

Strategic Priorities 2015 – 2020



Early
Learning **Hub**

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Background

The Early Learning Hub of Linn, Benton & Lincoln Counties supports underserved children and families in our region to learn and thrive by making resources and supports more available, more accessible, and more effective.

The Early Learning Hub is a collection of program and service providers who believe that by working together as K-12 schools, early education, health, human services, and business we can better serve children and families.

We are focused on young children and their families because research is clear that giving children a strong start helps set them on a path toward future success, in school and in life. Well before the start of kindergarten, a child's brain has already created the foundation for future learning and development. The more we invest in young children, the greater the payoff will be down the road with stronger readers in third grade, more high school graduates, more college-ready students, and a skilled workforce that has the social, emotional and cognitive skills needed to meet the demands of a rapidly changing economy and contribute to our shared prosperity.

If our Early Learning Hub is successful, we will see more children ready to succeed in kindergarten, more families with the resources and tools to create stable environments for their children, and services and programs working together to provide what children and families need most.

Early Learning Hub Vision and Mission

Vision

Our communities provide an easily accessible and collaborative system of support and care for families that help children to grow up safe, nurtured, healthy, and ready for school and life.

Mission

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

Guiding Principles

The Hub and its governance Councils shall operate under the following guiding principles in fulfilling the vision, mission and outcome goals of an Early Learning Hub:

- There are several places where families and organizations cross the three counties, providing opportunities for systems alignment and coordination.
- We will strive to create community-specific strategies, since needs and programs differ across counties and communities.
- We respect and value our existing relationships and will seek to expand our partnerships and build new relationships.
- The Collective Impact Model will guide our actions including the five core components; common agenda, shared measurement, mutually reinforcing activities, continuous communication and backbone support.
- We seek to create a Hub that is inclusive and transparent with processes and procedures that are as stream-lining as much as possible.
- Our governance model will evolve over time, and will be evaluated and adjusted to strategically meet outcomes.

Early Learning Hub Metrics

In 2013, the Oregon Legislature passed House Bill 2013 which directed the Early Learning Hubs to accomplish three specific goals:

- (1) Create an early childhood system that is aligned, coordinated, and family-centered;
- (2) Ensure that children arrive at school ready to succeed; and
- (3) Ensure that Oregon's young children live in families that are healthy, stable, and attached.

Having shared high-level goals and expectations for concrete outcomes enables the Hubs to bring partners to the table, be focused in our work, and strategic in our use of resources.

The Hub metrics are the most concrete, measurable and actionable method of assisting Hubs and stakeholders to focus the development of our work and demonstrate meaningful change in the lives of young children, their families, and their communities. Toward this end, the Early Learning Council (ELC) appointed a Hub Metrics Committee in August 2014 which was composed of Hub leaders, Hub partners, ELC members, and Early Learning Division (ELD) staff. Following the work of the Metrics Committee, the ELC adopted its final report in January, 2015.

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

- 1-1.A** The hub has a strategic plan in place that details the role of all five sectors (business, early learning, health, K-12 education, human services) in achieving shared outcomes for children and families.
- 1-1.B** The hub has active participation of leaders from all five sectors within their governance structure.
- 1-1.C** Shared Agreements (i.e.: Memoranda of Understanding/Declarations of Cooperation -MOUs/DOCs) are in place with partners from all five sectors and specify shared outcomes and activities.
- 1-1.D** Shared agreements (i.e.: MOUs/DOCs) specify that each sector partner will share data regarding budgets, services provided, and the number of children served within the hub coverage area.
- 1-1.E** The hub utilizes mechanisms to share funding and blend/braid resources actively.
- 1-2.A** Demonstrated meaningful engagement with children and families from all of the communities served by the hub.
- 1-3.A** Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.
- 1-4.A** Program participation data demonstrates increase in services to children and families from identified priority populations.
- 1-5.A** Hub demonstrates that their operating administrative overhead is below 15% annually.

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

- 2-1.A** The hub has demonstrated shared activities among early learning providers, families, and K-3 partners.
- 2-2.A** Increase the number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and/or other waiting lists served by a Hub partner program.
- 2-3.A** Increase in number of 3, 4, and 5-star QRIS providers serving children from "hot spots" and communities of color and an increase in the number of children served in hot spots and communities of color.
- 2-4.A** Increase in percent of children who receive a developmental screen before the age of 3.
- 2-5.A** Increase in percentage of children enrolled in kindergarten before start of school year.

Goal 3: Families are healthy, stable and attached

- 3-1.A** Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5-star QRIS program.
- 3-2.A** Increase in the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.
- 3-3.A** Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age.

Goal 1: Early Learning System is aligned, coordinated, and family centered

Goal #1:	Early Learning System is aligned, coordinated, and family centered
Hub Outcomes:	Disparities in access to services and supports are reduced and services and supports are culturally responsive.
Indicator:	<p>1-2.A Demonstrated meaningful engagement with children and families from all of the communities served by the hub.</p> <p>1-3.A Demonstrated engagement with culturally-specific community based organization as partners in delivery of services to children and families.</p> <p>1-4.A Program participation data demonstrates increase in services to children and families from identified priority populations.</p>
Success Metrics:	<p>By June 30, 2020, increase by 60% the number of at risk children served across early education, health and human services (from baseline of 30% to 90%).</p> <p>By June 30, 2020, increase by 15% the number of at-risk children identified and connected to services by age 3.</p>

Strategies to Achieve Outcomes:

Core Strategy 1: Formalize a system for sharing information among providers and other stakeholders that improves the quality and cultural and linguistic competency of services and reduces duplication and missed opportunities to coordinate care across multiple agencies.

Core Strategy 2: Pilot and disseminate common intake form/assessment tool and incorporate new tracking/child identification tools developed in partnership with IHN-CCO. Establish MOU's to reduce duplication, overlap, and fragmentation among early childhood, public/mental health, and DHS programs (i.e. developmental screening, family resource management/navigation, home visiting, etc.).

Core Strategy 3: Partner with 211 and other key stakeholders (LBCC CCR&R, IHN-CCO, Samaritan Health Services, Oregon State University) to consolidate existing Information and Referral systems to ensure information about community resources is accessible to all providers and families, including resources in other languages.

Equity Strategies: Use local/regional data with a focus on Equity to inform ongoing training and professional development and to tailor strategies to address the unique needs of populations disproportionately impacted by academic achievement gaps.

K-3 Connection Strategy: Utilize Kindergarten Assessment data to target areas of high need for provider professional development, parent education about school readiness, and other subject specific training opportunities related to kindergarten readiness (early literacy, math, etc.)

Capacity Building/Workforce Development Strategy: Coordinate with the EL HUB Data and Evaluation team, Benton County's Public Health Epidemiology Unit, DHS Region 4, and IHN-CCO's Clinical Data and Race and Ethnicity Data Teams to track all available education and population level data to monitor disparities and inform integrated data synthesis across sectors.

Goal #1:	Early Learning System is aligned, coordinated, and family centered
Hub Outcome:	Family Resource Management function has been developed.
Indicator:	1-5.A Hub demonstrates that their operating administrative cost is below 15% annually.
Success Metric:	By June 30, 2020, decrease the costs to serve at risk children including Administrative Overhead.

Strategies to Achieve Outcomes:

Core Strategy 1: Create an annual Comprehensive Children's Budget informed by the Funding and Resources team, to track the cost of serving children across the system and engage partners in planning about how to leverage resources to reduce overhead.

Core Strategy 2: Coordinate with DHS to review and synthesize data on home care, number of families served through Family Support and Connections that later enter the child welfare system, at risk families, family homes and support services to inform EL Hub program development and evaluation.

Core Strategy 3: Build relationships with local businesses through community outreach, targeting local chambers and philanthropic organizations. Educate the business sector on the importance of early learning environments on workforce readiness and the availability of resources for staff that support early learning.

Core Strategy 4: Consult with local business to develop a framework for levels of sustainable engagement with the Early Learning Hub.

Equity Strategies: Provide training to Family Resource Managers/Navigators in cultural humility/competency, health literacy principles, use of qualified interpreter services/language line, motivational interviewing, popular education strategies, and social determinants of health and education. Inventory outreach, intake/assessment, and other educational materials used at key system touch points to determine gaps/needs for resources that reflect the language and cultural needs of diverse families.

Engagement/Mobilization Strategies: Identify and incorporate key parent satisfaction measures and in all existing parent surveys/input mechanism used across the early learning system. Conduct qualitative evaluation among target parent populations to better understand the needs/experiences of communities disproportionately impacted by academic achievement gaps.

Capacity Building/Workforce Development Strategy: Convene a regional EL HUB Learning Community that brings together Family Resource Managers/Navigators across multiple agencies for the purpose of cross-training, professional development, and program planning. Incorporate mental health, domestic violence, substance abuse prevention and treatment, housing and transportation, and faith community sectors in all EL HUB planning and systems transformation efforts.



Goal 2: Children arrive at Kindergarten ready and supported for success

Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	<p>Early care and education programs and providers are equipped to promote positive child development.</p> <p>Disparities in outcomes for children of color and from low-income families are reduced.</p>
Indicator:	2-3.A Increase in number of 3, 4, and 5-star QRIS providers serving children from “hot spots” and communities of color and an increase in the number of children served in hot spots and communities of color.
Success Metrics:	<p>By June 30, 2020, increase by 2000% the number of QRIS star rated programs serving children from “hot spots” and communities of color (from a baseline of 0 to 20 providers).</p> <p>By June 30, 2020, increase by 804% the number of at risk children served by a QRIS provider (from a baseline of 177 to 1600 children).</p>

Strategies to Achieve Outcomes:

Core Strategy 1: Partner with Family Connections and Family Care Connections to increase the supply of star-rated programs in the region, by tracking the number and slots available to families who are on subsidy programs and by working to increase the number of available slots.

Core Strategy 2: Using a tiered targeted technical assistance model, support training and professional development for family-based and center-based providers to achieve quality care for all children, in the areas of developmental screening and assessment, evidence-based early learning curriculum, and evaluation techniques.

Equity Strategies: Implement a targeted recruitment campaign to engage Latino and other minority and rural family-based and center-based providers into the QRIS system. Cross-train bilingual, bicultural traditional health workers/navigators and minority community based organizations on QRIS standards to assist in recruiting potential minority child care providers. Partner with regional equity coalitions to develop policy initiatives to expand the long term availability of high quality, affordable child care.

Engagement/Mobilization Strategies: Engage parents through an Ages and Stages Questionnaire (ASQ) and Patient Centered Primary Care Home (PCPCH) social marketing campaigns to ensure parent knowledge of quality early learning models and the QRIS star-rating standards to support parents in making informed childcare decisions.

K-12 Connection Strategy: Coordinate with Head Start, Oregon Pre-kindergarten, Relief Nurseries, and community based organizations to identify opportunities to develop or expand preschool opportunities in priority areas identified by the EL Hub Data and Evaluation team.

Capacity Building/Workforce Development Strategy: Utilize CCR&R early childhood provider training to raise interest and engage Latino, rural and other minority child care providers into the QRIS system. Develop opportunities for articulation of provider training into certificates and AA degrees with LBCC's Child and Family Studies Degree Program to promote advancement on the Oregon Registry.

Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	Families are supported as their child's first and most important teacher. Children and families experience aligned, culturally responsive instructional practice and seamless transitions from early learning programs to kindergarten.
Indicator:	<p>2-1.A The Hub has demonstrated shared activities among early learning providers, families, and K-3 partners.</p> <p>2-2.A Increase number of children from Early Head Start, Head Start, OPK, Relief Nurseries, Healthy Families Oregon and other waiting lists served by a Hub partner program.</p> <p>2-5.A Increase in percentage of children enrolled in kindergarten before start of school year.</p>
Success Metrics:	Data source not yet determined

Strategies to Achieve Outcomes:

Core Strategy 1: Convene preschool and elementary educators to align early learning and K-3 standards, assessments and curricula. Increase cross-collaboration efforts to make recommendations for transition to kindergarten improvements.

Core Strategy 2: Develop a coordinated plan around preparing children for transition to kindergarten, including connecting parents with elementary school staff prior to the school year, fostering connections between child care providers and kindergarten teachers to facilitate smooth transitions, and allowing opportunities for students to learn about and visit kindergarten programs before entry.

Core Strategy 3: Partner with 211 and other key stakeholders (LBCC CCR&R, IHN-CCO, Samaritan Health Services, Oregon State University) to consolidate existing Information and Referral systems to ensure information about community resources is accessible to all providers and families, including resources in other languages.

Equity Strategies: Provide culturally and linguistically relevant messages, learning opportunities, and peer support for kindergarten transition in diverse and parent-friendly venues.

K-12 Connection Strategy: Work collaboratively with K-12 schools to develop multiple pathways to reach and engage parents of preschool children in kindergarten transition strategies.

Capacity Building/Workforce Development Strategy: Leverage existing Parenting Education Hubs to offer programming that supports parents in their role as "first teachers" in their children's development.



Goal #2:	Children arrive at kindergarten ready and supported for success
Hub Outcomes:	Children arrive at Kindergarten with the social-emotional, language and cognitive skills that will support their success in school.
Indicator:	2-4.A Children are developmentally screened and referred.
Success Metrics:	By June 30, 2020, increase by 26% the number of children prior to the age of 3 years who receive developmental screening by the Ages and Stages Questionnaire (ASQ) (from a baseline of 24% to 50%).

Strategies to Achieve Outcomes:

Core Strategy 1: The EL Hub Health Care Integration workgroup with the help of the IHN-CCO will develop a policy and process for the sharing of ASQ's performed by trained non-medical providers with families and medical providers. The process will take into account the need for quality assurance of the original screen before the medical provider receives it and discusses it as part of a medical visit with families.

Core Strategy 2: The EL Hub in collaboration with the IHN-CCO will provide professional development training for medical providers on administration of the ASQ in partnership with the Oregon Pediatric Society's Screening Tools and Referral Training (START)

Equity Strategies: Based on provider and community settings inventory, assure information about ASQ's is available in diverse venues, in parent's language of choice, at appropriate literacy levels, and in alternative formats (in-person, phone, on-line, etc.)

Engagement/Mobilization Strategies: Promote a common message on the importance of developmental screening and how/where to make referrals. Implement culturally and linguistically appropriate parent/family social marketing campaign on child developmental milestones and the benefits of developmental screening, e.g. "See How I Grow."

Capacity Building/Workforce Development Strategy: The EL Hub will provide regular training opportunities for all non-medical providers doing ASQs utilizing Master Trainers who participated in the Oregon Health Authority ASQ training. As part of these trainings, we will also incorporate a module about how the screening process will work for the three-County region and how screens will be shared with parents and medical providers.



Goal 3: Families are healthy, stable, and attached

Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	Working families have access to safe and affordable child care that promotes positive child development.
Indicator:	3-1A. Increase in percent of children in Employment Related Day Care (ERDC) in a 3, 4 or 5 star QRIS program.
Success Metrics:	By June 30, 2020, increase the percent of children in ERDC in a QRIS star rated program by 2043% from a baseline of 7 to a target of 150.

Core Strategy 1: Partner with Family Connections and Family Care Connections to increase the supply of star-rated programs in the region, by tracking the number and slots available to families who are on subsidy programs and by working to increase the number of available slots.

Core Strategy 2: Implement a Focused Child Care Network for Center based and/or family providers to support their completion of the QRIS portfolio needed to become star rated. Target centers that are ERDC providers and centers in rural communities.

Core Strategy 3: Implement social media connections between businesses, the Early learning Hub and partner organizations.

Equity Strategies: Implement a targeted recruitment campaign to engage Latino and other minority and rural family-based and center-based providers into the QRIS system. Cross-train bilingual, bicultural traditional health workers/navigators and minority community based organizations on QRIS standards to assist in recruiting potential minority child care providers. Partner with regional equity coalitions to develop policy initiatives to expand the long term availability of high quality, affordable child care.

Engagement/Mobilization Strategies: Engage parents through a social marketing campaign to ensure parent knowledge of quality early learning models and the QRIS star-rating standards to support parents in making informed childcare decisions.

Capacity Building/Workforce Development Strategy: Utilize CCR&R early childhood provider training to raise interest and engage Latino, rural and other minority child care providers into the QRIS system. Develop opportunities for articulation of provider training into certificates and Associate of Arts degrees with LBCC's Child and Family Studies Degree Program to promote advancement on the Oregon Registry.



Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	<p>Parents and families have the confidence, knowledge and skills to support healthy attachment and the positive development of the children in their care.</p> <p>Families have adequate resources to meet their needs, such as housing and transportation, access to healthy communities, and supports to strengthen their resilience to stress.</p>
Indicator:	3-2.A Increase the number of children and families served by DHS (e.g., through TANF or child welfare) who are receiving early learning, parent education or family support services.
Success Metrics:	Data source not yet determined

Strategies to Achieve Outcomes:

Core Strategy 1: Establish a relief nursery in Lincoln County leveraging technical assistance, consultation and training from Linn and Benton County’s established relief nurseries. Expand access to quality respite care and ensure families are aware of available respite services through better coordinated Intake and Referral and family outreach efforts.

Core Strategy 2: Build on new opportunities available through Oregon Senate SB 964/Strengthening, Preserving and Reunifying Families Services, and the Department of Human Services (DHS) – Region 4’s Differential Response Initiative to convene a regional team of family navigators/family resource managers that work closely to facilitate referrals and implement team based care.

Equity Strategy: Strengthen formal alliances with DHS to support their mission of promoting equity, diversity and inclusion and to reduce the disproportionate proportion of children of color currently involved in the child welfare system. Utilize emerging best practices developed through Oregon Health Authority’s traditional health workers/community health workers model for recruiting, training, and retaining bilingual, bicultural outreach workers.

Engagement/Mobilization Strategy: Better coordinate existing home visiting services with DHS’s Family Support and Connections (FSC) program to ensure families at risk of becoming involved in the child welfare system (identified through DHS Hotline but not assigned for intervention) are linked to family support, parenting and other prevention services; integrate community mental health services into home visiting; explore integrating home visiting component into Drug and Alcohol outreach programs; advocate/expand class-based services that include direct referrals to family resource managers/navigators.

K-3 Connection Strategy: Engage elementary school counselors and/or administrators as part of family navigator/family resource teams to ensure common understanding of resources available for parents and children and continue successful strategies from early learning.

Capacity Building/Workforce Development Strategy: Assure all new DHS family navigators and parent coaches/mentors are incorporated into Family Resource Manager/Navigator training and capacity building activities sponsored by the EL Hub.

Goal #3:	Families are healthy, stable, and attached
Hub Outcomes:	Families have positive physical and mental health, supported by access to high-quality health services.
Indicator:	3-3. A Increase in the percentage of children on Oregon Health Plan who make it to 6 or more well-child visits by 15 months of age.
Success Metrics:	By June 30, 2020, increase by 34% the number of children on Oregon Health Plan who make it to 6 or more well-child visits by 15 months of age (from a baseline of 46% to 80%).

Strategies to Achieve Outcomes:

Core Strategy 1: In conjunction with the regional Ages and Stages (ASQ) provider inventory, identify all primary care physicians, pediatricians, oral health providers, and Healthy Kids (HK)/Cover Oregon (CO) outreach and enrollment sites, including those certified as PCPCHs, to increase awareness of referral sites among early learning and other social service providers.

Core Strategy 2: Incorporate early learning providers into perinatal pilot projects funded by Inter-Community Health Network Coordinated Care Organization (IHN-CCO) to strengthen the development and evaluation of new models for screening, referral, care coordination, and patient/child tracking.

Core Strategy 3: Identify new funding and /or align existing programs to expand the availability of home visiting services (both general and targeted), particularly in rural areas and among culturally and linguistically diverse communities.

Equity Strategy: Partner with HK/CO Outreach and Enrollment workers and traditional health workers/health navigators to facilitate referrals and complete applications to HK/CO for all eligible families, and ensure families not eligible for Oregon Health Plan due to immigration status can access county and tribal Federally Qualified Health Care Centers (FQHCs) and other safety net clinics.

Engagement/Mobilization Strategies: Promote a common message on the benefits of having a primary care provider and how to access certified PCPCHs. Partner with IHN-CCO and local public health departments to develop and implement culturally and linguistically appropriate outreach and social marketing/media strategies, e.g. 'Everyone needs a provider' campaign.

K-3 Connection Strategy: Target all school based health centers to strengthen referral pathways, conduct outreach, improve information sharing, and replicate successful models such as Corvallis 501J's 100% Lincoln project at other Title 1, priority, and focus schools.

Capacity Building/Workforce Development Strategy: Sponsor training for early learning providers on PCPCH model, OR health care transformation, referral pathways to certified PCPCH, and other team based care coordination models (e.g. Youth Service Teams).



Glossary of Acronyms

ASQ Ages and Stages Questionnaire

CCR&R Child Care Resource & Referral

DHS Department of Human Services

DOC Declaration of Cooperation

ERDC Employment Related Day Care

FQHC Centers Federally Qualified Health Care Centers

IHN-CCO InterCommunity Health Network – Coordinated Care Organization

LBCC Linn-Benton Community College

MOU Memorandum of Understanding

OHP Oregon Health Plan

OPK Oregon Pre-Kindergarten

PCPCH Patient Centered Primary Care Home

QRIS Quality Rating and Improvement System

START Screening Tools and Referral Training

TANF Temporary Assistance for Needy Families

