

FOUR RIVERS EARLY LEARNING HUB

ANNUAL WORK PLAN: 1.1.2016-12.31.2016



Strategic Plan Goal:

The Network: Coordination of a Home Visiting Connections Network that links and coordinates access to services and supports for children through trauma informed approaches that support overall well-being. This network will focus on linking parents to programs and services:

- Across the region
- Across sectors
- Across developmental stages (0-5)

Objective: Regionally networked health, education, and social service supports through the Home Visiting Connections network, supporting the whole development of children in the context of their family and community. The network honors families as champions for their child(ren) and links them to services they both *want* and need in efficient and respectful ways. It also serves as a platform for gathering data that drives decision making around system improvements and better individual and collective outcomes.

Key Metrics This Will Move: 1-2A, 1-4A, 2-1A, 2-2A, 3-2A, 2-4A, 3-3A

Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
1-2A Demonstrated meaningful engagement with children and families from all of the communities served by the hub	Expansion HVC Finalize development of the Early Identification <i>Home Visiting Connection</i> framework across the region. <ul style="list-style-type: none"> • Build on this network to link to additional supports needed by families. 	12/31/2016		<ul style="list-style-type: none"> ➤ Social Services entities ➤ CCO's ➤ Schools ➤ Preschools ➤ Childcare ➤ County Leaders ➤ <i>Haven</i> ➤ <i>CCR&R</i> 	<ul style="list-style-type: none"> • Care Coordination Workers • Training supports • <i>Incentivize parent participation</i> 	
	Trauma Informed Care <ul style="list-style-type: none"> • Create a framework that demonstrates how various strategies are linked and coordinated; where training and expansion is needed 		Coordinated by Hub Coordinator with support from Center for Living	<ul style="list-style-type: none"> ➤ All sector leaders ➤ Service delivery providers who are serving children 0-5 and their families 	<ul style="list-style-type: none"> • Time and staff expertise to analyze person centered approaches and practices across the region 	

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	<ul style="list-style-type: none"> • Work with regional and local entities to identify existing strategies that are based in trauma informed theory and/or social emotional well-being • Establish agreement across the region for shared assumptions and practices that model the essentials for person centered approaches. • Use these assumptions as foundations for training all individuals working in the network with families. • Partner with Mid-Columbia Center for Living to provide trauma informed care to regional partners (including Sherman, Gilliam, and Wheeler county providers). 		Leadership.	<ul style="list-style-type: none"> ➤ Center for Living Leadership ➤ Trainers ➤ Leaders in small counties ➤ <i>YouthThink</i> ➤ <i>Haven</i> ➤ <i>CCO's</i> 	<ul style="list-style-type: none"> • CCO engagement and support • Trainers • Coordination of Effort • <i>PFF kits for parents</i> 	
	<p>Engage Parents at local level of 4RELH</p> <ul style="list-style-type: none"> • Create a mechanism and schedule for parent representation in the regional and county level ECC meetings. Early Childhood Committees will develop strategies for linking to existing parent advisory boards, OR establish a connection through the ECC meeting. Meetings will be on a set 	March 2015	Hub Coordinator, Hub Parent Rep, ECC Chairs,	ECC Members at local and regional level Parents of children 0-5	Travel reimbursement and Mileage	

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	<p>frequency and agenda items will be connected to hub topics in order to gather input and perspective from families.</p> <ul style="list-style-type: none">• Utilize parent input and parent perspective to shape and guide regional strategies and implementation.					
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Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
1-4A Program participation data demonstrates increase in services to children and families from identified priority populations	Data Collection <ul style="list-style-type: none"> After analyzing existing data collection systems for opportunities to leverage current data collection processes, establish template and process for collecting program participation data that tracks 4RELH priority populations and #'s served, determine frequency of collection and reporting at governance levels Ensure that new contracts and MOU's include data collection systems and elements 		Hub Coordinator	ECC Meetings and Regional ECC meetings as well as : Agency Leaders and Service Delivery Leaders	Coordination funds	
2.1A The hub has demonstrated shared activities among early learning providers, families, and K-3 partners *cross listed	Shared Online Calendar <ul style="list-style-type: none"> A calendar of shared activities and county specific committees will be established and made accessible to the network to link families to efforts. Possible texting alerts 	March 2016 Summer 2016	ECC Committees at local level and Hub Coordinator (with support)	Online presence for calendar Systems for updating and submitting information	Coordination Funds and other possible leveraged funding.	

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Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.2A Increase the number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and/or other waiting lists <i>served</i> by a Hub partner program	Link waitlists to The Network <ul style="list-style-type: none"> Establish a system that links families who are on program waitlists to the network <i>Review policies for waitlist (including carryover from year to year) across programs</i> 	Review policies January 2016 Framework by September 2016	Hub Coordinator Early Childhood committee Chairs	Early Childhood Committees Service Delivery Providers Families Care Coordinators (<i>existing</i> in varying roles across entities)	TBD- still in planning phases.	
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	Link DHS families to Network <ul style="list-style-type: none"> Focused Family Child Care Network of 12-15 providers is being implemented by Child Care Resource and Referral with a specific focus on providers serving families who are receiving ERDC. Providers meet once a month for work sessions related to the completion of their QRIS portfolio. They have a monthly scheduled training and access to additional trainings. They are also participating in a minimum of 2 site visits per year. With CCR&R as a lead, establish and (as funding is available) implement a Focused Family Child Care network for 	In coordination with existing timelines	Hub Coordinator with DHS Leadership and Early Childhood Committees	State and/or regional partners in information exchange. DHS	FCN Grant as a foundation	

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	<p>Spanish Speaking Providers. Providers from all 5 counties are expected to have access to some form of participation in the network. Prioritization will be based on the proposed data model and zones it represents.</p> <ul style="list-style-type: none"> • Link existing and developing strategies through the network including DHS. • Incorporate or link to a tracking mechanism that allows all programs to track referrals (look to the state for guidance on data systems and referral processes). 					
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Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
<p>2-4 A Increase in percent of children who receive a developmental screen before the age of three: 3-3A : Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age:</p>	<p>Use The Network to support developmental screening and well child visits</p> <ul style="list-style-type: none"> Establish a system for identifying and connecting every child born in each county with a welcome baby visit and as needed engagement with Home Visiting Connections and/or other resources. Work with CCOs to expand PCP (Primary Care Physician) use of developmental screens. Coordinate efforts between both CCO's to ensure efficiency and consistency for messages to providers, early educators/caregivers, and parents relating to developmental screening and developmental milestones. Review and participate in "Bridges to Health" pathways model with Columbia Gorge CCO as a possible framework. Work with EOCCO to explore opportunities for shared approaches for the region. Ensure that wherever possible second round of Pathways -- 	<p>October 2015 - December 2016 and ongoing</p>	<p>Hub Coordinator with CCO leadership, and service delivery leaders. CCR&R to support training</p> <p>Others....</p>	<p>CCO's Public Health Home Visitors Pediatricians OBGYN PCP Any service delivery providers who offer services to children 0-5 and/or their families.</p>	<p><i>Trainings for PCPs about developmental screenings and child development.</i></p>	

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	<p>including connection to follow up services when indicated by developmental screen—are aligned and/or linked with The Network.</p> <ul style="list-style-type: none"> • Work with CCOs to establish systems for recognizing and connecting developmental screening across Health, Early Education, and Social Service Sectors. • Coordinate ASQ, HVC, and Pathways, trainings wherever needed. • Identify and embed awareness about developmental screening and overall child development in existing engagements with families and their children, e.g. well-baby and well child visits 					
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Strategic Plan Goal: READY! Region-wide participation in QRIS, Increased Access to Pre-School and smooth transition and alignment with K-3 (“P-3”)						
Objective: With a strategic focus on our priority populations, increase access to high quality care and education experiences and environments across our region and across a variety of settings in order to support the whole development of each child.						
Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.1A The hub has demonstrated shared activities among early learning providers, families, and K-3 partners	Link and Coordinate with RAC <ul style="list-style-type: none"> Participate in Oregon Solutions and the Regional Achievement Collaborative (RAC) Capacity Building project funded through the Governor’s Office to build capacity for the RAC’s Ready to Learn priority by connecting Hub work to the K-20 education system, and building partnerships across the 10 Hub school districts with early learning partners (including P-3). 	Completed	Hub Coordinator, MCCC Exec Director Early Childhood Partners	RAC K-3 principals Superintendents CCR&R Director ECC Chairs EI/ECSE DHS Education Specialists Library	KPI Funding as a foundation	
	Design and Implement KPI strategy <ul style="list-style-type: none"> Process for Establishing Priorities: Analyze Kindergarten assessment and free and reduced lunch, and any other relevant data for elementary schools areas across the region in order to identify school districts who are serving children with the greatest opportunity for improvement. Ensure that core infrastructure for 	Plan completed by March 2016 Implementation begins Spring 2016 thru end of the				

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	<p>frontier areas (where data may be suppressed) is preserved as a mechanism for future service delivery options. A specific model has been developed and will be presented for consideration of the GB at the next meeting. If approved this model will set a base for prioritization and efforts in the region.</p> <ul style="list-style-type: none"> • Build on other work of the hub in order to coordinate efforts that will support KPI initiatives. 	biennium.				
	<ul style="list-style-type: none"> • With RAC (Team Learn) develop and implement a strategy and funding for Kindergarten Partnership Innovation funds that will align with OKA data review and core infrastructure. • Develop family engagement and kindergarten transition activities to identify children at highest need for evidence based Pre-Kindergarten “Ready” Strategies. There are two types of activities envisioned here: Some that promote early engagement with preschool as a strategy for overall school and life readiness as well as focused activities that align with 	<p>December 2015: GB to review (and hopefully approve) prioritization system and Team Learn Meets.</p> <p>January – March 2016:</p>				

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	<p>both the proposed prioritization tool as well as children and families who have been identified as “high needs”.</p> <ul style="list-style-type: none"> • Coordinate professional development opportunities that support classroom practice and/or parent engagement strategies, and transition into kindergarten activities. • Utilizing a joint-subcommittee between the 4RELH and RAC, work with superintendents and principals of all elementary schools to inform them of KPI, identify local knowledge relating to at risk populations, and implement strategies aligned with KPI and preschool work. • Develop plan to identify common core standards alignment needs, strategies and plan for implementation through the Oregon Solutions process utilizing resources from the Governor’s office. 	<p>Strategies are established and infrastructure is set in place</p> <p>March 2016: begins formal implementation</p>				
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Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
2.5A Increase in percentage of children enrolled in kindergarten before start of school year:	Increase Access to Pre-School <ul style="list-style-type: none"> Continue frontier county preschool funding supports and apply for expansion funds to extend preschool opportunities <i>across region</i> focusing on prioritized areas (based on pending data construct) and children up to 200% of the federal poverty level and allow 20% above the income requirement to allow for high risk children; utilize Work with school districts to incorporate preschools and high quality child care into high poverty and/or high minority schools. Work with school districts and Head Start providers to extend offerings of blended classrooms with HS/OPK children mixed with community children (mixing incomes and race / ethnicities). Meet with regional school districts and ESDs and include kindergarten transition in discussion. Develop a plan to improve transition in each district sharing existing preschool data. Develop plan to support low income/minority children with transition prekindergarten and summer school opportunities. 	ONGOING	Hub Board ECC's	Frontier Preschools, Grant writer School districts P-3 committees RAC- Team Learn ESD's	Funding for preschools	

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<p>Metric 2-3A: Increase in number of 3, 4, and 5-star QRIS <i>providers</i> serving children from “hot spots” and communities of color and an increase in the number of <i>children</i> served in hot spots and communities of color</p> <p>Metric 3-1A: Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program</p>	<p>Increase Access to quality care through QRIS</p> <ul style="list-style-type: none"> Based on the prioritization model and working with Child Care Partners, pinpoint key areas of high need. Child Care Partners will then provide focused, intensive support and training for child care practitioners in those areas to assist them in participating in QRIS. Utilize FCN structure and existing training models to provide support to child care programs. Where possible link to shared PD opportunities with Head Start, K-3, et. al. Partner with Child Care Partners align with the state roll out of QRIS information to parents. Until state roll out early learning practitioners who are currently participating in QRIS will continue to share QRIS information with the families in their programs. After the statewide marketing roll-out of QRIS information for parents, develop a plan to market to families in our remote areas. Using training information from practitioner’s Oregon Registry Professional Development Statements, training will be targeted to support practitioners in meeting the Personnel Qualifications in 	Timelines aligned with CCR&R Work plan	CCR&R with suppose from Hub Coordinator and ECC Committees	CCR&R ECC’s DHS Focus Family Networks Shared Training Opportunities Library Others...	<p>Focus Family Network Funding for language specific network.</p> <p><i>Incentives for recruiting providers to participate in QRIS and Training.</i></p>	

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	<p>QRIS.</p> <ul style="list-style-type: none"> Promote the importance of high quality early learning experiences – as measured by QRIS – to current practitioners throughout the region with consistent messaging through fliers, websites, and targeted mailings. 					
	<p>Include improved continuity of care for DHS involved children (provide guidance to DHS to develop or enhance agreements between DHS and community providers for continued services when children enter care, during care and after returned to family – i.e. Early Intervention, Babies First, HFO, etc.) in MOUs/IGAs</p> <p>*Cross listed in 1-1 D</p>					

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Strategic Plan Goal: Aligned, Coordinated Systems and Infrastructure Building including Family Engagement						
Objective: Early Learning Hub infrastructure and system development based in collective impact and utilizing sector and geographical engagement mechanisms to drive activities that get results.						
Key Metrics This Will Move: <u>1-1B, 1-1A, 1-1C, 1-1D, 1-2A, 1-3A, 1-5A</u>						
Metric	Key Activity	Date to Complete	Person Responsible	Critical Partners Needed	Resources Needed	Status with Date
1.1B The hub has active participation of leaders from all five sectors within their governance structure	Completed		Governance Board			
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	In progress and ongoing: <ul style="list-style-type: none"> Establish funding strategies and communication systems between coordination entity and fiscal agent that support local implementation of strategic plan, reporting mechanisms and coordinated MOU's or agreements relating to cooperation. With the Governance Board, develop clear processes to support local planning, implementation and coordination of strategies that also identify and share best practices, barriers, needs and gaps. Establish mechanisms for supporting and/or responding to 	October 1, 2015 through October 1, 2016	Coordinator, ECC's and GB			

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	<p>best practices, barriers, need and gaps in order to ensure smooth systems, effective implementation and improved outcomes.</p>					
<p>1-1C: Shared Agreements are in place with partners from all five sectors and specify shared outcomes and activities</p> <p>1-1D Shared agreements specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area</p>	<p>Agreements and Data sharing</p> <ul style="list-style-type: none"> • Develop Memorandums of Understanding and Interagency Agreements in cooperation with Columbia Gorge CCO as a system (instead of separating out early childhood) • Expand agreements to include both Pacific Source and EOCCO (Eastern Oregon CCO). • Include improved continuity of care for DHS involved children (provide guidance to DHS to develop or enhance agreements between DHS and community providers for continued services when children enter care, during care and after returned to family – i.e. Early Intervention, Babies First, HFO, etc.) in MOUs/IGAs *Cross listed in 3-1A <p>Councils and Committees</p> <ul style="list-style-type: none"> • Participate on the Columbia Gorge 	<p>January 2016 through September 2016</p>				

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	<p>Health Council CAP (Clinical Advisory Panel) Maternal and Child Subcommittee to finalize ASQ file sharing system through HIE (Health Information Exchange).</p> <ul style="list-style-type: none"> • <i>Develop annual monitoring/accountability report form to track outcomes.</i> 					
<p>1-2A: Demonstrated meaningful engagement with children and families from all of the communities served by the hub</p> <p>1-3A: Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families</p>	<p>Using existing data across multiple agencies, Identify traditionally marginalized groups with a significant presence in the 5 counties and potentially leaders or champions within those groups.</p> <p>Using the equity lens and trauma informed principles as a guide, design a system to build community involvement and feedback loops to inform adaptive programmatic implementation that meets needs and results in improved outcomes.</p>				<p><i>Keep in mind home language, and need for transportation, time of meetings.</i></p>	