated, effective, accessible and family-centered

Goal 1:	Services are Coordinated and Effective
Shared Objective 1-1:	The EL Hub, Strategic Plan includes MOUs with defined roles from a broad cross-sector of partners from each of the five sectors and partner agencies. MOUs include agreement on shared outcomes, mutually reinforcing activities for achieving the shared outcomes and data (budget, services, # served)
Short-term Indicators:	
Metric 1-1A	Metric 1-1A: 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.
Metric 1-1B	Metric 1-1B: The hub has active participation of leaders from all five sectors within their governance structure.
Metric 1-1C	Metric 1-1C: Memoranda of Understanding/Declarations of Cooperation (MOUs/DOCs are in place with partners from all five sectors and specify shared outcomes and activities.
Metric 1-1D	Metric 1-1D: MOUs specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.
Metric 1-1E	Metric 1-1E: The Hub utilizes mechanisms to share funding and blend/braid resources.

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 1-1.1: Active leadership & participation among all 5 sectors to ensure all young children receive needed opportunities & supports (Metric 1-1A to 1-1D)</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Recruit & retain quality, high-level ELLC representatives from all 5 sectors 2) Ensure balanced, cross-geographic representation and membership on ELLC 3) Active participation of leaders from 5 sectors within ELLC (attendance at ELLC meetings and toward achieving mutually agreed upon efforts defined in MOU) 4) Strategic Work Plan will be reviewed & updated annually and as needed 5) Shared MOUs & agreements with /between partners updated annually 	<ul style="list-style-type: none"> • ELH Director • ELLC Exec Committee • ELLC 	ELH Coord. Funds	<p>Start: January 2016</p> <p>End: Annual Review</p>
<p>Strategy 1-1.2: Service providers align planning and efforts with mutually reinforcing activities to achieve shared goals (Metric 1-1A to 1-1D)</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) MOUs in place with all 5 sectors detailing agreed-upon specific role for each agency/ sector rep in achieving agreed upon shared activities and outcomes 2) All 5 sectors reflect alignment of goals & activities in own plans, activities 3) Where appropriate/agreed, MOUs include data sharing agreements for budget information, services provided, # children served and opportunities for shared resources 4) Early learning, K-12, Health, Non-profits, Social Services & Business partners actively participate in & contribute resources to Hub sponsored activities 	<ul style="list-style-type: none"> • ELH Director • ELLC Exec Committee • ELLC 	ELH Coord. Funds	<p>Start: January 2016</p> <p>End: Annual Review</p>
<p>Strategy 1-1.3: Utilize data to inform and evaluate investments, monitor and adjust as needed, and continuously improve strategies, approach and services. (Metric 1-1A to 1-1D)</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) There is adequate staff time to facilitate collaborative efforts to implement the strategic plan (staffing plan being developed with Strategic & Annual Work Plans and budget based on staffing plan will be developed by April 2016). 2) Contract with PSU Data Specialist for more detailed data on race and ethnicity. Utilize PSU Data to identify and prioritize most vulnerable populations, communities and neighborhoods. 3) Utilize the data to identify and address disparities and to eliminate barriers (once PSU data 	<ul style="list-style-type: none"> • ELH Director • ELLC Exec Committee • ELLC • Providers and Stakeholders 	ELH Coord. Funds braided with agency partner funds and resources	<p>Start: Fall 2015</p> <p>Qtrly: Progress Report</p> <p>Establish: April 2016</p> <p>End: Annual Review</p> <p>Start: Sept. 2015 (<i>Contract with PSU</i>)</p> <p>End: Mar. 2016</p>

<p>received). First step will be to use for Pre-School Promise work</p> <p>4) Develop Continuous Improvement methods to monitor, evaluate and adjust strategies to ensure strategic goals are met and services are improved in the region’s identified “hot spots”. First step: Pre-School Mixed Del. Mapping.</p> <p>5) <u>Develop policy guidelines and process to inform and prioritize future investment</u> of ELH resources with emphasis vulnerable populations, under-resourced communities and children in poverty.</p>			<p>Start: April 2016 End: June 30, 2017</p> <p>Start: Feb. 10, 2016 End: June 30, 2017</p>
<p>Strategy 1-1.4: Convene home visiting program leaders to develop a seamless, coord. perinatal home visiting continuum of care, screening and referral system to improve access to services and to expand number served, with emphasis on vulnerable populations (Metric 1-1A to 1-1D)</p> <p>Activities:</p> <p>1) Continue to convene home visiting program leaders toward a successful development and implementation of the Family Connects model, staffing and funding plan.</p> <p>2) March 2016 funding application utilizing existing HV resources (i.e. HFO, MCH, etc.) to leverage additional resources.</p>	<ul style="list-style-type: none"> • ELH Director • ELLC • HFO Providers (HDES, Crook & Jeff. Public Health) • Deschutes Health Services • PacificSource • MtStar Fam. Relief Nursery • Stakeholders 	<p>ELH Coord. Funds braided with agency partner funds and resources</p>	<p>Start: Sept. 2015 Rev: Annually End: Dec. 31, 2017</p>

Goal 1:	Services are Coordinated and Effective			
Shared Objective 1-2:	Families are engaged as active partners utilizing <i>culturally</i> informed strategies to <u>improve services</u> to low income children and families with an emphasis on the region's identified "hot spots" and Latino/Hispanic and Native American children and families.			
Short-term Indicator: Metric 1-2A	Metric 1-2A: Demonstrated meaningful engagement with children and families from all communities served by the hub.			
	Baseline (FY2015): Parent Focus Groups <ul style="list-style-type: none"> 81 parents of 164 children participated in Parent Focus Groups across the region 24 (29%) Hispanic/Latino Participants attended Parent Focus Groups across region (9 non-English speaking) 1 (1%) Native American attended Parent Focus Groups Parent Survey – See Goal 2: Kindergarten Readiness	1 Year Target: 162 Parents 100% increase in # of parents participating in parent outreach and engagement strategies by December 30, 2016 Parent Survey – See Goal 2: Kindergarten Readiness	2 Year Target: TBD Increase in # of parents participating in parent outreach and engagement strategies based on Year 1 results	
STRATEGIES & ACTIVITIES				
Strategy 1-2.1: Provide meaningful and relevant opportunities for parents to actively participate and provide input on developing and evaluating strategies, supports and services.				
Activities: Continue to expand and build upon successful including: 1) <u>Parent Focus Groups/Cafes</u> in the region's identified "hot spots" (including Warm Springs for mutually agreed upon strategies). The next Parent Focus Groups will be to identify assets and needs around the topic of pre-school delivery. Plan at least two rounds (with different focus areas) of Parent Focus Groups across region between winter 2016 and October 2016. 2) <u>Continue to identify and utilize trusted community based partner/parents for outreach</u> and to recruit for parent focus groups and survey parent preferences. 3) <u>Develop and implement strategies to reach parents based on their preferred mode of communication</u> (i.e. Facebook & word-of-mouth) through trusted partner/parent. 4) <u>Parent Survey:</u> Schools in Crook County, Redmond and Sisters School Districts have administered the survey for two years. Information gathered through the survey provides baseline information on several essential components of kindergarten readiness and have led to several changes in service delivery and protocol. 5) <u>Other ideas:</u> Identify and explore <u>feasibility of using existing parent advisory groups</u> (i.e. Elementary school PTAs, WIC, parenting education classes, Head Start Parent Policy Councils, EI/ECSE, etc. within region's "hot spot" areas) to "meet parents where they are" and to provide opportunities for parents to provide feedback and recommendations on available and needed services (i.e. preschool delivery).				
		<ul style="list-style-type: none"> ELH Director & Staff Providers and Stakeholders 	ELH Coord. Funds KPI Funds OCF P-3 Funds braided with agency partner funds/resources	Start: Winter 2016 Next Focus Group: Spring 2016 End: Oct. 2016 Start: May 2016 End: Oct. 2016 Start: Aug. 2016 End: Oct. 2016 Start: Fall 2015 End: Oct. 2016 Start: May 2016 End: Oct. 2016
Strategy 1-2.2: Make it easy, fun & welcoming for parents to participate				
Activities: 1) <u>Create opportunities for parents to participate, provide input, and have choices</u> in any strategies, activities and initiatives that will impact them and/or their child.				
		<ul style="list-style-type: none"> ELH Director & Staff Providers and Stakeholders 	ELH Coord. Funds braided with agency partner funds/resources	Start: Winter 2016 Next Focus Group: Start: Spring 2016

<p>2) <u>Go where the parents</u> are within each community and offer dinner, child care, and/or small stipend or gift cards for parents who participate.</p> <p>3) <u>Offer translation (i.e. via ear buds) & interpretation</u> services for English_trainings and/or focus group facilitation in Spanish.</p> <p>4) <u>Whenever possible, allow parents to have a say and/or choice in process</u> (when and where to hold event, what prefer as incentives and for food.) a. Cont. to use community-based parent leaders/champions to solicit parental preferences. b. Cont. to develop methods and to utilize mode of communication preferred by parents (i.e. most preferred modes of communication were Facebook and word-of-mouth).</p> <p>5) Ensure contracted partners offer educational materials, trainings, outreach flyers, etc. in <u>culturally relevant and translated versions</u> in addition to English.</p>			<p>End: Oct. 2016</p> <p>Start: January 2016 <i>Contracts</i> End: Sept. 2017</p>
<p><i>Strategy 1-2.3: Educating and empowering families</i></p> <p><i>Activities:</i></p> <p>a. <i>Utilize VROOM:</i></p> <p>a. Continue to coordinate and provided facilitation between 2 lead agencies receiving VROOM grant (Family Resource Center & Healthy Beginnings).</p> <p>b. Establish agreed upon target agencies for each project to maximize use of available resources for broadest reach possible.</p> <p>b. <i>Next Steps:</i></p> <p>a. By <i>April 2016</i>, develop common “unified” message for community and parents on Vroom and importance of quality early learning experiences (with input through parent focus groups and existing parent groups).</p> <p>b. Cont. to collect data from website on usage. In <i>July 2016</i>, survey participating providers (and sampling of parents) on experience & perceived value of Vroom. Share results with EL Collaborative and establish Interest, will and readiness to expand region-wide.</p> <p>c. <i>PSAs:</i> Finish and build on emerging PSAs on importance of developmental screenings and well child visits (with input, guidance and feedback parents).</p>	<ul style="list-style-type: none">• ELH Staff• Family Resource Center / OPEC• Region’s PH Depts.• Healthy Beginnings• EI-ECSE• WIC• MountainStar Fam. Relief Nursery• Medical Providers• Head Start• CCR&R• EL Collaborative	<p>ELH Coord. Funds Vroom Funds FRC Staff Healthy Beg. Staff braided with agency partner funds/resources</p>	<p>Start: Fall 2015 End: June 2016</p> <p>Start: Fall 2015 End: Sept. 2016</p>

Goal 1:	Services are Coordinated and Effective
Shared Objective 1-3:	Families are engaged as active partners utilizing culturally informed strategies to improve services to low income children and families with an emphasis on the region’s identified “hot spots” and Latino/Hispanic and Native American children and families.
Short-term Indicators: Metric 1-3A	Metric 1-3A: Demonstrated meaningful engagement with culturally-specific <u>community based organization</u> partners in delivery of services to children and families

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
Strategy 1-3.1: Improve coordination and efficacy of connections to services for families with newborns in collaboration with region’s HV providers			
Activities:			
Continue to support Perinatal HV Continuum of Care Coordination and Work Group. Next steps:	<ul style="list-style-type: none"> • ELH Staff • Region’s Public Health Depts. • Healthy Families Programs • High Desert ESD • PacificSource • Latino Community Assoc. • Diversity Coalition, CLEA, 	ELH Coord. Funds HFO Partner Capacity	Start: Sept. 2015 End: Dec. 2016
1) <u>Family Connects Model</u> : Using FC model & others help work group to develop aligned eligibility & triage screening process that includes current HV services, ensures equitable access, and is culturally relevant & bi-lingual when needed.		CCO RFP Application for Family Connects Model	
2) <u>Identify gaps, duplication and barriers to HV services</u> within the system and develop prioritization process. Identify and <u>build upon existing HV system strengths</u> and assets.			Start: Jan. 2016 End: Dec. 2016
3) In consultation with HV providers as well as parent/consumers, identify and/or <u>develop shared efforts to address system navigation and access issues</u> . Modify eligibility criteria, procedures, and/or protocol (where allowed and feasible) to improve access and to address gaps/barriers.			
4) <u>Support CCO grant application</u> for Dev. & implementing regional perinatal HV coordination of care model (Family Connects universal home visiting system).			Start: Sept. 2015 End: April.2016
5) Other:			
a. Utilize <u>existing diversity groups to advise on how to make culturally responsive</u> and equitably accessible.			Start: Sept. 2015 End: Oct. 2016
b. <u>Explore feasibility of dev. data sharing agreements</u> to streamline service access & quality.			
6) Next steps: Working w/CCO & ad hoc focus group to share findings with private providers (pediatricians) to assess feasibility of and interest in developing a system-wide health & dev. Screening, referral and communication process.			Start: Sept. 2015 End: May 2016
Strategy 1-3.2: Ensure inclusion of culturally relevant strategies and increased awareness around issues of equity and vulnerable populations in the region in all professional development opportunities sponsored by the ELH.			
Activities:			
1) Continue to collaborate with partners to support goals and to bring region-wide trainings identified as needed in the region (i.e. ACES, TIC training as part of the home visiting professional development strategy and the state sponsored training on “Providing Services to Parents with Developmental Delays”).	<ul style="list-style-type: none"> • ELH Director/Staff (all activities) • Service Delivery Stakeholders • Emerging partnerships with Diversity Coalition and Comunidad Latina en Action (CLEA) • PacificSource Equity Coordinator • Crook County School District and EC Partners 	ELH Coord. Funds (all activities) Funds braided with agency partner funds & resources (all activities)	Start: Jan. 2016 End: Dec. 2016 QRTLY: Progress Report
2) Next steps:			
a. <u>Working with ELLC & providers, dev. Implementation for Org. Assessment of racial equity</u>		OCF P-3 Alignment	Start: Jan. 2016 End: Dec. 2016

(utilizing state recommended equity assessment tool).

b. Work with Latino Community Association, P-3 and Early Childhood partners in Crook County to develop pathway to effectively provide outreach/recruitment strategies and to increase access and improve services and supports for Latino/Hispanic parents in culturally relevant manner.

- Latino Community Assoc.
- Latino/Hispanic parents in Dual Language Program

Funds
Latino Community Association Resources

Start: Jan. 2016
End: Dec. 2016

Strategy 1-3.3: Build upon successful existing strategies and initiatives

Activities:

1) Confederated Tribes of Warm Springs: The EL Hub will continue to partner with Indian Health Services, Warm Springs Community Health Services, Central Oregon Audiology, an ENT provider, Head Start, and the Tribes’ Early Care and Education Center to address a community identified disparity in access to needed services (see 2-4.A).

- ELH Director/Staff (all activities)
- Confederated Tribes of Warm Springs
- Indian Health Services
- Warm Springs Comm. Health Services
- Warm Springs Head Start / EL Center
- C.O. Audiology
- Diversity Coalition
- Latino Community Assoc.
- CLEA
- Family Resource Center

ELH Coord. funds (all activities)
Funds braided with agency partner funds & resources (all activities)

Start: Jan. 2016
End: Sept. 2016

2) Targeting “Hot spots”: Work with “trusted provider” organizations that provide services to parents within the region’s identified “hot spots” and areas with higher concentrations of our target population (i.e. poverty/low income, with emphasis on serving vulnerable populations, including Latino/Hispanic and Native American children and families). Efforts include:

a. Latino-Hispanic Community: Continue to attend meetings and/or dialogue with Diversity Coalition and Latino Community Association (LCA) to connect with parents to identify needs and to develop strategies for parent engagement within the Latino community. Invite Comunidad Latina en Action (CLEA.)

b. Confederated Tribes of Warm Springs: Work with contacts/partners within Warm Springs (i.e. Warm Springs Early Childhood Center parents, IHS, K-8 Academy leadership, etc.) and, as needed, through and/or with the Confederated Tribes of Warm Springs Tribal Council, to develop and implement a parent engagement plan around community identified early childhood learning and/or service delivery issue.

c. Dev. Preschool Promise plan for the region to increase preschool opportunities with emphasis on resourcing under-resourced areas to reduce disparities in access to quality, affordable preschool opportunities. Look for opportunities to expand and replicate current successful models in region (i.e., Redmond EC Center Dev., Title Preschool programs, blended preschool models with Head Start, Early Intervention and private preschool programs, frontier preschool opportunities.)

- ELH Director/Staff
- School Administrators
- Private Preschools
- Head Starts
- Child care providers

Start: Fall 2015
End: Sept. 2016

Start: Nov. 2015
End: Sept. 2016

Start: Dec. 2015
End: Dec. 2016

3) Work with Head Start Family Services Managers, Diversity Coalition and Latino Community Association to expand and continue outreach and parent engagement, including Parent Focus Groups and where requested or identified as needed, parenting education in targeted Hispanic/Latino communities in the region

See Metric 1-2A for next steps/process List of Partners

Start: Fall 2015
End: Sept. 2016

4) Work with Housing and Community Services to convene early childhood partners who work with families that are homeless/at risk of homelessness to articulate housing needs and identify possible strategies to increase equity in housing for our most vulnerable populations in rural areas. With the assistance of Housing and Community Services, engage developers in identifying service providers to incorporate into resident services plans.

- ELH Director/Staff
- Housing and Community Services
- Dept of Human Services
- Regional Early Childhood Service Partners

Start: Nov. 2015
End: Dec 2016

Strategy 1-3.4: Hub Allocated Resources to support Organizations in reaching and serving vulnerable children and families.

Activities:

- 1) Continue to allocate resources to ensure the Warm Spring Audiology service disparity is addressed and that any child needing those services has easy and timely access.
- 2) Work with Jefferson County 509J and Jefferson County Health Department to determine need for expanding Audiology mobile unit services to serve Madras.
- 3) Continue working to leverage a long-term, permanent solution to avoid lack of access to services in the future.
- 4) Invest to support continuation of Bi-lingual Peer Mentors and support to advance providers in the QRIS system in partnership with the Partners in Practice Grant.
- 5) Work with Kindergarten Partnership Innovation Funds contractor (High Desert ESD) to develop outreach and engagement strategies with Jefferson County School District 509J to support and/or establish PreK-3rd activities and strategies.
- 6) Continue to support Child Care Resource Focused Child Care Network activities to increase provider capacity and effectiveness in dealing with high needs children.
- 7) Develop policy guideline and process to identify and prioritize use of EL Hub resources toward services and agencies reaching vulnerable populations.

- ELH Director/Staff (all activities)
- Indian Health Services
- Warm Springs Community Health
- CO Audiology
- WS Head Start
- Early Care & Ed. Center
- 509J School District
- Jefferson Co. Health
- Primary Care Providers

ELH Coord. funds (all activities)
 FSS Funds
 CCR&R Resources
 509J & Jeff. Co. Resources
 Partners in Practice Resources
 KPI Resources
 Focused Child Care Grant Resources
 Funds braided with agency partner funds & resources

Start: Jan. 2016
End: Sept. 2016

Start: Jan. 2016
End: June 2016

Start: Jan. 2016
End: Dec. 2017

Start: Nov 2015
End: Dec 2017

Start: July 2015
End: Dec. 2016

Start: Jan. 2016
End: June 2016

Start: Jan. 2016
End: Dec. 2016

Shared Objective 1-4:	Disparities in access to services are reduced and utilization of supports are increased.														
Short-term Indicator: Metric 1-4A	Metric 1-4A: Program participation data demonstrates increase in services to children and families from priority populations.														
	<p>Baseline: PART ONE: # children of color/ % of pop served as compared to % children of color at 185% FPL</p> <table border="1"> <tr> <td>Crook</td> <td>30/21%</td> <td>29%</td> </tr> <tr> <td>Deschutes</td> <td>349/30%</td> <td>24%</td> </tr> <tr> <td>Jefferson</td> <td>224/72%</td> <td>63%</td> </tr> <tr> <td>Total</td> <td>603/38%</td> <td>32%</td> </tr> </table> <p>ELD Funded Programs (HFO, RN, OPK, ERDC)</p>	Crook	30/21%	29%	Deschutes	349/30%	24%	Jefferson	224/72%	63%	Total	603/38%	32%	<p>1 Year Target: By June 30, 2016, increase in the % of children of color served in Crook ELD Funded programs as indicated by % of children of color in poverty to 25%. In addition to specific improvement target for ELD Funded Programs, increase services to vulnerable populations:</p> <p>Crook: 160 children (16% of children in poverty) 80 children of color (18% of children of color in poverty) Deschutes: 1689 children (26% of children in poverty) 620 children of color (19% of children of color in poverty) Jefferson: 510 children (39% of children in poverty) 244 children of color (19% of children of color in poverty)</p>	<p>2 Year Target: By June 30, 2017, increase in the % of children of color served in Crook ELD Funded programs as indicated by % of children of color in poverty to 29%. In addition to specific improvement target for ELD Funded Programs, increase services to vulnerable populations:</p> <p>Crook: 220 children (22.6% of children in poverty) 120 children of color (27% of children of color in poverty) Deschutes: 1800 children (28% of children in poverty) 680 children of color (21% of children of color in poverty) Jefferson: 560 children (43% of children in poverty) 272 children of color (22% of children of color in poverty)</p>
Crook	30/21%	29%													
Deschutes	349/30%	24%													
Jefferson	224/72%	63%													
Total	603/38%	32%													

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 1-4.1: Utilize data to identify opportunities to decrease disparities.</p> <p>Activities:</p> <p>1) Baseline data includes comparison of #s of children of color in poverty served in current program populations compared to populations overall. Targets for Crook County include implementation of strategies to reduce disparities for children of color in current programs. Additional service targets are based on information from programs on numbers served and include targets for children in poverty and children of color in poverty. In addition to numbers served, programs have been engaged through program reporting or data sharing agreements to participate in data collection process to measure this metric going forward. They are also receiving data analysis to help inform their outreach and individual program goals to reduce disparities going forward.</p> <p>2) On a quarterly basis, collect demographic data by race/ethnicity and poverty from EL funded programs and initiatives (i.e. KPI, P-3, OPEC, 4 b4 5, FCCN, ROR, Coord. HV, Relief Nursery Expansion, Audiologist, etc.). Analyze data and share results to inform/prioritize outreach strategies to reach target populations, communities and neighborhoods.</p>	<ul style="list-style-type: none"> • ELH Director/Staff • PSU • Providers and Stakeholders 	<p>ELH Coord. Funds DCHS-ELD Funds</p>	<p>Start: Nov 2016 End: Sept. 2016</p> <p>Final Analysis by April 2016</p> <p>Start: Jan. 2016 End: Sept. 2016</p>

Goal 1:	Services are Coordinated and Effective		
Shared Objective 1-5:	The EL Hub is cost-effective, utilizes resources wisely, and works with partners to identify and pursue opportunities to leverage, blend and braid funding to support strategies within the EL Hub’s Strategic Plan.		
Short-term Indicator: Metric 1-5A	Metric 1-5A: The Early Learning Hub demonstrates that their administrative overhead is below 15% annually.		
	FY2014-15 Actual Admin: 12.27% of all funds invested through EL Hub in 2014-15 were administrative	FY2015-16 Projected Admin: 12% or less of all funds invested through EL Hub will be determined to be administrative costs	2 Year Target (September 2017): Sustain

ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 1-5.1: Assure joint accountability and ownership for effective use of resources.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Monitor ELH (backbone organization) budgeting process, revenue and expenditures to ensure administrative overhead remains at or below 15%. 2) Perf. Based Contracts with mutually defined outputs & outcomes. 3) <i>Utilize PSU project data to understand and prioritize needs, priorities and target populations, communities and neighborhoods.</i> 4) Invest in Evidence Based/best practices, efforts proven to work and/or promising and innovative approaches. 5) Quarterly review and reporting on progress made toward goals. <p>In addition to the above, develop funding priorities and policies to implement with FY2017 Contracts. Look for proven models to develop and implement consistent policies and procedures for ensuring :</p> <ol style="list-style-type: none"> 1) Resources are allocated in a fair and transparent way 2) Resources are allocated based on clear criteria and for the region’s prioritized communities (“hot spots”) and most vulnerable families 3) ELH/ELLC are held accountable to community partners in resource allocation and strategy development <p>Other: Systematically review MOUs, contracts and agreements to ensure they include, where appropriate and agreed upon, commitments to share, braid and blend monetary and non-monetary resources and/or services. Examples include:</p> <ol style="list-style-type: none"> 1) Joint/shared funding for personnel or service 2) Shared implementation of messages (i.e. VROOM, PSAs/awareness campaigns) 3) Collaborative grant writing for shared purpose/common need 	<ul style="list-style-type: none"> • ELH Director & Staff (<i>all activities</i>) • ELLC, as appropriate • Providers and Stakeholders, as appropriate <ul style="list-style-type: none"> • ELH Director & Staff (<i>all activities</i>) • ELLC, as appropriate • Providers and Stakeholders, as appropriate <ul style="list-style-type: none"> • ELH Director & Staff (<i>all activities</i>) • ELLC, as appropriate • Providers and Stakeholders, as appropriate (i.e. FRC & HB for VRoom) 	<p>ELH Coordination & Admin. Funds In-Kind Funds (Counties, WEBCO)</p>	<p>Start: Jan. 2016 QRTLY: Progress Report End: Sept. 2016</p> <p>Start: Jan. 2016 End: Sept. 2016</p> <p>Annual review of MOUs Quarterly & Annual Reports</p> <p>Start: Jan. 2016 End: Sept. 2016</p>

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

Goal 2:	Coordinated approach to increasing school readiness and retention through support to families, providers and K-3 teachers.
Short-term Indicator: Metric 2-1A	Metric 2-1A: The hub has demonstrated shared activities among early learning providers, families and K-3 partners.
Mid & Long-term Indicators:	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

KEY STRATEGIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 2-1.1: Implement PreK-3rd Approach focused on the following “buckets” to help concentrate our efforts toward increasing school readiness through: 1) Cross Sector Work; 2) Administrator; 3) Teacher Effectiveness; 4) Instructional Tools; 5) Engaged Families; and 6) Continuity and Pathways.</p> <p>Activities: Contracted outcomes through investment of Kindergarten Partnership and Innovation Funding and DOC with Crook County school district that will include:</p> <p>1) Cross Sector Work & Administrator Effectiveness</p> <ol style="list-style-type: none"> a. Quarterly Regional PreK-3 Design Team meetings. b. Facilitation, support, and consultation for district and/or school-based PreK-3 Design Teams and their work planning: Crook County School District (all elementary schools); RSD (Vern Patrick); Bend-La Pine SD (Rosland and Juniper). c. Facilitation, support, and/or consultation for year 2 schools’ PreK-3rd work planning: RSD (Terrebonne, John Tuck, and Redmond Early Learning Center); Bend-La Pine SD (Ensworth). d. Planning and outreach to Jefferson County 509J District (including Warm Springs) to support their Leadership Team development efforts. e. Facilitate public awareness campaign focused on school readiness (development and distribution of PSAs, distribution of school readiness books). f. Maintain and enhance electronic and online communication tool to share PreK-3rd research, policy, practice, and tools (monthly newsletter and website: www.schoolready.org) g. Facilitate Design Thinking process across leadership structures. h. Engage in listening and learning sessions with PreK-3rd stakeholders in communities to “connect dots”, learn, build relationships and new partnerships <p>2) Teacher Effectiveness and Instructional Tools</p> <ol style="list-style-type: none"> a. Facilitate differentiated and tiered professional development opportunities (e.g. book studies, Growth Mindset and SEL Learning Lab, PreK/Kindergarten Retreats, on-site coaching, GEM pilots, design days). b. Create opportunities for peer-to-peer observations (e.g. site visits, learning/ghost walks). c. Align standards, curriculum, and materials across PreK-3rd continuum. 	<p>EL Hub Director/Staff High Desert ESD – Director of PreK-3rd Education</p> <p>Regional PreK-3rd Design Team</p> <p>School/District PreK-3rd or P-3 Leadership/Design Teams</p> <p>Early Childhood Care and K-12 Education Partners</p> <p>Healthy Beginnings</p>	<p>Kindergarten Partnership and Innovation Funds</p> <p>OCF P-3 Alignment Funds</p> <p>School/District and Early Care and Education Staff commitment and resources</p> <p>EL Hub and Deschutes County Investment funds</p> <p>Title I School Funds</p>	<p>Progress Reports Quarterly – Quarter End December 31, 2015 March 31, 2016 June 30, 2016 September 30, 2016 December 31, 2016</p> <p>Regional Team Meetings: January 2016, May 2016, Sept 2016, Nov 2016 District/School Based Team Meetings minimum of every other month throughout School Year</p> <p>Initial meetings with 509J and Warm Springs – January/February 2016</p> <p>Public Awareness Campaign – Launch April/May 2016</p> <p>Monthly January 2016-September 2016 as determined by individual school/district team work plans</p>

<p>3) Engaged Families</p> <ul style="list-style-type: none"> a. Facilitation, support, and/or consultation for differentiated and tiered family engagement activities focused on school readiness domains (integrate growth mindset/SEL). b. Brain Builder’s Workshop (Target: Vern Patrick = 35 Families). c. PreK StORytime hour (Target: Juniper = 24 Families). d. Early Learning Resource fairs (Target: Juniper = 72 Families; Rosland/La Pine Elementary = 54 Families). e. Welcome to the World pilot and Empathy Pilot (Rosland). f. Parents and Schools partnership activities (Target Crook County = 20 families intensive, 200 families at existing events) g. Early kindergarten registration (Bend-La Pine SD; RSD: Vern Patrick, Terrebonne and Crook County). <p>4) Continuity and Pathways</p> <ul style="list-style-type: none"> 1) Coordinate health and developmental screenings (Healthy Beginnings’ community-based screenings and 4b45 screening services) with preschools/elementary schools and within early kindergarten registration (Bend-La Pine SD, Crook County SD and RSD: Vern Patrick). 2) Develop and implement common transition tools/resources across the PreK-3rd continuum (e.g. Kindergarten Parent Survey, school readiness book, PSA). 3) Coordinate school readiness opportunities for students and families (Rosland = August Academy for Families; Juniper = Transition to K; Elk Meadow = Summer Brain Camp). 4) Expand Summer Kindergarten Transition activities in Redmond, Crook County and Jefferson County school districts Summer 2016. 5) Implement and monitor various PreK models (Monitor progress and lessons learned to incorporate into Preschool Promise Regional Plan) <ul style="list-style-type: none"> a. Title-funded preschool opportunities (FY 2015-16) in Redmond SD (Vern Patrick) and Bend SD (Bear Creek, Silver Rail, Ensworth, and Juniper) b. ECSE/Tuition-Based (RSD: Terrebonne) c. Tuition-Based (RSD: Tumalo) 6) Plan and Implement frontier school preschool opportunities in rural Crook County (Paulina and Brothers). Planning fall-winter 2015-16, implementation winter and spring 2016. Evaluation spring-summer 2016 for full year implementation 2016-17. Monitor progress and lessons learned to incorporate into Preschool Promise Regional Plan. 			<p>Monthly January 2016-September 2017 as determined by individual school/district team work plans</p> <p>Early Kindergarten Registration Events – Jan – April 2016</p> <p>Screenings – Jan – June 2016 August – Nov 2016</p> <p>Parent Survey – administered July – Oct 2016</p> <p>Summer Transition Activities – June – August 2016</p> <p>PreK Programs implementation Sept 2015 – June 2016 Sept 2016 – June 2017</p> <p>Implement Jan – June 2016, Sept 2016-June 2017</p>
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Goal 2:	Children enter school ready for success and with health and development on track
Shared Objective 2-2:	Develop a coordinated approach to serving children and families on program wait lists with effective early learning programs and supports.
Short-term Indicators: Metric 2-2A	Metric 2-2A: 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 Process Metric: Number of At Risk children who are currently on waitlists: Process to develop metric baseline and target by June 2016:
Mid & Long-term Indicators:	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. "

KEY STRATEGIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 2-2.1: Identify and provide services to children and families on a wait list for program services and supports.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) In FY 2015-16, the EL Hub will work with partner organizations to identify wait list numbers for key programs (included as data-sharing agreement in MOU/DOC's with partner programs) 2) Organizations with wait lists will determine capacity to track referral and participation in partner programs. 3) Coordination with identified Family Resource Manager functions within partner organizations to determine pathway for families to access services. 4) ID resources and supports that have the capacity to serve wait list clients. 5) Explore where there are opportunities to increase capacity of current services that have developed wait lists, through increased resources, coordination with other service partners, etc. 6) Pilot referral and tracking system 	<p>EL Hub Director/Staff Head Start Programs Relief Nursery Programs Home Visiting Programs</p> <p>Identified Service providers with Family Resource Manager functions (i.e., FAN, Community Health Workers, etc.)</p> <p>211 Info and Referral</p>	<p>EL Hub Coordination funds</p> <p>Partner Organization staffing and resources</p>	<p>Identify wait list numbers, develop MOU/DOC's Jan – March 2016</p> <p>Develop pathway/referral system for families April – July 2016</p> <p>Work on increased capacity – July – Oct 2016</p> <p>Implement pilot – Nov 2016 – March 2017</p>
<p>Strategy 2-2.2: Utilize literacy programs/support services as a support to families on wait lists - targeted. Increase emphasis on reading/literacy throughout the region with specific emphasis in areas of high need – universal.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Continue implementation of Read It, Read It Literacy Project: <ol style="list-style-type: none"> a. Promotion of literacy/reading practice through public education and parent focused campaigns. b. Engagement of families in utilizing the library and library resources. c. Distribution of books to increase access to and ownership of age-appropriate reading materials. d. Parent and provider literacy workshops provided by library personnel. e. Monthly Newsletters in English and Spanish. f. Distribution of book boxes through Early Care and Education Partners. g. Increased emphasis in areas with most vulnerable populations based on poverty hotspots, distribution of areas with children of color and where school readiness indicators show disparities. 	<p>EL Hub Director/Staff Deschutes Public Library and regional Libraries – Lead</p> <p>Child Care Resources</p> <p>Early Childhood Care and Education Partners</p>	<p>EL Hub Coordination and School Readiness Funds</p> <p>Public Library funds and resources</p> <p>Seeking private or foundation support for long-term sustainability</p>	<p>Start: January 2016</p> <p>Quarterly Monitoring of progress</p> <p>June 30, 2016 secure new private or foundation support for at least a portion of the project</p> <p>August 30, 2016 Annual Review Dec. 31, 2016 End Year Review</p>

<p>Activities: Expand and provide sustainability for Reach Out and Read sites:</p> <ol style="list-style-type: none"> 1) Promotion of literacy/reading practice through primary care offices in conjunction with well-child visits 2) Distribution of books to increase access to and ownership of age-appropriate reading materials 3) Distribution of monthly newspapers in English and Spanish (as provided by Read It, Read It Project) 4) Distribution of Read It, Read It bookmarks to encourage participation in library programs 5) Development of literacy areas within primary care settings 6) Assessment and increase in emphasis for OHP supported clients 	<p>EL Hub Staff – Lead</p> <p>Primary care providers serving children age 0-6 yrs.</p>	<p>Hub Investment Funds</p> <p>Seeking private, foundation or United Way support for long-term sustainability</p>	<p>Start: January 2016</p> <p>Quarterly Monitoring of progress</p> <p>June 30, 2016 secure new private or foundation support for at least a portion of the project</p> <p>August 30, 2016 Annual Review Dec. 31, 2016 End Year Rev.</p>
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Goal 2:	Children enter school ready for success and with health and development on track		
Shared Objective 2-3:	Available & accessible high quality early care & ed. services are supported with emphasis on reducing disparities for vulnerable populations		
Short term Indicator: Metric 2-3A	Metric 2-3A: Increase in number of 3, 4 and 5-star QRIS <u>providers</u> serving children from “hot spots” and an increase in the number of <u>children</u> served in hot spots.		
	<p>Number of QRIS <u>providers</u> currently serving children from “hot spots” and communities of color:</p> <p>Baseline – June 30, 2015:</p> <p>Madras: 1 Warm Springs: 0 LaPine: 2 Prineville: 3</p> <p>Number of <u>At Risk children</u> who are currently served by QRIS 3, 4, and 5 star providers:</p> <p>Madras: 10 Warm Springs: 0 LaPine: 20 Prineville: 97 Total Hot Spots: 167</p> <p>Baseline, June 30, 2015: Total Hub: C2Q – 60 providers 3-Star – 16 providers 4-Star – 5 providers 5-Star – 8 providers</p>	<p>% increase of QRIS <u>providers</u> currently serving children from “hot spots” & communities of color:</p> <p>Target, June 30, 2016:</p> <p>Madras: 4 Warm Springs: 2 LaPine: 2 no increase* Prineville: 4</p> <p>% increase of <u>At Risk children</u> who are served by 3, 4 and 5 star providers:</p> <p>Madras: 160 Warm Springs: 162 LaPine: 20 no increase* Prineville: 127 Total Hot Spots: 469</p> <p>Target, June 30, 2016: Total Hub: C2Q – 90 providers 3-Star – 28 providers 4-Star – 10 providers 5-Star – 20 providers</p>	<p>% increase of QRIS <u>providers</u> currently serving children from “hot spots” and communities of color:</p> <p>Target, June 30, 2017:</p> <p>Madras: 6 Warm Springs: 2 no increase* LaPine: 3 Prineville: 5</p> <p>% increase of <u>At Risk children</u> who are served by 3, 4 and 5 star providers:</p> <p>Madras: 180 Warm Springs: 162 no increase LaPine: 40 Prineville: 137 Total Hot Spots: 519</p> <p>Target, June 30, 2016: Total Hub: C2Q – 75 providers 3-Star – 34 providers 4-Star – 12 providers 5-Star – 22 providers</p>

KEY STRATEGIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 2-3.1: Support implementation of the Quality Rating and Improvement System with emphasis on areas with most vulnerable populations.</p> <p>Activities:</p> <p>1) Child Care Resource/QRIS Initiative:</p> <p>a. Increase the number of providers accessing core health and safety trainings and Overview/Orientations to Child Care in the region with emphasis on offerings that are accessible by providers in underserved areas and provided for Spanish language providers – schedule core health and safety trainings in communities with target populations with active recruitment in underserved areas.</p> <p>b. Increase the number of quality child care and early education programs that are willing to provide services to families on subsidies by providing outreach and TA to programs to reduce barriers to participation.</p> <p>c. Increase the number of licensed programs that offer non-traditional hour, infant and toddler and culturally diverse care through recruitment of new providers and TA to existing/emerging providers in the QRIS system that could provide more non-traditional and diverse services.</p>	<p>NeighborImpact Child Care Resources – Lead</p> <p>Oregon Registry</p> <p>State Childcare Licensing Staff</p> <p>COCC Partners in Practice Staff</p>	<p>Child Care Resource/QRIS Funds</p> <p>DHS Inclusionary Care Funds</p> <p>Workforce Development Grant Funds</p>	<p>Start: January 2016 End: December 2016</p> <p>June 2016 Assessment of QRIS Plan</p> <p>August 30, 2016 Annual Review</p>

<p>d. Increase access to high quality Child Care and Early Education programs for families seeking care through ERDC services – see 3-1.1</p> <p>e. Coordination with other Early Childhood Program Partners to provide credit for training opportunities sponsored by other venues.</p> <p>f. Data is shared with Early Childhood Program Partners to help inform early care needs and support services for families and enhance referral mechanisms through newsletter, bi-monthly or quarterly local early childhood committee participation.</p> <p><u>Outputs:</u> 35 newly licensed programs in FY 2015-16; 90 providers engaged in C2Q in FY 2015-16; 58 providers qualified as 3, 4, or 5-star programs in FY 2015-16</p>			
<p>2) Partners in Practice Workforce Development Initiative:</p> <p>a. Provide new, non-duplicative courses for Early Childhood Providers at times, locations and in languages tailored to them – course offerings to be determined based on enrollee needs per school session.</p> <p>b. Provide scholarships for tuition and books to providers who would not otherwise be able to participate in education offerings – half reserved for Hispanic and/or Native American providers</p> <p>c. Increase the number of regional providers in COCC college credit classes and declaring Early Childhood Education Major through targeted outreach and financial assistance</p> <p>d. EL Hub funding to provide bilingual student interns (Peer Mentors) to assist child care providers in registration at COCC and coordination with QRIS/Step Training process through funded partnership with NI Childcare Resource and Referral</p> <p>e. Provide specific outreach to underserved areas in coordination with Child Care Networks</p> <p><u>Outputs:</u> 100 students will receive tuition scholarships and participate in one or more strategies annually in FY 2015 and FY 2016. Fall 2015 term, 100 students enrolled in classes, 40% identify Hispanic and/or Native American</p>	<p>COCC Early Childhood Education Program– Lead</p> <p>NeighborImpact Child Care Resources/QRIS Program Staff</p> <p>Early Childhood Provider Partners</p>	<p>Workforce Development Grant</p> <p>QRIS/Child Care Resource Funds</p> <p>KPI Professional Development Funds</p> <p>P-3 Professional Development Funds</p> <p>HUB Investment Funds</p>	<p>Begin Recruitment of providers Sept 2015 Three terms of classes, ending June 2017</p> <p>Peer Mentors and QRIS Staff funded to assist providers – three terms of classes, fall, winter, spring 2015-17</p> <p>June 2016 & 2017 Assessment</p> <p>August 30, 2016 Annual Review</p>
<p>3) Focused Child Care Network:</p> <p>1) Develop a network and system of supports for providers who serve high needs children</p> <p>2) Recruit licensed family care and center care providers to train and support to provide quality care to high needs children</p> <p>3) Increase access to high quality inclusive care by increasing inventory of providers and providing retention strategies for current care providers</p> <p>4) Utilize the Environmental Rating Scale (ERS) tool as an assessment of current practice and needs to successfully provide inclusionary care.</p> <p><u>Outputs:</u> 10 providers (who are not currently served through an existing network in the region), have been recruited to receive technical assistance and support to effectively provide inclusive care for high needs children. In first 5 months of 18 month period, Facilitator hired and trained, providers recruited to participate (6 Registered Family, 1 Certified Family, and 3 Certified Centers), monthly cohort meetings established, monthly QRIS Portfolio work groups across the region, monthly one-on-one coaching with FCCN Coordinator, requirements for providers established for attendance to at least one professional development training per quarter and</p>	<p>NeighborImpact Child Care Resources – Lead</p> <p>Inclusive Child Care Specialist</p> <p>EI/ECSE and Special Education Partners</p> <p>Early Childhood Provider Partners</p>	<p>Focused Child Care Network Funds</p> <p>QRIS/Child Care Resource Funds</p> <p>Inclusive Child Care Program Funds</p>	<p>Recruitment of Providers – Aug – Sept 2015</p> <p>Monthly Co-hort Meetings established – November 2016 – Dec 2017</p> <p>Quarterly assessment of progress toward increased capacity for existing providers and increased accessibility (new resources) for families</p>

<p>participation in Community networking opportunities as they become available. Established FCCN Facebook private group page to provide applicants with ongoing support, ideas, events and resources.</p>			<p>March 2016 June 2016 September 2016 December 2016</p>
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Goal 2:	Children enter school ready for success and with health and development on track		
Shared Objectives 2-4:	<ul style="list-style-type: none"> • Early identification and intervention of developmental obstacles and/or challenges. • Equitable access to opportunities and supports children need to enter school with health and development on track. • All young children in CO region receive appropriate health and developmental screenings at recommended intervals. • All health & dev. screenings done by community based organizations are sent to and managed through child's PCPCH. 		
Short-term Indicators:	Metric #2-4A: Increase in percent of children who receive a developmental screen before the age of 3.		
Metric 2-4A	Baseline: 50% (2,985) – 2014 (SOURCE: 2014 OHA Data provided by ELD)	1 Year Target: 55% (5% increase to 3,134)	2 Year Target: 60% (5% increase to 3,291)

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 2-4.1: Where feasible, develop data sharing agreements and communication systems to increase rates of developmental screenings and improve the referral and follow-up process by medical and early learning providers.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) In partnership with CCO, local public health departments, convene meeting with private pediatric groups and physicians to assess the feasibility/interest in dev. a system-wide health and dev. screening, referral and communication process. 2) Conduct in-depth literature review on health and developmental screening, comparing private versus non-profit and public models. Include analysis on use of ASQ and models for sharing of results between screeners, providers, and educational team 3) Conduct parent focus groups in “hot spot” communities across the region focused on parental knowledge, beliefs, and behaviors with regard to health and developmental screenings (parent focus groups <i>completed Fall 2015</i>, see Strategy below). 4) Utilize physician focus group to begin a conversation about system coord. for dev. screenings: <ol style="list-style-type: none"> a. Share CBO screening tool inventory to establish common understanding among physicians on # and types of screenings being done by region’s CBOs & Non-profits. b. Share how ASQ is being used among Child Care providers. c. Share parent focus group summary and recommendations to increase understanding among physicians and CBOs re: parental knowledge, beliefs, and behavior with regard health and developmental screenings (see strategy below). d. Present highlights and rec. from health and dev. screening lit review and what research tells us about what works and information sharing models. Share models that work. e. Overview of EI-ECSE to improve understanding among physicians re: services f. Utilize above information as foundation for discussion on feasibility and readiness to dev. Demonstration project. 5) Next steps include: <ol style="list-style-type: none"> a. Next planning meeting with PacificSource (CCO) scheduled 12/28/15. b. Update Screening Inventory and one year count of CBOs who do ASQ/SE (by Feb. 2016). c. Inventory Release of Information forms, screening result tools given to parents and/or used for referral and other tools used by CBOs, starting with Healthy Beginnings 12 point screening process (meeting with Healthy Beginnings 12/23/15, phone contacts week of 12/28 as able). 	<p>ELH Director & Staff PacificSource/CCO/COHC Pediatric Groups/Providers Region’s Public He. Depts. NeighborImpact (CRR&R) CCR&R Providers Inclusive Child Care Proj. HDESD (<i>EI-ECSE, Healthy Beginnings</i>)</p>	<p>ELH Coord. Funds KPI Funds PacificSource (CCO) BoCC (Des. Co.) Funds NeighborImpact CCR&R PiP Training Funds OCF P-3 Grant DHS (Inclusive CC Proj.) HFO Braided with partner Agency funds and resources</p>	<p>Start: June 2015 End: Dec. 2016</p> <p>Start: June 2015 End: Sept. 2017</p> <p>Start: June 2015 End: Dec. 2016</p>

<ul style="list-style-type: none"> d. Work w/CCR&R to inventory ECE providers to determine # providers trained in ASQ and to use training roster to survey ECE providers to find out how/if they are using ASQ, sharing information with parents, if making/tracking referrals (and if so, approximately how many and to what agencies). Hope to have initial summary report draft by May/June 2016. e. Utilize survey-monkey, 1:1 interviews and presentation to existing groups to explore feasibility of dev. data sharing agreements to streamline service access and referrals. By May/June 2016. f. Bring discussion and recommendations to COHC Clinical Advisory Panel for further advice and assistance in achieving the goals outlined (target date is May 2016). g. Develop & implement demonstration pilot with ready partners (target date is May/June 2016) and evaluate end of calendar year (Dec. 2016). 			
<p>Strategy 2-4.2: Increase understanding and importance of developmental screening among parents with emphasis on vulnerable populations</p> <p>Activities:</p> <p>1) Conduct parent focus groups in “hot spot” communities across the region focused on parental knowledge, beliefs, and behaviors with regard to health and developmental screenings (completed fall 2015).</p> <p>2) PSA Development/Campaign:</p> <ul style="list-style-type: none"> a. Utilize information learned from Parent Focus groups held in “hot spot” communities in the region re: parental knowledge, beliefs, and behavior with regard health and developmental screenings. b. Work with Physician groups, CBOs, non-profits and ECE providers to ensure consistent and supported PSA message re: importance of dev. screenings among private providers, public and non-profit entities. c. Work with Z-21 Cares for Kids marketing and outreach specialists to target messaging to region’s identified “hot spots” d. Work with Z-21 Cares for Kids marketing and outreach specialists to develop marketing and communication tools for service delivery partners (including child care providers) serving vulnerable children and families to use with their clients. Target messaging to region’s identified “hot spots”. e. Utilize EL Hub website and social media as tool to disseminate concrete best practices information and tips to parents of young children to promote importance of developmental screenings. 	<p>ELH Director & Staff PacificSource/CCO/COHC Pediatric Groups/Providers Region’s Public He. Depts. HDESD (<i>EI-ECSE, Healthy Beginnings</i>)</p>	<p>ELH Coord. Funds PacificSource (CCO) BoCC (Des. Co.) Funds Partner Agency funds and resources</p>	<p>Start: June 2015 End: Sept. 2016</p> <p>Start: Feb. 2016 End: Sept. 2016</p> <p>(TBD because Well Child PSA targeted launch is Sept. 2016 & will need to stagger release of dev. screening)</p>

Goal 2:	Children enter school ready for success and with health and development on track		
Shared Objective 2-5:	Increased access to affordable, quality preschool resources and transition into elementary school.		
Short-term Indicators:	Metric 2-5A: Increase in percentage of children enrolled in kindergarten before start of school year.		
Metric 2-5A	Baseline: To be developed	1 Year Target:	2 Year Target:
Mid & Long-term Indicators:	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.		

KEY STRATEGIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 2-5.1: Central Oregon Preschool Promise Initiative</p> <ol style="list-style-type: none"> 1) Development of gaps and needs assessment of quality preschool opportunities compared to population by location and demographic profile 2) Conduct focus groups/conversations with families in areas of greatest disparity to assess their needs and preferences 3) Work with Early Learning Leadership Council and regional schools and program/care providers to prioritize implementation planning 4) Develop a business model that includes identification of resources with emphasis on long-term sustainability for quality services 	<ul style="list-style-type: none"> • EL Hub Director/Staff • ELLC • Regional School Districts • Head Start Programs • Center based and private provider preschools • Parents and Caregivers • QRIS/Child Care Resource Staff • State Licensing Staff 	<p>EL Hub investment funds for assessment</p> <p>Implementation funding to be determined</p>	<p><i>Gaps and Needs Assessment</i> Start: Dec. 2015 End: March 2016</p> <p><i>Preschool Promise Plan developed</i> Start: Jan. 2016 End: June 30, 2016</p> <p><i>Business Plan, Initial Resource Development</i> Start: Jan 2016 End: Dec 2016</p>
<p>Strategy 2-5.2: Process to develop metric baseline and target:</p> <ol style="list-style-type: none"> 1) Work with PreK-3rd and P-3 Leadership teams to establish protocol for collecting school enrollment data at end of 2015-16 school year to establish baseline. 2) Where PreK-3rd or P-3 teams do not currently exist for hot spot areas, do outreach to engage those areas to establish agreements on process to work to identify what is currently happening/ baseline data. 3) Inventory activities currently in place targeting early kindergarten enrollment. 4) Based on current activities and planned system improvements for upcoming FY, establish individual school targets for improvement 	<ul style="list-style-type: none"> • EL Hub Staff – Lead • High Desert ESD – PreK-3rd Director • Crook P-3 Alignment Leadership Team • Regional School Districts/Elementary Principals 	<p>School data collection resources</p>	<p>Start: End: June 2016</p>

Goal 3: Families are healthy, stable, supported and supportive

Goal 3:	Families are healthy, stable and supportive		
Shared Objective 3-1:	<ul style="list-style-type: none"> • Strengthen parent skills, capacity and supports for families (protective factors). • Equitable access to opportunities and supports. 		
Short-term Indicators: Metric 3-1A	Metric 3-1A: Increase in percentage of children in Employment related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.		
	Baseline: Currently enrolled in 3, 4, or 5 star QRIS Program: 6.1% (41 of 674 children) SOURCE: June 30, 2015 ERDC QRIS Data	1 Year Target: 12% (81 of 674 children) 5.9% increase	2 Year Target: 21% (141 of 674 children) 14.9% increase

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 3-1.1: Increase the number of Employment Related Day Care providers who are activity participating in QRIS.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Work with current exempt providers receiving/accepting ERDC for qualified families who are currently in C2Q to move them to star rating through: <ol style="list-style-type: none"> a. Referral to Partners in Practice to access support for professional development/college credit classes. b. Focus in FY 2015-16 on center care/preschool providers who will increase capacity for children served more quickly, and likely have more access to training hours. c. Focus in FY 2016-17 on more family care providers, knowing that it will take them slightly more time to accumulate education requirements to move them to 3 Star rating. 2) Recruit current QRIS rated providers to become eligible for and accept ERDC subsidy. <ol style="list-style-type: none"> a. Outreach to current providers to understand/determine barriers to participation in ERDC program. b. Work with DHS, Child Care Resource and Referral to identify solutions to barriers. 3) Monitor and review data to determine areas of disparity for vulnerable populations – Equity analysis of access to available care versus population needs. 4) Utilize parent engagement input to determine family needs and barriers to utilization of ERDC to access quality care. 	<ul style="list-style-type: none"> • EL Hub Director/Staff • NI Child Care Resource and Referral (lead) • DHS • Child Care Center, Preschool and Family Care Providers 	<p>ELH Coord. Funds braided with agency partner funds and resources</p> <p>QRIS Funds</p> <p>ERDC Funds</p>	<p>Start: July 2015 End: Dec 2016 Annual Review: June 2016</p> <p>Start: July 2015 End: Dec 2016 Annual Review: June 2016</p> <p><i>Equity Review</i> Start: Jan 2016 End: March 2016</p> <p><i>Parent Input/Feedback:</i> Start: April 2016 End: June 2016</p>

Goal 3:	Families are healthy, stable and supportive
Shared Objective 3-2:	<ul style="list-style-type: none"> • Strengthen parent skills, capacity and supports for families (protective factors). • Equitable access to opportunities and supports.
Short-term Indicators: Metric 3-2A	Metric 3-2A: 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.
	Baseline and Targets to be developed during 2015-16 Fiscal Year.

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Process Strategy 3-2.1: Develop metric baseline and target by June 2016</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Establish with DHS a process to identify # of children and families served by DHS as of June 30, 2016 2) Inventory current programs documenting DHS referrals/clients served in their programs. 3) Establish terms of participation and commitment to collect and report data; document in MOU/DOC 4) Based on initial capacity and partners engaged by MOU/DOC, determine metric Year 3 Targets 	<p>ELH Director & Staff DHS – District 10 ELLC (& FPSI?) Stakeholders and providers in EL, Parent Ed, & family support services (i.e. OPEC/FRC Parenting Ed., NI – CCR&R)</p>	<p>ELH Coord. Funds braided with agency partner funds and resources</p>	<p>Start: Sept. 2015 End: June 2016</p>
<p>Process Strategy 3-2.2: Invest in Community Based Organizations that provide early learning, parent ed. or family support services whose target population includes families served by DHS.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Invest in evidence-based parenting education provided by parenting education hub (FRC) for families mandated to parenting classes by DHS child welfare in Deschutes County. Track DHS referrals/participation/completion. 2) Invest in evidence-based parenting education and parenting workshops in Crook (provided by Crook County Community Coalition) and Jefferson Counties (provided by FRC). Track DHS referrals/participation/completion. 3) Invest in Relief Nursery Therapeutic Classroom and Safety Net programs in Crook, Deschutes and Jefferson Counties. Track referrals/# that do not have a subsequent report of abuse or neglect/#that remain safely at home. 4) Invest in Early Childhood FAN Advocate in Deschutes County and explore feasibility of expanding FAN services to Crook County. Connect families to basic need services. Track # served by DHS that are connected to services. 5) Invest in Healthy Families Oregon in service delivery area. Track # served by DHS. 	<p>ELH Staff Family Resource Center of Central OR (OPEC Parenting Hub) Crook Co. Community Coalition KIDS Center Crook Co. Libraries MountainStar Family Relief Nursery Family Access Network High Desert ESD Healthy Families Oregon Program</p>	<p>ELH Coord. Funds Deschutes Co (BOCC) FSS & GS Funds For the Children braided with agency partner funds and resources</p>	<p>Start: Jan. 2016 End: June 2016</p>
<p>Strategy 3-2.3: Equitably reduce # of children entering care, increase supports for children in care, increase # safely exiting care, and increase in positive family relationships</p> <p>Activities:</p> <ol style="list-style-type: none"> 1) Support development of specific prevention programs (Support Safe Families for Children as community funded child abuse and neglect prevention project). 2) Engage very high risk families in prevention programs by identifying very vulnerable populations, prevention programs, and measuring participation. 3) Partner with United Way, Central Oregon Health Council and other agencies to develop and 	<p>ELH Staff FPSI (DHS, CASA, CRB, MountainStar Family Relief Nursery, OSU-Cascades, Family Court, Juvenile Court, Westside Church), United Way of Deschutes County (ACES), Central Oregon Health Council</p>	<p>ELH Coord. Funds DHS Funds OSU Cascades OCTRI Community Research Coalition Grant</p>	<p>Start: July 2015 End: June 2017 <i>(If we need to identify the one-year work it is the highlighted activity)</i></p>

<p>implement aligned goals and strategies to prevent, reduce and treat childhood trauma and Adverse Childhood Experiences (ACES) including training and implementation of Trauma Informed practices, programs and services.</p> <p>4) Monitor and support community-based programs. Identify unmet needs for children in care. Identify and enhance community resources for children in care.</p> <p>5) Increase services that improve reunification (i.e. housing options, identify community resources available for parents and share with caseworkers, support enhanced visitation).</p> <p>6) Support Family Finding (on-going investment) and reduce barriers to implementation.</p> <p>7) Support implantation of OR Safety Model, differential response & DHS Trauma Inf. practices.</p> <p>8) Explore feasibility and readiness for expanding strategies region-wide.</p>			
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Goal 3:	Families are healthy, stable, supported and supportive		
Shared Objective 3-3:	Equitable access to opportunities and supports they need to enter school with health and development on track. Early identification and developmental obstacles addressed early.		
Short-term Indicators: Metric 3-3A	Metric 3-3A: Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 mo. of age.		
	<p>Baseline (2014-15): 56% (561) – 2014 (Note: Corrected per OHA 4/13/16) (SOURCE:2014 OHA Data provided by ELD)</p> <p>State Benchmark: 77% Note: Not currently a CCO priority in part because not an incentive metric</p>	<p>1 Year Target (2015-16): 59% (3% Increase to 578)</p> <p>Note: 3% Improvement target established using standard OHA methodology for setting targets utilizing % diff. between baseline and benchmark</p>	<p>2 Year Target (2016-17): 62% (3% Increase to 595)</p>

STRATEGIES & ACTIVITIES	LEAD & KEY PARTNERS	RESOURCES	TIMELINE
<p>Strategy 3-3.1: Increase understanding of the importance of Well Child Visit among parents & of parental perceptions of well child visits among physicians.</p> <p>Activities:</p> <p>1) CCO (PacificSource Central) is helping ELH staff to connect with pediatric groups and providers (i.e. Central Oregon Pediatrics) to conduct interviews re: the downward trend and to explore the reasons for the trend (start Mar./April).</p> <p>2) PSA Development/Campaign:</p> <p>a. PSA story board concepts developed and used in Parent Focus groups held in “hot spot” communities across the region to get feedback from parents on the effectiveness of the campaign messaging and to gain understanding re: parental knowledge, beliefs, and behavior with regard Well Child Visits.</p> <p>b. Next steps: Incorporate information learned from Parent Focus groups to re-design PSAs. Complete production process with input from the medical community to ensure messaging in PSA aligns with physician practices and that they support the campaign. First PEP mtg. with physicians & CCO February 2016.</p> <p>3) Planned to meet with pediatric practices to increase understanding among physicians re: parental perceptions of well child visits and to have an open dialogue re: physician needs and perceptions related to Well Child Visits (after three</p>	<p>ELH Director & Staff PacificSource/CCO/COHC Pediatric Groups/Providers Region’s Public He. Depts. HDESD (EI-ECSE, Healthy Beginnings, Pre-K 3rd)</p>	<p>ELH Coord. Funds braided with agency partner funds and resources</p> <p>LAUNCH Funds (PSAs) Z-21 Cares for Kids Partner 501Drive Dev. & Marketing</p>	<p>Start: Mar. 2016 End: July 2016</p> <p>Start: Feb. 2016 End: Aug./Sept. 2016</p>

<p>planning sessions with CCO the focus shifted away from well child visits to dev. Screens due to a perceived lack of readiness among physicians).</p> <p>Next steps:</p> <ol style="list-style-type: none"> EL Hub has been asked by CCO to gather intake and release of information forms, screening results and summary forms given to parents and/or sent to referral agencies from region’s community based organizations in the region that do developmental screening. The intent is to develop a simple fax form/cover sheet and explore the feasibility of developing an agreed upon universal ROI and referral form. Draft by April/May 2016? On Dec. 28th, meeting with new Central Oregon Health Council Director and CCO rep to review initial draft of the Early Learning and Wellness data “pullout” that emphasizes racial and ethnic data (based on new data gathered by our PSU data consultant). Also will be reviewing the Regional Health Improvement Plan section pertaining kindergarten readiness to ensure alignment in planning. Next planning meeting with PacificSource is First PEP mtg. with physicians & CCO will be in held on February 10th with initial focus on developmental screenings (i.e. who in community is doing them besides physicians, an est. of how many are being done, and determining whether there is an interest among physicians in receiving Dev. Screening results from those entities.) We hope to include some of the other types of essential health screenings being done by Community based and non-profits in the region). 			<p>Start: Jan. 2016 End: Aug/Sept. 2016</p>
<p>Strategy 3-3.2: Utilize regional data & best practice models to det. feasibility of dev. a regional closed-loop referral and information sharing system among physicians, public, community based and non-profit organizations.</p> <p>Activities:</p> <ol style="list-style-type: none"> <u>Explore feasibility of dev. data sharing agreements</u> to streamline service access & quality (to start with developmental screenings, see Strategy 2-4.1 due to readiness) <u>Next steps:</u> In partnership with CCO, local public health departments, convene meeting with private pediatric groups and physicians to assess the feasibility/interest in dev. a system-wide health and dev. screening, referral and communication process (to start with developmental screenings, see Strategy 2-4.1 due to readiness) 	<p>ELH Director & Staff PacificSource/CCO/COHC Pediatric Groups/Providers Region’s Public He. Depts. HDESD (EI-ECSE, Healthy Beginnings, Pre-K 3rd)</p>	<p>ELH Coord. Funds BoCC (Des. County) Funds Partner Agency funds and resources</p>	<p>Start: Fall 2015 End: Sept. 2016</p>

Early Learning Leadership Council (ELLC) Voting Members*, Alternates and Ex Officio

- John Rexford*, ELLC Chair, High Desert ESD Superintendent/WEBCO Board Member
- Muriel DeLaVergne-Brown*, ELLC Vice Chair, Crook County Health Services Director
- Paul Andrews, High Desert ESD Deputy Superintendent / Alternate
- Rebeckah Berry, Central Oregon Health Council Operations & Project Manager / Alternate
- Pat Carey, District 10 Child Welfare Principal District Manager / Alternate
- Katie Condit, Better Together / Regional Achievement Collaborative
- Caroline Cruz*, Warm Springs Community Health Services Liaison
- Leticia Hernandez*, Parent and Diversity Liaison, Madras
- Elizabeth Holden*, Deschutes County Health Services, Child and Family Behavioral Health Specialist
- Amy Howell*, CO Community College, Program Director / Associate Prof. Early Childhood Ed.
- Chuck Keers*, Central OR Family Resource Center / Regional Parenting Hub Director
- Elaine Knobbs*, Mosaic Medical Programs and Development (FQHC)
- Dee Ann Lewis, Family Resource Center of Central OR Director of Ed. and Outreach / Alternate
- Shannon Lipscomb*, OSU Cascades Assist. Professor of Human Dev. and Family Science / Ex Officio
- Wayne Looney*, Prineville Kiwanis, Business Liaison
- Desiree Margo*, Redmond School District / Early Learning Center Planning Principal
- Linda McCoy*, Central Oregon Health Council (COHC) Community Advisory Committee Chair
- Donna Mills, Central Oregon Health Council (COHC) Executive Director / Ex Officio
- April Munks*, District 10 DHS Child Welfare Program Manager
- Leslie Neugebauer, PacificSource CO Community Care Organization (CCO) / Alternate
- Tim Rusk*, MountainStar Family Relief Nursery / Juniper Junction Relief Nursery Director
- Kim Snow, NeighborImpact Associate Director of Education and Quality / Alternate
- Diane Tipton*, Early Intervention / Early Childhood Special Education Director
- Jerry Upham*, Z-21 / 21 Cares for Kids Director of Sales Business Liaison
- Kate Wells*, PacificSource (CCO) Director of Community Health
- Patty Wilson*, NeighborImpact Deputy Director of Early Learning

Wellness and Education Board of Central Oregon (WEBCO) Voting Members

- Ken Fahlgren, Crook County Commissioner / WEBCO Chair / COHC Member
- Mike Ahern, Jefferson County Commissioner / COHC Member
- Tammy Baney, Deschutes County Commissioner / COHC Member and Chair
- John Rexford, High Desert ESD Superintendent / ELLC Chair

Wellness and Education Board of Central Oregon (WEBCO) Staff Supporting the EL Hub

- Lionel 'Chad' Chadwick, WEBCO Executive Director
- Brenda Comini, WEBCO Early Learning Hub Director
- Marissa Becker-Orand, Jefferson County Early Learning Hub Liaison and Special Projects
- Sarah Peterson, Grants and Contract Management
- Hillary Saraceno, Deschutes County Early Learning Hub Liaison and Special Projects