

**EARLY LEARNING WASHINGTON COUNTY (ELWC)
2015-17 ENHANCED STRATEGIC PLAN AND HUB METRICS WORK PLAN**

Our Vision:

Our community raises strong, healthy children and families who are life-long learners, with equitable opportunities to succeed and reach their full potential.

Our Mission:

Together, Early Learning Washington County (ELWC) partners will develop and implement an early learning system that provides opportunities, services and supports needed to ensure children ages birth through six and their families are prepared for educational and life success.

Strategic Framework Goals:

- Services are aligned, coordinated and effective
- Families are healthy, stable and attached
- Children are ready for kindergarten and reading at grade level by 3rd grade

Strategic Framework Foundations:

- ELWC applies an Equity Lens to its goals and strategies to ensure that early learning services and systems are culturally responsive, with a focus on reducing disparities and disproportionate risks for priority populations of children ages 0 through 6 and their families. Priority populations include: children from families of color; children with disabilities; children who are English-language learners; children from families with low incomes; children experiencing housing instability or homelessness; children from migrant farmworker, immigrant or refugee families; children from LGBTQ families; and children who have experienced abuse, trauma or other adverse childhood experiences.
- ELWC promotes Family Engagement, Support and Voice to ensure that early learning services and systems are family centered and reflect family friendly policies and values.
- ELWC implements Universal Strategies with Targeted Resources (targeted universalism) for children and families living in 25 Highest-Need Elementary School Catchment Areas (poverty hot spots and communities of color) and rural areas of Washington County.

2015-17 Goals, Key Strategies, Objectives/Metrics Strategies, Action Steps and Measures

The Oregon Early Learning Division (ELD) requires all Early Learning Hubs to address 17 objectives/metrics during 2015-17. Nine of these 17 objectives/metrics focus on process measures, while eight of the 17 objectives/metrics focus on output measures. Each output measure requires identification of baseline data and targeted improvements over two years. ELWC's 2015-17 Enhanced Strategic Plan and Hub Metrics Work Plan describe how ELWC partners will address these eight objectives/metrics and associated output measures within the context of goals, foundations and key strategies that have been identified in ELWC's 2015-17 Strategic Framework, which was adopted by the ELWC Steering Committee on July 29, 2015.

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GOAL I:

SERVICES ARE ALIGNED, COORDINATED AND EFFECTIVE

Strategic Framework: Key Strategies for Promoting Alignment and Coordination

- A. Sector Alignment:** goals, strategies, services, funding and standards; data systems; professional development
- B. Capacity Building:** ensure programs and services are culturally-responsive, evidence-based, family-centered and trauma-informed, in order to be effective
- C. Systems Integration:** integrate health, human services, K-12 and early childhood systems

Objective/Metric 1-4A Services to Priority Populations: *Program participation data demonstrates increase in services to children and families from identified priority populations.*

Rationale: ELWC's priority populations are traditionally marginalized and underserved families with children who are disproportionately at risk of not being ready for kindergarten. Families in ELWC's priority populations are more likely to be healthy, stable and attached, and their children are more likely to be ready for kindergarten and reading at grade level by 3rd grade, when a higher percentage of these traditionally marginalized and underserved families and children are served through ELD-funded programs: Employment Related Day Care (ERDC), Healthy Families Oregon (HFO), Oregon Pre-kindergarten (OPK) and Relief Nurseries (RN).

According to April-June 2015 baseline data provided by ELD, 69% of children enrolled in ELD-funded ERDC, HFO and OPK programs in Washington County were children from families of color and with low incomes, with family incomes less than 185% of the Federal Poverty Level. (There is currently no RN in Washington County, but LifeWorks NW plans to open an RN in FY 16-17.) ELWC has determined that 87% of Washington County's 29,980 children at risk of not being ready for kindergarten are children from families of color and with low incomes. The gap between the 69% baseline and ELWC's goal of 87% is 18%. Targeted improvements to reduce this gap are projected at 2% per year over 10 years.

Strategy 1: Engage providers of ERDC, HFO and OPK programs funded by ELD to increase enrollment of children who are disproportionately at risk of not being ready for kindergarten, particularly low-income children of color.

Action Steps:

- Meet with managers and staff of ERDC, HFO and OPK programs to review baseline data for each program regarding enrollment of children who are disproportionately at risk of not being ready for kindergarten, particularly low-income children of color.
- Collaborate with managers to develop program strategies for increasing access to and enrollment in services of children who are disproportionately at risk of not being ready for kindergarten, particularly low-income children of color, through implementing more culturally-responsive and targeted outreach, identification and recruitment practices.

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- Identify barriers that families experience to access and enrollment in ERDC, HFO and OPK programs for traditionally marginalized and underserved populations; identify strategies that families believe would increase culturally-responsive and family friendly services.
- Support efforts of ERDC, HFO and OPK program providers to reduce access and enrollment barriers and to increase culturally-responsive and family-friendly services for traditionally marginalized and underserved populations.
- Advocate for increased public and private funding to expand the service capacity of ELD-funded ERDC, HFO, OPK, RN, and Mixed Delivery Pre-School programs.
- Complete Tool for Organizational Assessment Related to Racial Equity

Who: ELWC, Family Resource Mangers, (FRMs), ELWC Parent Advisory Council (PAC), ERDC, HFO, and OPK managers and staff, HFO Advisory Committee, OPK PACs, Adelante Mujeres (AM) Early Health Start, other culturally-specific organizations (CSOs) and community-based organizations (CBOs), and School District (SD) Pre-K programs

Strategy 2: FRMs and staff from other CBOs increase targeted outreach to families with children who are disproportionately at risk of not being ready for kindergarten, particularly low-income children of color, in order both to identify children in need of services and to refer eligible families to ELD-funded programs.

Action Steps:

- FRMs and staff from other CBOs meet regularly and build relationships with ERDC, HFO and OPK program intake staff.
- FRMs and other CBO staff identify eligible families in priority populations and increase the number of referrals for these eligible families to ERDC, HFO and OPK programs.

Who: FRMs, ELWC, ERDC, HFO, and OPK program staff, AM, other CSOs and CBOs, and SD-based Early Learning Teams (ELTs)

Measures:

Baseline Period & Source	April-June 2015 baseline data has been provided by ELD (note that Healthy Families Oregon data only reflects new enrollees)
Baseline (CY 2015)	In April-June 2015, 69% of all children enrolled in ELD-funded Employment Related Day Care, Healthy Families Oregon, Oregon Pre-kindergarten and Relief Nursery (currently none) programs in Washington County were low-income children of color.
Year 2 (CY 2016) Target	By December 31, 2016, 71% of all children enrolled in ELD-funded Employment Related Day Care, Healthy Families Oregon, Oregon Pre-kindergarten and Relief Nursery (in development) programs in Washington County will be low-income children of color.

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Year 3 (CY 2017) Target	By December 31, 2017, 73% of all children enrolled in ELD-funded Employment Related Day Care, Healthy Families, Oregon Pre-kindergarten and Relief Nursery (first year) programs in Washington County will be low-income children of color.
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Notes/Explanations: LifeWorks NW has a planning grant to develop a Relief Nursery (RN) in Hillsboro (Washington County's first Relief Nursery), with an anticipated opening in Fall 2016. After the LWNW RN is opened, the RN program will be added to ELWC strategies and activities related to this objective/metric for CY 2017.

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Objective/Metric 2-2A Children on Waiting Lists Receive Services: *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.*

Rationale: Families in ELWC's priority populations are more likely to be healthy, stable and attached, and their children are more likely to be ready for kindergarten and reading at grade level by 3rd grade, when a higher number of children are served by a Hub partner program while they are on a waiting list for enrollment in Early Head Start, Head Start, Oregon Pre-kindergarten (OPK), Relief Nursery, Healthy Families Oregon (HFO) or other early learning programs.

No baseline data for this metric is available from ELD. ELWC partners will develop baseline data and track services.

Strategy 1: Develop a consolidated waiting list for Early Head Start, Head Start, OPK, HFO, and other early learning programs, in order both to establish a baseline and to provide increased access to community-based resources, services and supports for families while they are on waiting lists.

Action Steps:

- Establish a common understanding of waiting lists among providers.
- Identify a central point of collection for waiting list information.
- Create interagency agreements (MOUs) across organizations to develop a consolidated waiting list and referral practices.
- Agencies connect with parents on waiting lists for Early Head Start, Head Start, OPK, Relief Nurseries, and HFO programs and ask permission a) to share family contact information in order to build a single early learning program waiting list, and b) to share family contact information with FRMs in order to better assess family needs, explore connections with other resources and consider potential referrals to other community services.
- As part of the intake process, agencies review and request a release of information from parents as families are placed on program waiting lists.
- Establish a baseline by sharing current waiting list information to develop the consolidated waiting list and by analyzing the data; develop targeted improvements; establish 2016 and 2017 targeted improvements.

Who: ELWC, managers and staff from Head Start, HFO, OPK, AM, other CSOs and CBOS, and SD Pre-K programs, with guidance from ELWC Operations Team.

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Strategy 2: FRMs initially serve as centralized points of contact to ensure that families on waiting lists of participating programs are offered connections to resources and referrals to other community-based services and supports.

Action Steps:

- Develop process for communicating contact information of families on waiting lists to FRMs during 2015-2017.
- Develop common intake questions for FRMs and early learning system programs, in order to identify services that the family may be receiving from hub partners.
- FRMs assess family needs, provide information, and offer connections to resources and appropriate referrals to other community-based services and supports.
- Evaluate effectiveness of this strategy and assess the feasibility of expanding the strategy to additional community partner points of contact.

Who: ELWC, FRMs, staff from Head Start, HFO, OPK, AM, other CSOs and CBOS, SD Pre-K programs, and SD-based ELTs, with guidance from ELWC Operations Team.

Measures:

Baseline Period & Source	No baseline data for this metric is available from ELD.
Baseline (CY 2015)	ELWC partners will develop baseline data and a consolidated waiting list to track services; see work plan.
Year 2 (CY 2016) Target	A 2016 targeted improvement will be determined once ELWC partners have developed baseline data and a consolidated waiting list to track services.
Year 3 (CY 2017) Target	A 2017 targeted improvement will be determined once ELWC partners have developed baseline data and a consolidated waiting list to track services.

Notes/Explanations: LifeWorks NW has a planning grant to develop a Relief Nursery (RN) in Hillsboro (Washington County’s first Relief Nursery), with an anticipated opening in Fall 2016. After the LWNW RN is opened, the RN program will be added to ELWC strategies and activities related to this objective/metric for CY 2017.

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Objective/Metric 3-2A DHS Children & Families Receive Services: *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.*

Rationale: Families in ELWC's priority populations are more likely to be healthy, stable and attached, and their children are more likely to be ready for kindergarten and reading at grade level by 3rd grade, when a higher number of children and families served by the Oregon Department of Human Services/DHS (e.g. through Temporary Assistance to Needy Families/TANF or child welfare) receive early learning, parent education or family support services.

No baseline data for this metric is available from ELD. DHS will need to provide baseline data and track services.

Strategy 1: Develop baseline data for children and families served by DHS who are receiving early learning, parent education or family support services.

Action steps:

- Obtain clarification from ELD to assist in defining what is included in early learning, parent education and family support services.
- Obtain baseline and tracking data from DHS Central, with support from DHS Regional, as this data cannot be reliably obtained by local community-based organizations; establish 2016 and 2017 targeted improvements.

Who: ELWC, ELD, DHS Central and Regional

Strategy 2: DHS caseworkers assess needs and refer families to early learning services as appropriate.

Action steps:

- Strengthen program linkages to connect clients with FRMs, CBOs, Coordinated Care Organizations (CCOs), DHS, DHS Parent Mentors and IRCO refugee services.
- In the Child Welfare program, as an element of Differential Response, providers complete the strengths assessment and clients can voluntarily connect with other services once the case is closed; referrals are reported in the DHS data system.
- In the TANF program, eligible families with young children are referred to early learning services; referrals are reported in the DHS data system.

Who: ELWC, FRMs, CBOs, CCOs, DHS managers and staff, IRCO, SD-based ELTs, Parenting Together Washington County (PTWC), and ELWC Operations Team.

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Strategy 3: Provide increased access to parent education opportunities for DHS families and foster parents who are supported by the Child Welfare system.

Action Steps:

- PTWC Coordinator works with DHS and CBOs to identify needs and enhance communication and connection to parent education opportunities.
- Collaborate with DHS to ensure DHS families and foster parents who are supported by Child Welfare receive information and are connected to parent education opportunities throughout the service area.
- Collaborate with DHS to utilize schools, other CBOs and PTWC systems to increase access and participation in parent education activities.

Who: PTWC, ELWC, DHS, CBOs, SD-based ELTs, PWTC partners, and ELWC Operations Team

Strategy 4: Provide ongoing education and facilitate increased collaboration among DHS staff and staff of early learning programs and services to support system alignment.

Action Steps:

- FRMs and PTWC Coordinator attend DHS meetings quarterly.
- FRMs schedule office hours at DHS locations and regularly participate in TANF resource fairs.
- DHS and ELWC provide cross training about DHS and early learning services for DHS staff and FRMs.
- Early learning programs and FRMs build awareness of early learning services through the development, distribution and displays at DHS offices.

Who: FRMs, PTWC, ELWC, DHS, Child Care Resource and Referral (CCR&R), HFO, Head Start/OPK, AM, and other CSOs and CBOs.

Measures:

Baseline Period & Source	No baseline data for this metric is available from ELD.
Baseline (CY 2015)	DHS will need to provide baseline data and track services, as this data cannot be reliably obtained by local community-based organizations.
Year 2 (CY 2016) Target	A 2016 targeted improvement will be determined once DHS has provided baseline data and a system to track services.
Year 3 (CY 2017) Target	A 2017 targeted improvement will be determined once DHS has provided baseline data and a system to track services.

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GOAL II:

FAMILIES ARE HEALTHY, STABLE AND ATTACHED

Strategic Framework: Key Strategies for Promoting Family Health and Stability

- A. Healthy Development:** infant, child and family screenings; home visiting programs; affordable, quality childcare
- B. Family Resource Managers:** assess family needs; connect to resources; provide Information and Referral, services and supports
- C. Parent Education and Support:** classes; strategies and tips; website; workshops

Objective/Metric 2-4A Developmental Screens: *Increase in percent of children who receive a developmental screen before the age of three.*

Rationale: Children with developmental concerns are more likely to be identified and referred for services that support their healthy development when a higher percentage of children enrolled in the Oregon Health Plan (OHP) receive a developmental screen before the age of three.

According to 2014 baseline data provided by ELD, 48.5% of Washington County children enrolled in OHP received a developmental screen before the age of three. The gap between the baseline of 48.5% and ELWC's goal of 90% is 41.5%. Targeted improvements to reduce this gap are projected at 4% per year over 10 years

Strategy 1: Engage and partner with parents in learning about the importance of developmental screening to their child's health and success, in normalizing expectations for getting screens, and in completing and sharing screening results with health providers.

Action Steps:

- Create a universal message across agencies to increase communication with parents.
- Vet universal messaging with a variety of parent groups, particularly parents representing priority populations, to ensure that messaging is culturally and linguistically responsive.
- Request shared funding from CCOs to create and produce educational materials.
- Develop educational materials that include information about key developmental milestones and about whom to contact to discuss concerns.
- Connect with hospitals, Primary Care Providers (PCPs), childcare providers, WIC, Head Start, Healthy Families and other home visiting programs, etc. to provide educational resources and materials; combine these efforts with education about well-child checks.
- Engage non-traditional community partners (businesses, childcare providers, faith-based organizations, housing programs, etc.), and a variety of partner locations (e.g. DHS, health clinics, libraries), to implement universal messaging for promoting developmental screens.
- Integrate information about developmental screenings in existing community and health resource fairs (e.g. at schools, pre-schools CBOs, food banks, etc.)

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- Create and implement workshops that walk parents through the steps of an ASQ and explain the importance of developmental screens. Also, address parents' perception of disabilities in a culturally sensitive manner; use positive language for messages, such as health is valuable and your child's health is important.

Who: ELWC, CCOs, Federally Qualified Health Centers (FQHCs), PCPs, Oregon Pediatric Society (OPS), ELWC PAC, OPK PACs, CCO Advisory Councils (CACs), CBOs, Head Start/OPK, CSOs, hospitals, CCR&R, Public Health home visiting programs and WIC, HFO, AM, businesses, faith-based organizations, Bienestar and other housing programs, DHS, Washington County Cooperative Library Services (WCCLS), SD-based ELTs, SD Pre-K programs and food banks.

Strategy 2: Create an institutional norm for PCPs to complete developmental screens.

Action Steps:

- Collaborate with FQHCs and pediatric practices to increase scheduling for developmental screens/ASQs.
- PCPs provide families with developmental screens to complete prior to appointments for well-child checks, and encourage families to bring the completed screens to their appointments.
- Improve communications between physicians and Early Intervention/Early Childhood Special Education (EI/ESCE) in referring children with developmental concerns.

Who: ELWC, CCOs, FQHCs, PCPs, OPS, and Northwest Region ESD EI/ECSE.

Strategy 3: Create a common referral system and a release of information form for sharing developmental screens among agencies.

Action Steps:

- Research best practices used by other CCOs, Hubs and CBOs to explore the feasibility of CCOs offering incentives to CBOs for providing developmental screening results to PCPs, so that PCPs can interpret screening results, share interpretations with parents and record encounters.
- Adopt/Adapt Oregon Pediatric Society Release of Information form; assure that the form is available in multiple languages.
- Disseminate the form to health providers and organizations that do developmental screenings.
- Programs that routinely complete developmental screens, with parent permission, will share screening results with PCPs and other appropriate service providers.
- Encourage families to discuss screening results with their PCPs.

Who: ELWC, CCOs, Early Learning Hubs, OPS, FQHCs, PCPs, HFO, Head Start/OPK, AM, CBOs, CSOs, SD-based ELTs, and ELWC Operations Team

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Strategy 4: Explore the feasibility of using ASQ Enterprise online tracking tool to share data with partners.

Action Steps:

- ELWC staff gathers information about data sharing systems, and request input from partners regarding the feasibility of and potential for local implementation.

Who: ELWC, CCOs, FQHCs, PCPs, HFO, Head Start/OPK, AM, CBOs, and EI/ECSE

Measures:

Baseline Period & Source	2014 OHA baseline data has been provided by ELD.
Baseline (CY 2014)	In CY 2014, 48.5% of children on OHP (2,920 out of 6,019) received developmental screens before the age of three.
Year 2 (CY 2016) Target	By December 31, 2016, 52.5% of children on OHP will receive developmental screens before the age of three.
Year 3 (CY 2017) Target	By December 31, 2017, 56.5% of children on OHP will receive developmental screens before the age of three.

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Objective/Metric 3-3A Primary Care Provider Visits for Well-Child Checks:

Increase in the percentage of children on OHP who make it to 6 or more well-child visits by 15 months of age.

Rationale: Children enrolled in OHP are more likely to have their needs identified and necessary services provided that support their healthy development when a higher percentage of children on OHP receive 6 or more well-child visits by 15 months of age.

According to 2014 baseline data provided by ELD, 54% of Washington County children enrolled in OHP made it to 6 or more well-child visits by 15 months of age. The gap between this baseline of 54% and ELWC's goal of 95% is 41%. Targeted improvements to reduce this gap are projected at 4% per year over 10 years.

Strategy 1: Use needs assessment and parent focus groups to better identify, understand and reduce barriers for families in accessing OHP services and well-child checks.

Action Steps:

- Incorporate one or more questions in the Healthy Columbia-Willamette (HWC) health needs assessment (under development) about barriers that families experience to accessing OHP services and well-child checks; ensure the assessment is available in multiple languages.
- Use existing parent groups to better identify and understand access barriers experienced by families and to develop strategies identified by families for reducing these barriers.
- Explore the potential use of incentives to increase parent participation in well-child checks.

Who: ELWC, ELWC PAC, Public Health, HWC partners, CCOs, CCO CACs, Head Start/OPK, OPK PACs, FQHCs, PCPs, CSOs and other CBOs, and SD-based ELTs.

Strategy 2: Engage and partner with parents in learning about the importance of well-child checks to their child's health and success, and in normalizing expectations for getting checks.

Action Steps:

- Create a universal message across agencies to increase communication with parents.
- Vet universal messaging with a variety of parent groups, particularly parents representing priority populations, to ensure that messaging is culturally and linguistically responsive.
- Request shared funding from CCOs to create and produce educational materials.
- Develop educational materials that include existing guidelines/schedules for well-child visits, including developmental, dental and vision screenings.
- Connect with hospitals, PCPs, childcare providers, WIC, Head Start, Healthy Families and other home visiting programs, etc. to provide educational resources and materials; combine these efforts with education about developmental screening.
- Engage non-traditional community partners (businesses, childcare providers, faith-based organizations, housing programs, etc.), and a variety of partner locations (e.g. DHS, health clinics, libraries), to implement universal messaging for promoting well-child checks.

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- Integrate information about well-child checks in existing community and health resource fairs (e.g. at schools, pre-schools, CBOs, food banks, etc.)

Who: ELWC, CCOs, FQHCs, PCPs, OPS, ELWC PAC, CCO CACs, Head Start/OPK, OPK PACs, CSOs and other CBOs, hospitals, CCR&R, Public Health home visiting programs and WIC, HFO, AM, businesses, faith-based organizations, Bienestar and other housing programs, DHS, WCCLS, SD-based ELTs, SD Pre-K programs, and food banks.

Strategy 3: Increase access to OHP health care providers for well-child visits.

Action Steps:

- Collaborate with the existing Washington County Access to Care Group.
- Collaborate with state OHP and CCOs to develop clear guidance for families about how to select a primary health care provider in their area.
- Increase awareness about and access to locations for OHP outreach workers and application assistance, particularly in underserved communities.
- Collaborate with CCOs to strengthen culturally and linguistically appropriate access and practices by health providers that will increase utilization.
- Collaborate with FQHCs and pediatric practices to increase scheduling for well-child checks.
- Collaborate with health providers to create more family friendly opportunities and to explore non-traditional hours and locations for well-child check visits to occur.
- Educate business/organizations in order to increase support for working parents in obtaining time off to make well-child visits.

Who: ELWC, Public Health and Access to Care Partners, CCOs, State OHP, CSOs and other CBOs, FQHCs, PCPs, and businesses.

Strategy 4: School-based health centers (SBHCs) provide well-child checks for families who reside in the district.

Action Steps:

- County Public Health and ELWC work with SBHC medical sponsors and school districts to plan implementation.
- Increase staff capacity at SBHCs necessary for expanded services.
- Collaborate with School Districts and SBHCs to promote the availability of well-child checks and other services through SBHCs.

Who: ELWC, Public Health, Virginia Garcia Memorial Health Center, OHSU School of Nursing, SBHCs and seven SDs.

Measures:

Baseline Period & Source	2014 OHA baseline data has been provided by ELD.
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Baseline (CY 2014)	In CY 2014, 54% of children on OHP (1047 of 1934) made it to six or more well-child visits by 15 months of age.
Year 2 (CY 2016) Target	By December 31, 2016, 58% of children on OHP will make it to six or more well-child visits by 15 months of age.
Year 3 (CY 2017) Target	By December 31, 2017, 62% of children on OHP will make it to six or more well-child visits by 15 months of age.

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Objective/Metric 2-3A Targeted Quality Early Childhood Programs and

Providers: *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.*

Rationale: Families in ELWC’s priority populations are more likely to be healthy, stable and attached when a higher number of 3, 4 and 5-star Quality Rating and Improvement System (QRIS) programs and providers serve children from poverty “hot spots” and communities of color in Washington County, and a higher number of low-income children of color are served.

No baseline data for this metric is available from ELD. ELWC and CCR&R are to use “local knowledge” and “total capacity” of QRIS providers to determine baselines.

Based on locations, ELWC estimates that 8 of 17 current QRIS providers may serve children from Washington County’s 25 Highest-Need Elementary School Catchment Areas (identified as poverty hot spots and communities of color because all 25 areas contain majorities of both children of color and children living in families with low incomes). Based on local knowledge of how many programs and providers (including Head Starts) may become QRIS star-rated over the next two years, targeted improvements have been projected at a 50% increase per year.

ELWC has no data and no basis to estimate the number of children in poverty hot spots and communities of color who currently may be served by 3, 4 and 5-star QRIS providers. CCR&R has advised that capacity is not an accurate, appropriate or valid indicator of children served.

Strategy 1: Identify and recruit early childhood programs and providers serving children from the 25 Highest-Need Elementary School Catchment Areas to engage in ELWC’s Focused Child Care Network (FCCN) and/or the QRIS.

Action Steps:

- Develop and distribute marketing materials to highlight benefits of FCCN and the QRIS and increase childcare provider participation in FCCN and the QRIS.
- Connect with Commitment to Quality (C2Q) providers to determine provider readiness for participation in the FCCN and/or the QRIS.
- Provide professional development support and training to FCCN childcare providers in achieving C2Q status, as well as in moving from C2Q status to a 3 star QRIS rating.
- Encourage QRIS providers to offer childcare during non-traditional hours.
- Identify providers who have achieved a 3, 4, and 5 Star rating and are willing to serve as QRIS mentors for other providers seeking advancement.
- Create a QRIS Mentor Network to connect providers seeking advancement with peer support.
- Expand the recruitment of C2Q providers in the 25 Highest-Need Elementary School Catchment Areas.
- Explore the feasibility with Portland Community College (PCC) and other higher education institutions of providing Early Childhood Education classes in Spanish.

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- Explore doing a pilot in school districts (e.g. Hillsboro School District) to train bilingual instructional assistants and/or professionals who are interested in becoming certified as master trainers to deliver Spanish language Set Two trainings that target local childcare providers in Title I school catchment areas.

Who: ELWC, CCR&R/FCCN, childcare providers, Western Oregon University (WOU), PCC, Pacific University, Portland State University, Hillsboro SD, other SDs, SD-based ELTs

Strategy 2: Support Head Start and other early childhood programs to become QRIS rated.

Action Steps:

- Connect with Head Start programs to identify needs and collaborate with and support them in becoming licensed and then QRIS rated.
- Work with ELD to ensure meaningful inclusion of other early learning programs in the QRIS.

Who: ELWC, Head Starts, ELD, CBOs, and SDs.

Strategy 3: Provide information about QRIS programs and providers to families in the 25 Highest-Need Elementary School Catchment Areas with needs for childcare.

Action Steps:

- Incorporate questions about childcare needs into school district intake and referral processes.
- Connect with the 25 Highest-Need Elementary Schools to provide information about QRIS and ERDC programs.
- Develop QRIS educational tools for parents and marketing materials that are culturally and linguistically appropriate.
- Identify and train community advocates, and hold orientations in affordable housing communities where families live.

Who: ELWC, Seven SDs, SD-based ELTs, CR&R, DHS, ELWC PAC, CSOs and other CBOs, and Bienestar and other housing programs.

Measures:

Baseline Period & Source	No baseline data for this metric is available from ELD. ELWC and CCR&R are to use “local knowledge” and total capacity of QRIS providers to determine baselines. ELWC has asked CCR&R to survey 17 QRIS providers. In the absence of survey data, ELWC will use estimates/ projections.
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<p>Baseline (CY 2015)</p>	<p>Based on locations, ELWC estimates that 8 of 17 current QRIS providers may serve children from ELWC’s 25 identified Highest-Need Elementary School Catchment Areas (identified as poverty hot spots and communities of color because all 25 areas contain majorities of both children of color and children living in families with low incomes).</p> <p>ELWC has no data and no basis to estimate the number children from ELWC’s 25 identified Highest-Need Elementary School Catchment Areas and children of color who currently may be served by our 17 3, 4 and 5 star QRIS providers. CCR&R has advised that total capacity is not an accurate, appropriate or valid indicator of children served.</p>
<p>Year 2 (CY 2016) Target</p>	<p>By December 31, 2016, ELWC projects that 12 QRIS providers, including two Head Starts, may serve children from ELWC’s 25 identified Highest-Need Elementary School Catchment Areas.</p> <p>A 2016 targeted improvement for the increased number of children from the 25 identified Highest-Need Elementary School Catchment Areas and children of color who are served by 3, 4, and 5 star providers will be determined if and when ELD has developed baseline data and a system for tracking numbers served.</p>
<p>Year 3 (CY 2017) Target</p>	<p>By December 31, 2017, ELWC projects that 16 QRIS providers, including four Head Starts, may serve children from ELWC’s 25 identified Highest Needs Elementary School Catchment Areas.</p> <p>A 2017 targeted improvement for the increased number of children from the 25 identified Highest-Need Elementary School Catchment Areas and children of color who are served by 3, 4, and 5 star providers will be determined if and when ELD has developed baseline data and a system for tracking numbers served.</p>

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Objective/Metric 3-1A Quality Childcare for ERDC: *Increase in percentage of children in Employment Related Day Care (ERDC) in a 3, 4 or 5 Star QRIS program.*

Rationale: Families in ELWC's priority populations are more likely to be healthy, stable and attached when a higher percentage of children in Employment Related Day Care (ERDC) receive high-quality care and developmental support through 3, 4 or 5-star QRIS programs.

According to January-June 2015 baseline data provided by ELD, 1.5% of Washington County children in ERDC were enrolled in a 3, 4 or 5-star QRIS program. The gap between the baseline of 1.5% and ELWC's goal of 15% is 13.5%. Targeted improvements to reduce this gap are projected at 1.5% per year over 10 years.

Strategy 1: Identify and recruit more 3, 4, 5 Star QRIS providers that become eligible to receive DHS payments for children in ERDC.

Action Steps:

- Cross-reference active DHS providers with QRIS providers listed in the Oregon Registry Online (ORO).
- Encourage QRIS providers to offer childcare during non-traditional hours.
- Develop relationships with QRIS providers that are not currently providing services to children in ERDC and encourage them to become eligible and active DHS providers.
- Offer training to QRIS providers about becoming a DHS-eligible provider.

Who: ELWC, DHS, CCR&R, and childcare providers.

Strategy 2: Encourage families who qualify for ERDC to select QRIS providers.

Action Steps:

- Educate DHS caseworkers about the importance of encouraging families eligible for ERDC to select a high-quality childcare provider, particularly a 3, 4 or 5 star QRIS provider when available, while still following the no preference policy for referrals to individual providers.
- DHS staff and CCR&R staff educate parents about the importance of selecting high quality childcare providers, particularly a 3, 4 and 5 Star QRIS provider when available, and identify QRIS providers on childcare selection print outs provided to families.
- Encourage ERDC eligible families who are not signed up to apply for ERDC and to select QRIS providers when available.

Who: ELWC, DHS, CCR&R, and CSOs and other CBOs.

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Strategy 3: Advocate for State DHS and ELD to develop and implement ERDC policies that provide incentives to QRIS providers and to ERDC eligible families when selecting QRIS providers.

Action Steps:

- Collaborate with DHS and ELD to advocate for increased ERDC childcare provider rates for 3, 4 and 5 star QRIS providers.
- Collaborate with DHS and ELD to advocate for reduced copays for ERDC families who select 3, 4 or 5 star QRIS providers.
- Collaborate with DHS and ELD to advocate for the provision of ERDC incentives for QRIS providers to offer non-traditional hours.
- Collaborate with DHS and ELD to advocate for self-employed parents to have access to ERDC.
- Collaborate with DHS and ELD to advocate for parents who are in school or job training to have access to ERDC.

Who: ELWC, DHS, ELD, CCR&R, and childcare providers.

Measures:

Baseline Period & Source	January-June 2015 ERDC baseline data has been provided by ELD.
Baseline (CY 2015)	In January-June 2015, 1.5% (34 of 2,255) children in ERDC were enrolled in a 3, 4, or 5 star QRIS program.
Year 2 (CY 2016) Target	By December 31, 2016, 3% of children in ERDC will be enrolled in a 3, 4, or 5 star QRIS program.
Year 3 (CY 2017) Target	By December 31, 2017, 4.5% of children in ERDC will be enrolled in a 3, 4, or 5 star QRIS program.

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GOAL III:

CHILDREN ARE READY FOR KINDERGARTEN AND READING AT GRADE LEVEL BY 3RD GRADE

Strategic Framework: Key Strategies for Promoting School Readiness and P-3 Alignment

- A. Early Learning:** book distribution; brain development; early literacy
- B. Kindergarten Readiness:** affordable, quality preschool; kindergarten readiness programs; kindergarten enrollment and transition strategies
- C. Prevention and Early Intervention:** social emotional development and skills: self-regulation; attendance

Objective/Metric 2-5A kindergarten Enrollment: *Increase in percentage of children enrolled in kindergarten before start of school year.*

Rationale: Schools are more likely to accurately forecast needs for kindergarten classrooms and teachers, and children at risk of not being ready for kindergarten are more likely to be identified and be provided additional services that can support their successful transition to kindergarten, when a higher percentage of children are enrolled in kindergarten before start of the school year.

No baseline data for this metric is available from ELD. ELWC partners will develop baseline data and a system for tracking early enrollment

Strategy 1: Use Synergy in order to establish a baseline for the percentage of children enrolled in kindergarten before the start of School Year (SY) 15-16 and to measure early enrollment for SY 16-17.

Action Steps:

- Establish baseline by using the Synergy database to compare numbers of children registered for kindergarten by the start date of school (e.g. September 1) with numbers of children enrolled in kindergarten on October 1, 2015.
- Develop both school district and countywide baseline data.
- As possible, develop baselines for ELWC priority populations identified in school district data (children from families of color, children with disabilities/IEPs, children who are English-language learners, children from low income families, children experiencing homelessness, children from migrant farmworker families).
- Establish 2016 and 2017 targeted improvements for early kindergarten registration, both by the designated target month of the kindergarten enrollment campaign and by the start of school.

Who: ELEC, Seven SDs, and Northwest Region Education Service District (NWRESD) if NWRESD has central access to Synergy data.

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Strategy 2: Design and implement a universal kindergarten enrollment campaign across Washington County districts, with a common target month for early enrollment.

Action Steps:

- All seven school districts support early kindergarten enrollment as a common goal; meet with Superintendents to confirm this goal.
- Develop agreement across Washington County School Districts to designate a common target month for a kindergarten enrollment campaign (i.e. Register for kindergarten by May, or Register for kindergarten by June).
- Schedule all school district kindergarten registration events, fairs, etc. before or during the designated target month for the kindergarten enrollment campaign, and coordinate scheduling to facilitate participation by outreach, family engagement and program staff.
- Engage school districts' outreach and family engagement workers and family support staff from community-based organizations to promote early kindergarten enrollment.
- Provide information about kindergarten registration events to key partners (e.g. DHS, health providers, libraries, etc.) in order to expand promotion about and family participation in these events.
- Ask parents to indicate on kindergarten registration forms whether they would like to be contacted by FRMs to connect their family with resources and/or to be referred for services.
- Use the kindergarten enrollment campaign, kindergarten registration events and other kindergarten readiness activities to identify and make referrals to FRMs and kindergarten readiness programs for children and families who may need additional services to support their readiness for and successful transition to kindergarten.
- Partner with community/school district-based Early Learning Teams to develop and implement local plans that blend and braid Kindergarten Partnership & Innovation funds with local funds and resources to promote kindergarten readiness, family engagement, shared professional development and P-3 (prenatal to 3rd grade) alignment; ensure that local plans support culturally-responsive, evidence-based and family-centered activities, programs and strategies.

Who: EWLC, seven SDs, NWRESA, SD-based ELTs, CBOs, DHS, CCOs, FQHCs, PCPs, WCCLS, and SD-based ELT Plans for kindergarten readiness (KR), family engagement (FE) and P-3 Alignment (P3A) activities, programs and strategies.

Strategy 3: Create universal messaging about kindergarten readiness and early kindergarten enrollment.

Action Steps:

- Develop agreement and universal messaging across Washington County School Districts about what kindergarten readiness means for both children and families, and the importance of kindergarten enrollment as early as possible before the start of school.
- Explore the feasibility of developing universal messaging across Washington County School Districts about the importance of regular attendance, starting in kindergarten, to children's school success.

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- Vet universal messaging with a variety of parent groups, particularly parents representing priority populations, to ensure that messaging is culturally and linguistically responsive.
- Develop a communication plan for sharing universal messaging with parents through all early learning sectors and family support systems.
- All systems (business, early childhood, human/social services/DHS, health/CCOs/health providers and culturally specific organizations) agree to share universal messages for kindergarten readiness and early kindergarten enrollment, including the designated target month for early enrollment.
- Collaborate with early childhood programs, public libraries, etc. to promote universal messaging that supports kindergarten readiness and early kindergarten enrollment.
- Engage non-traditional community partners (businesses, childcare providers, faith-based organizations, housing managers, etc.), and a variety of partner locations (e.g. DHS, health clinics, libraries), to implement universal messaging for promoting kindergarten readiness and early kindergarten enrollment.
- Provide information to businesses, particularly in service industries, about the importance of kindergarten readiness in order to promote early enrollment for children of their employees.

Who: EWLC, seven SDs, NWRESO, SD-based ELTs, Head Start/OPK, CSOs and other CBOs, businesses, CCOs, FQHCs, PCPs, DHS, WCCLS, CCR&R, childcare providers, faith-based organizations, Bienestar and other housing programs, and WCCLS.

Measures:

Baseline Period & Source	No baseline data for this metric is available from ELD.
Baseline (CY 2015)	ELWC partners will develop baseline data and a system for tracking early enrollment; see work plan.
Year 2 (CY 2016) Target	A 2016 targeted improvement will be determined once ELWC partners have developed baseline data and a system for tracking early enrollment.
Year 3 (CY 2017) Target	A 2017 targeted improvement will be determined once ELWC partners have developed baseline data and a system for tracking early enrollment.