

# FOUR RIVERS EARLY LEARNING HUB

## 5-Year Strategic Plan



GOALS	STRATEGIES	ACTIONS	METRICS																																						
<p><b>Ready for Kindergarten</b></p> <p>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.</p>	<p>Support Child Care Partners Resource and Referral to offer Quality Improvement Training for Childcare Providers and Pre-Schools.</p> <p><b>GOAL:</b> Increase the number of children participating in high quality early learning and care experiences – as measured by the QRIS –</p>	<ul style="list-style-type: none"> <li>Promote the importance of QRIS and quality child care throughout the region through media, parenting Hubs, schools and communities and focus family networks.</li> <li>Provide recognition to those early care and education programs who reach a star rating.</li> <li>Provide opportunities and resources to programs that are working toward a star rating or increasing their star rating.</li> <li>Develop proposals for funding professional development opportunities for childcare providers</li> <li>Develop a cost per child per site in each county and develop a plan to address sliding fee schedules for funded programs to expand services available to low income participants.</li> </ul>	<p>Per the Metrics provided by the ELD in email dated November 25, 2015:</p> <p>Metric 2-3: 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> <ul style="list-style-type: none"> <li>➤ Increase in Number of providers at 3, 4 or 5 star level to 10.</li> <li>➤ Increase in the number of children being served in 3, 4 or 5 star level programs to 40.</li> </ul>																																						
	<p>Support existing programs and services by investing in coordinated training for Early Childhood Educators &amp; Parents.</p> <p><b>GOAL:</b> Increase training opportunities to address identified needs of Parents and Childcare/Preschool providers</p>	<ul style="list-style-type: none"> <li>Develop plan to align common core standards across preschool – 3<sup>rd</sup> grade.</li> <li>Expand Trauma Informed Care models: Collaborative Problem Solving, Sanctuary Model, etc. Prioritize developmentally appropriate social &amp; emotional skill building.</li> <li>Implement PBIS, Pocket Full of Feelings, and Second Steps with a trauma informed lens.</li> <li>Coordinate parent education training and implementation across all five counties in a unified system. Infuse parent education into existing services and providers such</li> </ul>	<table border="1"> <thead> <tr> <th></th> <th>2013</th> <th>2014</th> <th>2017 Goal</th> <th>2018 Goal</th> </tr> </thead> <tbody> <tr> <td>Self-Reg. Avg</td> <td>3.5</td> <td>3.6</td> <td>3.6</td> <td>3.8</td> </tr> <tr> <td>Numbers</td> <td>7.7</td> <td>7.9</td> <td>7.9</td> <td>8.2</td> </tr> <tr> <td>Letter names</td> <td>16.1</td> <td>15.6</td> <td>15.6</td> <td>18</td> </tr> <tr> <td>Hisp L. names</td> <td>9.4</td> <td>8.1</td> <td>8.1</td> <td>10</td> </tr> <tr> <td>Letter sounds</td> <td>5.3</td> <td>6.0</td> <td>6.0</td> <td>8</td> </tr> <tr> <td>Hisp L. sounds</td> <td>2.9</td> <td>2.3</td> <td>2.3</td> <td>5</td> </tr> </tbody> </table>						2013	2014	2017 Goal	2018 Goal	Self-Reg. Avg	3.5	3.6	3.6	3.8	Numbers	7.7	7.9	7.9	8.2	Letter names	16.1	15.6	15.6	18	Hisp L. names	9.4	8.1	8.1	10	Letter sounds	5.3	6.0	6.0	8	Hisp L. sounds	2.9	2.3	2.3
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		as schools, churches and early learning service providers.	Span L. names	n/a	1.4	1.4	3
	<p>Increase access to early learning opportunities</p> <p>Support smooth transitions to kindergarten</p>	<ul style="list-style-type: none"> <li>Expand preschool opportunities targeting children under 200% of poverty – encouraging blended classrooms (mixed incomes, races, ethnicities) and place in elementary schools or build connection between preschool and K-12 if no space for preschool on campus.</li> <li>Build parent support/engagement to improve attendance starting in preschool.</li> <li>Develop Children’s Services Advisory Board to serve the new Mid-Columbia Center for Living’s Family Resiliency Center serving children thru 18 years of age with mental health and addictions services in a child/family friendly center (in the old Windemere Building in The Dalles.). Align Resiliency Center goals with Hub for children 0-6.</li> <li>Develop strategies/outreach for high risk communities not represented at county Early Childhood Committees, (i.e. Native American and Samoan)</li> <li>Meet with school district administrators to assess and develop plan to improve transition into kindergarten</li> <li>Develop system for data collection and reporting of early childhood outcomes</li> </ul>	<p>Data from State Kindergarten Readiness Assessment</p> <p>Per the Metrics provided by the ELD in email dated November 25, 2015:</p> <p>Metric 1-4: Increase program participation to demonstrate an increase in services to children and families from identifies priority populations:</p> <p>GOAL: Increase to 525</p>				

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	Expand early literacy activities	<ul style="list-style-type: none"> <li>• Implement &amp; Track outcomes of Early Literacy projects funded through the Oregon Early Learning Council</li> <li>• Continue implementation of local Children’s Fair Events to promote Early Literacy and Early Childhood Development Activities Wasco ECC coordinating Children’s Fair continuation. Solicit sponsors for sustainability.</li> <li>• Expand parent education to include additional early literacy training</li> <li>• Develop aligned (county and school) library kindergarten readiness materials HR/W/S/G/W</li> <li>• Develop list of recommended reading, apps, and other parenting resources approved by all ECCs. Create plan to advertise Vroom (app), Text4Baby (app), Reach Out and Read, StORytimeoregon.com, etc.</li> </ul>	
<p><b>Stable and Attached Families</b></p> <p>Regionally networked health, education, and social services 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</p>	Ensure that children under age 3 receive general developmental screening (ASQ)	<ul style="list-style-type: none"> <li>• Target 60% of at risk children Year 1, increasing 10% per year.</li> <li>• Target Arlington for early identification and support services/system to address high child abuse/neglect rate.</li> <li>• Develop <i>Home Visiting Connection</i> [Family Resource Manager (FMR)] system across all counties with Health Departments serving as Central Referral location and building on natural touch points.</li> <li>• Develop RDT/Community Connections Network <b>system</b> for high risk children at earliest awareness with follow-up</li> <li>• Coordinate SPRF (Strengthening, Preserving &amp; Reuniting Families DHS contract) with <i>Home Visiting Connection</i> system.</li> <li>• Develop IGA to identify, refer and case manage highest risk families</li> <li>• Increase home visiting services</li> <li>• Develop a system to coordinate data collection related to developmental screening and share data across systems (i.e. EI/ECSE to PCP and visa</li> </ul>	<p>Per the Metrics provided by the ELD in email dated November 25, 2015:</p> <p>Metric 2-4A: Increase in percent of children who receive a developmental screen before the age of three:</p> <p>GOAL: Increase % of children who receive a developmental screen before the age of three to 40%.</p> <hr/> <p>Per the Metrics provided by the ELD in email dated November 25, 2015:</p> <p>Metric 2-4A: Increase in percent of children who receive a developmental screen before the age of three:</p> <p>GOAL: Increase % of children who receive a developmental screen before the age of three to 40%.</p>

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<p>they both <i>want</i> 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.</p>		<p>versa)</p> <ul style="list-style-type: none"> <li>Integrate developmental screening activities with CCO stakeholders.</li> <li>Hub Governance board includes Columbia Gorge and Eastern Oregon Coordinated Care Organizations representatives through Community Advisory Committees and Maternal Child Health Committee (CG)</li> </ul>	<p>Number of children experiencing one day of foster care in 2013: Number of age 0-6 children who enter foster care. BASELINE 50 2018 Goal 45</p> <p>Number of children age 0-6 who return to foster care. BASELINE 10 2018 Goal 9</p> <p>Number of CW children served safely at home. BASELINE 10 2018 Goal 9 <a href="http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx">http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx</a></p>
	<p>Ensure that a system is in place to continue delivering developmental screening utilizing the ASQ for the full continuum of 0-6.</p>	<ul style="list-style-type: none"> <li>Create tracking forms to collect data from all programs in collaboration with CCO. Develop system to send all ASQs (Dev Screens) to PCMH (Primary Care Medical Home) and from docs to early childhood providers through secure networks. (CCO Maternal &amp; Child Health Committee to assist with this process)</li> <li>Establish a systematic schedule for data collection and reporting.</li> <li>Train Early Childhood Providers on reporting, coding, and release of information for fee based screening services (in doc's offices).</li> <li>Develop system to share metric incentives with early childhood providers.</li> <li>Improve communication among early childhood, primary care, mental health, community-based services.</li> </ul>	<p>Per the Metrics provided by the ELD in email dated November 25, 2015:</p> <p>Metric 2-4A: Increase in percent of children who receive a developmental screen before the age of three:</p> <p>GOAL: Increase % of children who receive a developmental screen before the age of three to 40%.</p>

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	Identify populations not currently enrolled in a Patient Centered Primary Care Home and develop outreach strategies to engage children ages 0-6.	<ul style="list-style-type: none"> <li>• Partner with medical providers to fund targeted outreach strategies.</li> <li>• Work with CCOs to provide PCMH services for children in Arlington, Maupin and Sherman County where providers do not meet PCMH requirements.</li> </ul>	
	Transform systems of service throughout the region utilizing Trauma Informed Approaches and Practices.	<ul style="list-style-type: none"> <li>• Provide regional training regarding ACES and the Psychobiology of Trauma.</li> <li>• Coordinate systemic implementation of the Trauma Informed Care model system to develop shared knowledge, common language, and consistent approaches to client care resulting in a Trauma Informed System of Services.</li> <li>• Sponsor regular training in Trauma Informed Practices such as Mental Health First Aid, Collaborative Problem Solving, and Pocket Full of Feelings.</li> <li>• Track data related to implementation &amp; outcomes.</li> </ul>	
	<p>Coordinate services to ensure that Healthy Families and Newborn services referrals are reaching target population</p> <p>Develop/strengthen systems to identify and wrap around services for highest risk families</p>	<ul style="list-style-type: none"> <li>• Increase at-risk family access to home visiting services</li> <li>• Provide regional training regarding Healthy Families and Newborn services to various sector partners</li> <li>• Increase opportunities for all families to access best practice parent education through a variety of non-stigmatizing venues.</li> <li>• Develop criteria for high risk identification such as ACES Score, Depression, etc.</li> </ul>	

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<p><b>System Coordination and Efficacy</b></p> <p>Establish an Early Learning Hub infrastructure and system development based in collective impact and utilizing sector and geographical engagement mechanisms to drive activities that get results.</p>	<p>Build a regional budget to identify the resources that are currently being utilized to meet identified outcomes.</p>	<ul style="list-style-type: none"> <li>• Work with Oregon ELC to develop definitions and parameters for inclusion in regional budget</li> <li>• Establish Interagency agreements that include language regarding reporting of agency expenditures</li> <li>• Develop plan for Regional request to AOC (Association of Oregon Counties) to work with state to require DHS early childhood involvement – on the ELC, in contracts, etc. (such as <i>requiring</i> Differential Response plans and/or contracts to be aligned with Hub plans. Possibly require Hub approval.</li> </ul>	<p>By braiding and blending funds increase the number of children being served without receiving more funding.</p> <p>NO metric currently available.</p>
	<p>Build a reporting and data collection system that captures unique child data.</p>	<ul style="list-style-type: none"> <li>• Work with partners to establish and implement a system of data collection and reporting.</li> <li>• Investigate the possibility of piloting CLARA software to track individual child outcomes</li> <li>• Do not pursue earlier plan to build out a preschool by mail program as not supported by Early Childhood Committees.</li> <li>• Develop a secure health information system with capacity for connection to social services (such as CLARA) – in cooperation with CCOs.</li> </ul>	<p>Number of At-Risk Children identified and connected to services by age 3</p> <p>Baseline data and Tracking system to be determined by ELC.</p>
	<p>Develop system where all children receive developmental screening by age 3</p>	<ul style="list-style-type: none"> <li>• Partner with CCO’s and local agencies to increase use of ASQ and account for regional screenings</li> <li>• Build regional system to assess and serve highest risk families with identified case coordination services built into a “no wrong door” approach</li> <li>• Build a reporting and data collection system that captures unique child data.</li> </ul>	<p>Mental, Physical and dental health assessments for children 0-5 in DHS custody (shared CCO metric)</p>
		<ul style="list-style-type: none"> <li>• Clarify structure of county Early Childhood Committees that feed up to a Regional ECC/CAT that feeds to the Hub – allowing for input from each county and both regional strategies and county or area specific strategies.</li> <li>• Describe Maternal Child Health CCO Subcommittee structure.</li> </ul>	