



Early Learning Council

June 22, 2017

9:00am-4:30pm*

Business Oregon
Conference Room 201 (2nd floor)
775 Summer St NE
Salem, OR 97301

(overflow viewing in Room 303 or Mill Creek – contact Alyssa with questions)

Agenda

SUE MILLER
*Early Learning Council
Chair*

MARTHA BROOKS

DONALDA DODSON

JANET
DOUGHERTY- SMITH

HOLLY MAR

SALAM NOOR

EVA RIPPETEAU

SHAWNA RODRIGUES

CLYDE SAIKI

LYNNE SAXTON

DONNA SCHNITKER

TERI THALHOFER

KALI THORNE-LADD

CARMEN URBINA

BOBBIE WEBER

DAVID MANDELL
*Acting Early Learning
System Director*

Advisors
Sarah Drinkwater,
ODE

Cate Wilcox, OHA

Staff
Alyssa Chatterjee,
Council Administrator

*Members of the public wanting to give public testimony must sign in.
Each individual speaker or group spokesperson will have 3 minutes.
Electronic testimony may be submitted to Alyssa.Chatterjee@state.or.us.*

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| I. Board Welcome and Roll Call | 9:00-9:10 |
| Sue Miller, Chair | |
| II. Public Testimony – Agenda-Specific | 9:10-9:20 |
| III. Chair's Report Sue Miller, Chair | 9:20-9:40 |
| a. Consent Agenda – Action Item | |
| i. Acknowledge Receipt of Committee Reports | |
| ii. Equity Implementation Committee Membership Recommendation Adoption | |
| iii. Measuring Success Committee Chair Recommendation Adoption | |
| b. Conflict of Interest Policy Review & Declarations | |
| IV. Hub Monitoring Visits | (9:40-12:00) |
| Denise Swanson, Hub Manager, ELD | |
| Sue Parrish, Hub Partnerships Manager, ELD | |
| a. Lane Early Learning Alliance | 9:40-9:55 |
| b. Eastern Oregon Community Based Services Hub | 9:55-10:10 |
| c. Southern Oregon Early Learning Services | 10:10-10:25 |
| d. Early Learning Multnomah | 10:25-10:45 |
| e. Marion & Polk Early Learning Hub, Inc. | 10:45-11:00 |
| f. Four Rivers Early Learning Hub | 11:00 -11:20 |
| g. South-Central Oregon Early Learning Hub | 11:20-11:40 |
| h. Early Learning Washington County | 11:40-11:55 |
| <i>Working Lunch – 15 minutes</i> | |
| 11:55-12:10 | |
| V. Rules | |
| a. Child Care Transportation Rules Adoption – <i>Action Item</i> | |
| 12:10-12:20 | |
| Lisa Pinheiro, Early Learning Policy Analyst, ELD | |
| Dawn Woods, Child Care Director, ELD | |
| b. Central Background Registry Rules First Reading – <i>Information Only</i> | |
| Lisa Pinheiro, Early Learning Policy Analyst, ELD | |
| Dawn Woods, Child Care Director, ELD | |
| VI. Hub Monitoring Visits | (12:20-2:30) |
| Denise Swanson, Hub Manager, ELD | |

Sue Parrish, Hub Partnerships Manager, ELD	
a. Yamhill Early Learning Hub	12:20-12:35
b. Frontier Early Learning Hub	12:35-12:55
c. Clackamas County Early Learning Hub	12:55-1:10
d. Early Learning Hub of Central Oregon	1:10-1:30
e. Linn Benton Lincoln Early Learning Hub	1:30-1:45
f. Blue Mountain Early Learning Hub	1:45-2:00
g. South Coast Regional Early Learning Hub	2:00-2:15
h. Northwest Regional Early Learning Hub	2:15-2:30
VII. Hub Monitoring Report Action – <i>Action Item</i> David Mandell, Acting Early Learning System Director	2:30-2:50
VIII. Measuring Success: Hub Roles & Responsibilities – <i>Action Item</i> David Mandell, Acting Early Learning System Director Holly Mar, Lane Early Learning Alliance Kristy May, Linn Benton Lincoln Early Learning Hub	2:50-3:40
IX. Best Beginnings Committee Recommendation: Healthy Families Oregon Match Requirement – <i>Action Item</i> Martha Brooks, Best Beginnings Committee Chair Nakeshia Knight-Coyle, Director of Programs & Cross System Integration	3:40-3:55
X. Legislative Update Lisa Pinheiro, Early Learning Policy Analyst, ELD	3:55-4:05
XI. Director’s Report David Mandell, Acting Early Learning System Director	4:05-4:20
XII. Public Testimony – Open Topic	4:20-4:30
XIII. Adjournment	4:30

**Times are approximate; items may be taken out of order, meetings may conclude early and breaks may be added as needed. All meetings of the Early Learning Council are open to the public and will conform to Oregon public meetings laws. The upcoming meeting schedule and materials from past meetings are posted [online](#). A request for an interpreter for the hearing impaired or for accommodations for people with disabilities should be made to Alyssa Chatterjee at 971-701-1535 or by email at Alyssa.Chatterjee@state.or.us. Requests for accommodation should be made at least 48 hours in advance.*

Hub Monitoring Visit Reports

(Morning Presentations)

- Lane Early Learning Alliance
- Eastern Oregon Community Based Services Hub
- Southern Oregon Early Learning Services
- Early Learning Multnomah
- Marion & Polk Early Learning Hub, Inc.
- Four Rivers Early Learning Hub
- South-Central Oregon Early Learning Hub
- Early Learning Washington County

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Lane Early Learning Alliance
Date Contract Initiated with ELD	May 2014
Coverage Area/Square Miles	Lane county (4722 sq mi)
# of children in Priority Population	15,425
Total State Investments	\$2,154,829.78
Backbone organization(s)	United Way of Lane County

Summary of Findings:

Lane Early Learning Alliance (LELA) is a mid-sized Hub covering services in Lane County, which has a mix of urban and rural areas. Situated within the county's United Way, it has experienced significant support from its backbone, which has crossover between the United Way and LELA's governing boards, and its activities are integrated into the vision, investments and overall activities of the United Way. Their Governance Board is engaged, and they have recently added a housing representative to their board as their housing partnerships are proving to be key partners in the work of their Hub. They have six sub-committees that meet regularly and move the work of their Hub forward in the community.

LELA has some impressive innovations as a result of their strong collaborations. They developed an equity charter that's been incorporated into their strategic plan, explicitly stating their intention to disrupt the structural racism present in their community. They also have developed a housing partnership, identifying housing complexes where their priority populations are concentrated, and providing family resource management onsite, including parenting education and adjusting activities and supports based on parent input. They also convene their family resource managers with local community health workers to utilize each other to better serve families. They are continuing to develop how they utilize data to drive their decision-making, though developmentally the foundations of having data drive the work are there as they regularly solicit input, have identified priority populations, etc.

Summary of Partner Survey:

Survey respondents were generally positive about their experience collaborating as a part of this Hub. Numerous respondents expressed the need to engage parents more directly in the voice of the Hub and saw this as their next developmental step. A few also expressed a desire for more engagement from private and family child care providers, and a couple expressed the desire to reach rural areas of the county more intentionally. Some respondents also expressed appreciation for the strong equity work the Hub has initiated in their community.

Focus Areas for Quality Improvement:

Hub governance bodies are inclusive of system and strategic partners including and not limited to K-12, business, early learning, DHS, and health partners.

- LELA will develop their relationship with their Siletz tribal partners, and enhance participation from business and faith partners.

Hub - with its partners - identifies, analyzes, and utilizes regional data to assess their priority populations and disparities for priority populations.

- Further clarify disparities for priority populations and ensure their investments are targeting priority populations most effectively.

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- LELA will develop a Parent Advisory Council

Indicator 5: Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- Improve website and productivity of work groups

Required Action: None

Partner Survey Summary

Lane County

Total Respondents

40

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	1					1	2
Collaborate	5	1	3			1	10
Coordinate	1		1	1	1	2	6
Cooperate	2		2				4
Communicate	1		3	2			6
Co-exist			2	1		1	4
Compete							

Partner Comments Summary

"Including leaders from various minority groups at all tables and employing equity advisors to help with proposals and work. Beginning to get the voice of consumers at the table in a meaningful way- through participation and input."

"I see more collaboration and joint efforts happening between partners. We are more aware of the missions and actions of other organizations in our community"

"Parents do not have a strong voice. There is one parent on the Hub, but the customer stake holder group is slower to get going."

"I wish we had more early learning and elementary teachers and administrators able to be at the table. Time & funding constraints are barriers to engagement."

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=10)	DHS (N=1)	K-12 (N=10)	HEALTH (N=4)	BIZ (N=1)	COMM (N=5)	ALL (N=31)
The mission of our EL hub is clear to me.	3.3	4	3.2	2.5	4	4	3.3
The EL Hub's decision-making process, and my role in it, are clear to me.	3.3	4	3.0	2.0	3	3.4	3.1
I have influence over the decision-making within the EL Hub.	2.8	4	3.0	1.8	4	3.8	2.9
I have influence over the direction of the EL Hub.	2.7	4	2.9	1.8	3	3.6	2.8
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.7	4	3.2	3.3	4	3.8	3.5
I am able to make productive contributions to the EL Hub.	3.3	4	3.3	3.0	4	3.4	3.4
The partners involved in the EL hub mutually support each other toward common outcomes.	3.3	4	3.5	2.7	4	3.4	3.4
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.9	3	3.2	1.5	4	3.4	3.0
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.3	3	3.2	2.0	3	3.4	3.2

	EL (N=10)	DHS (N=1)	K-12 (N=10)	HEALTH (N=4)	BIZ (N=1)	COMM (N=5)	ALL (N=31)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.4	4	3.1	2.3	4	3.4	3.2
The EL hub's success in implementing its strategies will improve the success of my work.	3.5	4	3.7	3.0	4	3.5	3.6
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.4	4	3.6	2.7	4	3.6	3.5
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.7	3	2.9	2.0	4	3	2.8
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.0	3	3.6	3.0	4	3.8	3.4
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.6	4	3.6	3.3	4	3.4	3.5
My EL hub is raising awareness about racial equity in our region.	3.4	3	3.0	3.0	4	3.8	3.3
My EL hub raises awareness about early childhood and early learning in our region.	3.5	4	3.5	3.3	4	3.8	3.6
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.5	3	3.3	2.5	4	3.8	3.4
Our EL hub's leadership fosters regional collaboration.	3.2	4	3.5	2.5	4	3.5	3.3

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Eastern Oregon Community Based Services Hub
Date Contract Initiated with ELD	November 2014
Coverage Area/Square Miles	Malheur, Baker, and Wallowa Counties (9,930 + 3,088 + 3,152 = 16,170 sq mi total)
# of children in Priority Population	3,639
Total State Investments	\$696,582.54
Backbone organization(s)	Malheur Education Service District

Summary of Findings:

Eastern Oregon Community Based Services is a frontier and rural Hub with three counties covering over 17,000 square miles. There are more concentrated pockets of population mixed throughout, particularly in Ontario, Baker City and La Grande. Malheur County is the only county in Oregon on Mountain time.

This Hub is uniquely positioned in regard to the level of integration they have with their backbone, Malheur ESD. The ESD has embraced the Hub and the P-20 continuum and it is a focus of all of their work. All school districts in the Hub's three-county region align calendars for professional development, which the Malheur ESD hosts twice a year. Participants also consist of various other partners including the juvenile department, law enforcement, service providers, etc. Over 350 people attend P-20 training that integrates social services, education, etc. This creates a good deal of alignment within K-12 and for the Hub.

Their governance structure includes Cradle to Career (C2C) groups in each county who are broadly represented groups working actively in their county. C2C members are then represented on the overarching Governance Council who makes decisions based on recommendations from C2C. Parent cafes are a promising strategy for building parent voice and input.

This Hub is a systems leader in its commitment to equity and the strategies they have implemented county-wide by offering and sustaining training and community conversations to advance equity. The region has had a history of different cultures and has significant pockets of Hispanic populations and a growing Somali population. The Hub continues to develop and refine its use collection and analysis of data. This is an area of continued growth.

Summary of Partner Survey:

Many survey respondents gave both positive and constructive feedback, which often follows when people feel safe to speak freely. One partner noted that the Hub works to engage the community and would like to capture the feedback from beyond the "usual suspects." A Hub board member observed

that many of the comments seemed county-specific (related to that person's county) rather than the whole Hub region, again illustrating the vast geographic region and people's identification by county. Some partners mention that greater K-12 participation is needed outside of the ESD.

Focus Areas for Quality Improvement:

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Improve coordination and implementation of Parent Cafés in three counties.

Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- Engage Partners through updating each county's road map and the regional work plan, and identify professional development opportunities with special attention to children farthest from opportunity.

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations.

- Include qualitative and quantitative data analysis as part of quarterly reporting process.
- Update and/or create new MOUs that will clarify data needs and align strategies based upon family engagement and feedback.

Required Action: None

Partner Survey Summary

Eastern Oregon

Total Respondents

33

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	2		1	1		1	5
Collaborate			3	3		3	9
Coordinate	1	1	1	1		1	5
Cooperate	2		1	1		1	5
Communicate							
Co-exist	1						1
Compete							

Partner Comments Summary

Providing quality preschool options for children and families who previously did not have the option, has been huge. The EL Hub is doing great work reaching out to families through their Parent Cafes and Reach out and Read programs.

Our HUB is working on getting all of the players at the table. Probably still missing parent representation and community business representation.

Coordination of specific shared outcomes and activities has allowed for a mechanism to share resources and assets amongst partners improving outcomes. There is a more strategic plan to reach/engage a culturally-specific population specifically those most underserved and at risk. There is an increase in service participation. Increase in the number of families that are enrolled in health insurance and receive well-child visits and developmental screens.

It feels as though our region is still in the planning stages of identifying disparities in the community. Shared training, meetings and workshops is helping to bring different people together to begin addressing identified disparities

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=6)	DHS (N=1)	K-12 (N=6)	HEALTH (N=4)	BIZ (N=0)	COMM (N=7)	ALL (N=24)
The mission of our EL hub is clear to me.	3.3	3.0	3.0	3.5		3.1	3.2
The EL Hub's decision-making process, and my role in it, are clear to me.	3.0	3.0	3.0	3.3		3.0	3.0
I have influence over the decision-making within the EL Hub.	2.8	3.0	2.7	3.3		2.9	2.9
I have influence over the direction of the EL Hub.	3.0	3.0	2.7	3.3		2.7	2.9
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.3	3.0	3.4	4.0		3.7	3.5
I am able to make productive contributions to the EL Hub.	3.5	3.0	3.5	3.7		3.4	3.5
The partners involved in the EL hub mutually support each other toward common outcomes.	3.6	3.0	3.5	4.0		3.4	3.5
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.7	3.0	3.3	4.0		3.1	3.2
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.8	3.0	3.0	4.0		3.1	3.1

	EL (N=6)	DHS (N=1)	K-12 (N=6)	HEALTH (N=4)	BIZ (N=0)	COMM (N=7)	ALL (N=24)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.2	3.0	3.2	3.8		3.1	3.3
The EL hub's success in implementing its strategies will improve the success of my work.	3.0	3.0	3.8	3.5		3.3	3.3
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.2	3.0	3.7	3.7		3.3	3.4
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.0	3.0	3.0	3.7		2.6	3.0
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.2	3.0	3.7	3.7		3.3	3.3
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.3	3.0	3.6	3.7		3.0	3.3
My EL hub is raising awareness about racial equity in our region.	3.2	3.0	3.7	3.8		3.7	3.6
My EL hub raises awareness about early childhood and early learning in our region.	3.3	3.0	3.7	3.8		3.7	3.6
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.4	3.0	3.5	3.5		3.3	3.4
Our EL hub's leadership fosters regional collaboration.	3.4	3.0	3.7	3.5		3.4	3.5

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Southern Oregon Early Learning Services
Date Contract Initiated with ELD	December 2014
Coverage Area/Square Miles	Jackson and Josephine Counties (2,802 + 1,642 = 4,444 sq mi total)
# of children in Priority Population	16,009
Total State Investments	\$2,283,255.55
Backbone organization(s)	Southern Oregon Education Service District

Summary of Findings:

Southern Oregon Early Learning (SOEL) Hub is a mid-size Hub comprised of urban, rural and remote rural communities. It has been through multiple leadership changes, currently led by its third director, and has also been through a long process regarding its structure and backbone. Initially intending to utilize Southern Oregon Education School District (SOESD) as an incubator, with the ultimate goal of becoming a 501c3, the Hub Governance Council decided to remain at the SOESD. They have recently established fiscal processes, firewall policies and clarification of the Hub's role within the backbone so that it remains autonomous while still having solid support from the SOESD.

Through this they have generated numerous innovative strategies and maintained high-quality implementation through challenging conditions. They successfully pursued and implemented Preschool Promise, supporting a strong cohort of Spanish-speaking family care providers to participate. They are strongly aligned with Southern Oregon Success, the area's Regional Achievement Collaborative (RAC) which cultivates strong community support for Hub activities, particularly around their work on Trauma Informed Care. They have also leveraged their KPI funds strategically, impacting high-need communities and effectively engaging families. They are strategic partners, working effectively with DHS, their community college, local non-profits and their Community Care Organizations (CCOs) to bring services to where they are most needed.

They have experimented with some strong parent engagement initiatives, such as a parent-led parent conference, but are still exploring the most effective strategy to regularly solicit strong parent voice to help guide Hub activities. They are not yet utilizing data effectively to guide their Hub's investments and strategies, but have initiated steps to focus on data this coming year, with a community dashboard outlined and conversations underway with DHS and health care regarding the sharing and mutual utilization of data. They are currently reaching out to community partners to have community conversations that lead to meaningful (rather than perfunctory) engagement of business partners.

Summary of Partner Survey

Partners express different experiences around the ability to collaborate with the Hub – this seems to be a work in progress. The partner survey indicates that partners feel that things are starting to gel. One partner noted that the collaboration with the Oregon Parenting Education Collaborative (OPEC) Hub has

been successful in training parent educators and providing parent engagement. Another noted they value the partnership with the Hub in making the largest impact on school readiness.

Focus Areas for Quality Improvement:

Hub governance bodies are inclusive of system and strategic partners including but not limited to K-12, business, early learning, DHS, and health partners.

- Network and deliver presentation to business partners and allies. Initiate Family-Friendly Business Project.

Hub – with its partners – identifies, analyzes and utilizes regional data to assess their priority populations and disparities for priority populations.

- Identify critical data points with partners and work with sector partners (DHS, CCOs...) to strategize how to collect and utilize available data.

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Leverage existing parent groups to disseminate surveys and build more parent voice into Hub.

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations. This is reflected in the work plan and quarterly reports, along with other continuous feedback processes.

- Utilize work above to integrate continuous evaluation into our Hub processes.

Required Action: None

Partner Survey Summary

Southern Oregon 2017

Total Respondents	51
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Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	3		4			2	9
Coordinate	4		2				6
Cooperate	3	1	4	1			9
Communicate	3		1	1			5
Co-exist			1	1			2
Compete			1				1

Partner Comments Summary

"Especially since there is now a complete team of staff, I've been impressed with the responsiveness, the projects that are now demonstrating results, and the effectiveness of our agency advisory and Steering Committee meetings. I'm thankful that my concerns about the service and budget impact of increasing early identification have been heard and that a creative problem solving approach is being applied."

"Working to align systems is something that can take a while as agencies and people build relationships with one

"Strong leadership over the long haul will be essential to ongoing progress. Rocky start due to changes in

"I have said this directly, so it will be no surprise to the Hub staff that I think we need a better understanding and shared agreement regarding of expectations, roles and limits regarding Preschool Promise enrollment, services, and reporting."

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=13)	DHS (N=1)	K-12 (N=10)	HEALTH (N=3)	BIZ (N=0)	COMM (N=3)	ALL (N=31)
The mission of our EL hub is clear to me.	3.2	3.0	3.1	3.3		4	3.2
The EL Hub's decision-making process, and my role in it, are clear to me.	2.8	2.0	2.8	3.0		3.5	2.8
I have influence over the decision-making within the EL Hub.	2.6	2.0	2.6	4.0		2	2.6
I have influence over the direction of the EL Hub.	2.6	3.0	2.6	3.0		2	2.6
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.0	3.0	2.7	3.7		2.5	3.0
I am able to make productive contributions to the EL Hub.	3.1	3.0	2.8	3.0		3.5	3.0
The partners involved in the EL hub mutually support each other toward common outcomes.	3.4		3.0	3.3		2	3.1
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.9		2.5	2.7		3	2.6
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.1		2.7	3.0		2	2.8

	EL (N=13)	DHS (N=1)	K-12 (N=10)	HEALTH (N=3)	BIZ (N=0)	COMM (N=3)	ALL (N=31)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.1		3.2	2.3		3	3.1
The EL hub's success in implementing its strategies will improve the success of my work.	3.4		3.0	3.3		3.5	3.3
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.1		2.9	3.5		2.5	3.0
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.9		2.7	3.0		2	2.8
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.0		2.7	3.0		4	2.8
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.4		3.3	3.3		4	3.4
My EL hub is raising awareness about racial equity in our region.	3.0		2.5	3.3		3	2.8
My EL hub raises awareness about early childhood and early learning in our region.	3.5		3.0	3.3		4	3.3
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.4		2.9	3.0		4	3.2
Our EL hub's leadership fosters regional collaboration.	3.5	3.0	2.8	3.3		4	3.2

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Early Learning Multnomah
Date Contract Initiated with ELD	May 2014
Coverage Area/Square Miles	Multnomah County (466 sq mi)
# of children in Priority Population	34,491
Total State Investments	\$4,684,088.09
Backbone organization(s)	United Way of Columbia-Willamette

Summary of Findings:

Early Learning Multnomah (ELM) represents the largest Hub in regard to the number of at-risk children. As the major metropolitan area in Oregon, ELC represents a large number of cultures and languages as well as well as a number of partners involved in and serving young children and families.

ELM is clearly focused on two key elements of success: children furthest from opportunity and inclusion of parent voice. Early in their development ELM determined a focus of children at 185% of the poverty level and all children of color as their priority. They also determined that parent voice would be a key element in how their Hub would do business and make decisions. They have a well-developed, model structure for parent engagement and parent voice in their Parent Advisory Council (PAC). Their PAC developed the guiding principles for the Hub, and these guide their decisions and investments. However, a PAC member does not sit on the Sector Council.

The more traditional foundation of the Hub, the Sector Council and the engagement and participation of all early learning partners are not strongly developed. There was a considerable lack of response to the partner survey and many partners who did respond expressed not being engaged or part of the Hub's work. As governance is an essential and foundational element of being a Hub, this is an area that needs to be addressed. Additionally, a representative of the PAC does not sit on the sector council and this concern will also need be addressed as it is a missing component.

Summary of Partner Survey:

Overall the partner survey results noted that many partners do not feel engaged or that they have a role in the Hub. Sector partners describe not contributing to the direction and influence of the Hub. Only four Governance Council members filled out the survey and overall this Hub had the lowest response rate in the system.

Focus Areas for Quality Improvement:

Hub governance bodies are contributing members whose input and feedback is indicated in the decisions, actions and strategic investments of the Hub.

- Develop clear Governance structure that includes a plan for partner engagement and input.
- Link Parent Advisory Council to Sector Council as part of clear Governance structure.

Hub engages their communities, families and partners to assess the specific needs of their priority populations.

- Develop process for community and partner input through in-person focus groups or community forums

Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations.

- Develop a plan for continuous data evaluation

Required Action:

- Work in partnership with the ELD to develop process for community and partner input through in-person focus groups or community forums
- ELM utilizes information from focus groups to develop a complete governance structure that allows for partner and community organizations to have a voice in the work of the Hub and a continued engagement plan for clarifying and strengthening how these partners participate in developing the vision and decision-making of the Hub
- ELM shows a clear tie from parent advisory council to the sector council
- Follow up on these actions will take place during the work plan process August-September, 2017 and following the first and second quarter of the contract (January, March 2018)

Partner Survey Summary

Multnomah

Total Respondents

25

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate		1		3		2	6
Coordinate				1			1
Cooperate	2		1		1		4
Communicate	2		1	1			4
Co-exist	1						1
Compete							

Partner Comments Summary

I definitely agree they have brought in a strong family voice, and keep that at the center. Alignment of services and organizations has not yet happened

ELM is very active in bringing up racial disparities at all events and meetings. They provide a solid voice in the community. The community engagement is welcoming, however not always well publicized for those not currently participating, resulting in mixed success in terms of participation from all interested parties.

I have wanted more focus on Early Learning - prenatal to 5. There has not been a group to focus on prekindergarten so providers can discuss outcomes, curricula, lineages, etc. I have felt that some pieces are closed to community participation - our Policy Council was very excited about working with other parents for example.

It has not been a collaborative experience. Very early on the Multnomah HUB chose specific, culturally specific partners to invite to participate in an early literacy project and as a source for members of the Parent Advisory group--we were not one of those chosen. Subsequently, we have not been directly involved in the Pre-School Promise project other than as participants in the community meetings.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=5)	DHS (N=1)	K-12 (N=2)	HEALTH (N=5)	BIZ (N=1)	COMM (N=2)	ALL (N=16)
The mission of our EL hub is clear to me.	2.8	3	2.5	3.2	3.0	4	3.1
The EL Hub's decision-making process, and my role in it, are clear to me.	2.0	4	1.5	2.8	3.0	3.5	2.6
I have influence over the decision-making within the EL Hub.	1.8	4	2	2.7	3.0	3	2.4
I have influence over the direction of the EL Hub.	2.0	4	2	2.7	3.0	3	2.5
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	2.0	4	2.5	3.2	3.0	3.5	2.8
I am able to make productive contributions to the EL Hub.	2.4	4	3	3.4	3.0	3.5	3.1
The partners involved in the EL hub mutually support each other toward common outcomes.	2.0	4	2.5	3.0	3.0	3	2.7
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.5	4	2.5	2.8	3.0	4	2.9
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.3	4	2.5	3.3	3.0	4	2.9

	EL (N=5)	DHS (N=1)	K-12 (N=2)	HEALTH (N=5)	BIZ (N=1)	COMM (N=2)	ALL (N=16)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	2.5	4	2.5	3.3	3.0	4	3.1
The EL hub's success in implementing its strategies will improve the success of my work.	2.5	4	3	3.4	3.0	3.5	3.1
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	2.3	3	2.5	3.0	3.0	3.5	2.6
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.6	3	3.5	3.6	3.0	4	3.3
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	2.8	4	3	3.4	3.0	2.5	3.1
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.0	4	3	3.8	3.0	4	3.4
My EL hub is raising awareness about racial equity in our region.	2.5	4	3.5	3.8	3.0	3.5	3.3
My EL hub raises awareness about early childhood and early learning in our region.	2.4	4	3	3.6	3.0	3.5	3.1
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	2.4	4	2	3.4	3.0	3.5	2.9
Our EL hub's leadership fosters regional collaboration.	2.2	4	2.5	3.6	3.0	3.5	3.0

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Marion-Polk Early Learning Hub
Date Contract Initiated with ELD	February 2014 (merge: June 2015)
Coverage Area/Square Miles	Marion and Polk counties (1,194 + 744 = 1938 sq mi total)
# of children in Priority Population	24,732
Total State Investments	\$3,402,601.92
Backbone organization(s)	Non-profit structure means this Hub acts as its own backbone

Summary of Findings:

Marion-Polk Early Learning Hub (MPELH) is a mid-size Hub comprised of both rural and urban communities. It is a highly developed Hub, with the foundational elements in place. MPELH has a strong, participatory governance structure in which all five sectors are engaged. Community Action Teams, Regional Implementation Teams, Parent Advisory Council and Partners for Young Children (Polk Co) feed up to the Governance Council. They are effectively analyzing data and having it drive where and in what they invest resources. This has enabled them to blend and braid funds in a targeted way. They have utilized Kindergarten Assessment scores to start tracking population-level change, and this year their first kindergarteners are third graders, which is exciting. They have a strong understanding of target populations and what will make a difference for those populations – parents and families in these communities have multiple avenues for input and feel engaged. They also effectively leverage OPEC as a partner. With a high Hispanic population in their region, they intentionally hire bi-lingual staff and make all materials and activities available in Spanish and English; they are system leaders in equity. They have strong relationships with their health partners, but report that finding meaningful, reliable data to move health-related metrics forward is challenging.

The Hub staff shared that stakeholders express a broad array of community needs and diverse opinions and styles for addressing them. They continue to work to accommodate style differences across the two counties and encompass the diversity of needs and perspectives in their region.

Summary of Partner Survey:

Responses from Hub partners indicate that partners feel engaged and largely positive about their involvement in the Hub. Partners report that the Hub has enabled the community to be less siloed and they see an increase in collaboration across sectors. Partners expressed that the Hub is making positive contributions through VROOM, Ready for K, and Preschool Promise. Numerous partners in Polk County report feeling that progress is slower there, and that they are still less connected after merging into this Hub in 2015. Hub leadership is aware of this and is focusing on this for quality improvement in the next biennium.

Focus Areas for Quality Improvement:

Partners have a clear role in implementing strategies and activities that are focused on these outcomes

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Continue to enhance and refine community relationships across the Hub region.
- Strengthen internal administrative processes for greater efficiency to meet growing organization need.
- Improve work plan to ensure it is agile enough to the changing demands and needs of the community.

Required Action: None

Partner Survey Summary

Marion-Polk

Total Respondents

41

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	3					1	4
Collaborate	4		1	4	1	3	13
Coordinate			3	1		2	6
Cooperate	1		1	1		1	4
Communicate		1		1	1	1	4
Co-exist	1					1	2
Compete							0

Partner Comments Summary

~ Our partnership has been invaluable. We have struggled and grown together and it has made us stronger. I appreciate that they are willing to listen, and that they are able to convene the community in ways that I cannot. (EL partner)

~ Progress in Polk has been slow, and there is much work to be done here. (K-12 partner)

~ Keeping (partners) engaged unless they have direct involvement or directly benefit from participation is a challenge. Clearer understanding of what the hub does and its role in our systems is needed. (Health partner)

~ Lots of positive things happening with transitions to kindergarten and school readiness. (K-12 partner)

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=12)	DHS (N=1)	K-12 (N=8)	HEALTH (N=6)	BIZ (N=2)	COMM (N=8)	ALL (N=37)
The mission of our EL hub is clear to me.	3.8	3.0	3	3.7	4.0	3.4	3.5
The EL Hub's decision-making process, and my role in it, are clear to me.	3.4	3.0	2.8	3.0	4.0	3.3	3.2
I have influence over the decision-making within the EL Hub.	2.9		2.8	3.0	4.0	3.3	3.1
I have influence over the direction of the EL Hub.	2.9		2.8	3.3	4.0	3.0	3.0
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.6	4.0	3.4	3.7	4.0	3.8	3.7
I am able to make productive contributions to the EL Hub.	3.4	3.0	3	3.6	4.0	3.3	3.4
The partners involved in the EL hub mutually support each other toward common outcomes.	3.4	4.0	3.2	3.5	3.5	3.0	3.3
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.3	3.0	3.2	2.8	4.0	3.0	3.1
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.1	3.0	3	3.2	4.0	2.8	3.1

	EL (N=12)	DHS (N=1)	K-12 (N=8)	HEALTH (N=6)	BIZ (N=2)	COMM (N=8)	ALL (N=37)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.3	3.0	3.4	3.8	4.0	3.4	3.5
The EL hub's success in implementing its strategies will improve the success of my work.	3.6		3.4	3.5	4.0	3.4	3.5
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.6	4.0	3.4	3.7	4.0	3.1	3.5
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.1	3.0	3	3.6	4.0	3.6	3.4
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.4	4.0	3.4	3.5	4.0	3.8	3.6
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.3	4.0	3	3.7	4.0	3.7	3.5
My EL hub is raising awareness about racial equity in our region.	2.8	4.0	3	3.2	4.0	3.2	3.2
My EL hub raises awareness about early childhood and early learning in our region.	3.6	4.0	3.6	3.7	4.0	3.6	3.7
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.6	4.0	3.2	3.7	4.0	3.5	3.6
Our EL hub's leadership fosters regional collaboration.	3.3	4.0	3	3.5	4.0	3.4	3.4

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Four Rivers Early Learning Hub
Date Contract Initiated with ELD	June 2015
Coverage Area/Square Miles	Hood River, Wasco, Sherman, Gilliam, and Wheeler Counties (533 + 2,395 + 831 + 1,223 + 1715 = 6,697 sq mi total)
# of children in Priority Population	2,983
Total State Investments	\$617,665.11
Backbone organization(s)	Sherman County

Summary of Findings:

The Four Rivers Early Learning Hub is geographically a large Hub, covering five counties with a mix of rural and frontier communities. It is also one of the newest Hubs, coming to contract with the ELD in the summer of 2015. Its backbone is a partnership between Sherman County and their Education Service District (ESD) North Central ESD, with the Hub staff working at the ESD and most of the fiscal activities occurring at Sherman County. They have also experienced some leadership changes as they have gotten established, with an ESD superintendent transition taking place over this last year.

As a new Hub, they have made some positive initial steps. They have developed a strong foundational governance structure with clear decision-making processes and active participation from each county's stakeholders. They have identified their priority populations and have all five sectors engaged with the Hub. They have integrated with their Regional Achievement Collaborative (RAC), which over the long-term may prove to be a strong partner in sustaining strong regional P-20 collaboration. They have also had some promising first steps related to KPI and developing processes for reaching all new parents in the region through developing relationships with Public Health and other community partners.

In the midst of building strong partnerships and governance, this Hub struggles with contractual obligations such as reporting, submitting planning documents, etc. This will be one of its areas of focus for improvement.

Summary of Partner Survey:

This Hub's partner survey reflected a strong sense of collaboration. Many were pleased with the level of relationship and engagement with the Hub and other partners. One respondent noted that it would be helpful to have child care providers who serve children with special needs/disabilities to provide input regarding the needs of those children.

Focus Areas for Quality Improvement:

The EL Hub's investments are clearly aligned to strategies and work plan activities to produce positive outcomes for the priority populations, with data.

- Investments and priority populations will be clearly identified in the work plan

The EL Hub demonstrates movement from baseline to targets within their metrics, and as outlined in their work plans.

- The work plan will include movement of baseline targets/metrics with more clarity and specific articulation.

Work Plan demonstrates strategies and activities for affecting long term population level changes for children furthest from opportunity.

- Develop capacity to generate and maintain an ongoing work plan outlining the elements listed above.

Required Action:

- Develop a clear plan for meeting administrative functions including work planning, reporting and fund draws in a timely manner.
- Follow up on this action will take place during the work plan process August-September, 2017; after first and second quarter of the contract (January, March 2018)

Partner Survey Summary

Four Rivers

Total Respondents

28

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	4		4	5		2	15
Coordinate	2		1	1	1	1	6
Cooperate	2						2
Communicate	1						1
Co-exist							
Compete							

Partner Comments Summary

The Hub has been vigilant to provide Trauma Informed Care training into this region which helps early learning providers to better serve children and families.

The leadership and membership of the EL Hub are well versed and experienced in the area. They are using the strengths of each partner to make sure disparities are addressed

Funding seems to be the biggest hurdle. Without funding to support projects or goals that want to be reached the group seems to struggle to make a difference.

Further community support for increased access to trauma informed care practices trainings, implementation, and support as well as a focus on resilience practices.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=9)	DHS (N=0)	K-12 (N=5)	HEALTH (N=6)	BIZ (N=1)	COMM (N=3)	ALL (N=24)
The mission of our EL hub is clear to me.	3.6		3.8	3.5	3.0	4.0	3.6
The EL Hub's decision-making process, and my role in it, are clear to me.	3.1		3.4	3.2		4.0	3.3
I have influence over the decision-making within the EL Hub.	2.7		2.7	3.0		3.7	2.9
I have influence over the direction of the EL Hub.	2.7		2.3	3.0	4.0	3.7	2.9
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.7		3.5	3.4	3.0	3.3	3.5
I am able to make productive contributions to the EL Hub.	3.0		3.3	3.4	3.0	4.0	3.3
The partners involved in the EL hub mutually support each other toward common outcomes.	3.2		3.3	3.7	3.0	3.0	3.3
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.9		3.5	3.0	3.0	3.7	3.1
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.9		3.0	3.2	3.0	3.7	3.1

	EL (N=9)	DHS (N=0)	K-12 (N=5)	HEALTH (N=6)	BIZ (N=1)	COMM (N=3)	ALL (N=24)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.1		3.3	3.5	3.0	3.7	3.3
The EL hub's success in implementing its strategies will improve the success of my work.	3.4		3.8	3.7	4.0	3.3	3.6
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.1		3.5	3.5	4.0	3.3	3.3
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.0		3.0	3.5	4.0	3.3	3.2
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.6		3.8	3.8	4.0	3.7	3.7
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.1		4.0	3.8	4.0	3.3	3.5
My EL hub is raising awareness about racial equity in our region.	3.0		3.2	3.2	4.0	4.0	3.3
My EL hub raises awareness about early childhood and early learning in our region.	3.1		3.6	3.7	4.0	3.7	3.5
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.4		3.8	3.7	4.0	3.0	3.5
Our EL hub's leadership fosters regional collaboration.	3.6		3.8	3.6	4.0	3.7	3.7

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	South Central Oregon Early Learning Hub
Date Contract Initiated with ELD	May 2014 (Klamath merged with Hub in June 2015)
Coverage Area/Square Miles	Douglas, Lake, and Klamath counties (5,134 + 8,358 + 6,136 = 19,628 sq miles total)
# of children in Priority Population	9,721
Total State Investments	\$1,496,176.87
Backbone organization(s)	Douglas Educational Service District

Summary of Findings:

The South-Central Early Learning Hub is geographically Oregon's largest Hub, encompassing three large counties with a variety of frontier, remote rural and micropolitan communities, many of whom had little relationship with each other prior to becoming a Hub. Lake and Douglas Counties were one of the first six Hubs to come to contract, with Klamath County added in the summer of 2015.

The South-Central Hub has struggled to develop governance processes that engage its stakeholders in a coordinated, regional effort over such a large area. Currently, much of the governance is implemented at the county level, with county representatives convening as a region to make funding decisions. This has not provided enough structure to effectively engage stakeholders over such a wide area. They are currently working with a consultant to develop a more cohesive decision-making structure.

Klamath County in particular reports feeling continued confusion, sometimes estrangement, regarding how the Hub operates and how they can participate in it. They had a .3 FTE Hub Facilitator in the county, briefly, but had a year gap before hiring a new Facilitator a few months ago. Though at the time of the merger, the Klamath Promise was identified by Klamath community leaders as the most appropriate regional coordinating body, the early learning voice doesn't appear to have ever developed. They do have a Professional Advisory Committee in the county, but there appears to be a gap in communication and no coordinated body that feels comfortable speaking on behalf of their community's needs.

Klamath stakeholders and the South Central EL Hub staff both expressed interest in working together and with the ELD over the next year to develop a coordinated body that can provide a clear voice for Klamath in the Hub.

This Hub has experienced successes in the midst of its governance challenges. It's a state leader in the development of productive partnerships with its tribal partners, with initial investments and partnership building with tribal partners resulting in an impressive amount of partnerships activities, including a children's book teaching the Takelma language, preschool opportunities and the proliferation of VROOM. They also now have a Tribal Representative on the Douglas Governance Council. This Hub's KPI initiatives are strong, and active in all three counties. South-Central ELH also implemented Preschool Promise, with six out of their seven sites being K-12 providers. This necessitated intensive technical assistance, preparing K-12 partners to work effectively with licensing, Spark, and early learning regulations – which they've accomplished this first year with intensive technical assistance and systems navigation.

Along with governance, this Hub also needs to develop practices for utilizing data to make decisions, particularly in relation to the identification and targeted investments in priority populations. There appears to have been limited use of data to date, especially in regards to investment decisions.

Summary of Partner Survey

Hub partners had a wide variety in their experiences of the Hub. Some partners report an increase in collaboration and appreciation for the Hub's role in increasing regional coordination and communication. Others report that there is still lack of clarity about the purpose of the Hub and this has stalled participation for some stakeholders. Partner scores in general were low in its ability to articulate its purpose and decision-making processes and partners' influence over decisions or the direction of the Hub. Many partners reported the need to better engage parents, business and/or the CCO (which has had numerous challenges over which the Hub has no influence).

Focus Areas for Quality Improvement:

The EL Hub's governance bodies are contributing members whose input and feedback is included in the decisions, actions and strategic investments of the Hub.

- Strengthen and develop governance structure for Klamath County
- Develop a regional governance structure that includes participation of all counties and communities in the Hubs region.

Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- Continue development regionally around P-3, strengthening cross-sector alignment and long-term system building.

The EL Hub - with its partners - identifies, analyzes, and utilizes regional data to assess their priority populations and disparities for priority populations.

- Develop plan to gather, analyze and utilize data in determining priority populations and disparities.

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations.

- Develop plan for analysis and utilization of data to guide Hub strategies and investments.
- Develop a systemic data collection method.

Required Action:

- Strengthen and clearly articulate governance structure and decision-making processes that assimilate all three counties into one regional structure.
- Develop a (or leverage an existing) coordinated body in Klamath County that strengthens its voice in the governance, planning and investments of the Hub.
- Develop and implement processes that enable the Hub to gather, analyze and utilize data that effectively serves priority populations and identifies disparities.
- Utilize data analysis results to inform and guide Hub strategies, activities and investments.
- Follow up on these actions will take place during the work plan process August-September, 2017; after the end of first, second and third quarter of the contract (January, March, June 2018)

Partner Survey Summary

South Central

Total Respondents

40

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	2	1	5	1			
Coordinate	2		1				
Cooperate	1		3	2			
Communicate	2	2	2				
Co-exist			2				
Compete							

Partner Comments Summary

"The ease in which we can ask questions and obtain answers in a quick turn around time. The HUB's willingness to work with the Tribe has enabled us to begin our Early Learning programs which were not evident prior to our partnership."

"We have enjoyed our experience working with the HUB. We would like to see the HUB obtain more membership on its advisory council that is representative of communities of color in our region."

"Collaborations seem to take longer with the Hub than with other entities. I'm not sure if it's because there's more oversight or more red tape, but it seems like there are a lot more barriers in place to partnerships than I've experienced with other entities."

"Our collaboration has moved us toward meeting an early learning goal that wouldn't have been possible without the guidance and expertise of members of the Hub"

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=7)	DHS (N=3)	K-12 (N=12)	HEALTH (N=3)	BIZ (N=0)	COMM (N=8)	ALL (N=32)
The mission of our EL hub is clear to me.	3.1	3.3	3.2	3.0		3.3	3.1
The EL Hub's decision-making process, and my role in it, are clear to me.	2.6	2.3	2.7	2.0		3.0	2.4
I have influence over the decision-making within the EL Hub.	2.5	3.0	2.6	2.0		2.8	2.3
I have influence over the direction of the EL Hub.	2.3	2.3	2.8	1.5		2.7	2.1
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	2.9	3.7	3.0	3.0		3.4	3.0
I am able to make productive contributions to the EL Hub.	2.8	3.0	3.2	2.0		3.0	2.8
The partners involved in the EL hub mutually support each other toward common outcomes.	2.8	3.7	3.0	3.3		3.1	3.0
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.5	3.5	2.5	3.0		2.0	2.2
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.7	3.0	2.8	2.5		2.7	2.7

	EL (N=7)	DHS (N=3)	K-12 (N=12)	HEALTH (N=3)	BIZ (N=0)	COMM (N=8)	ALL (N=32)
The EL hub's success in implementing its strategies will improve the success of my work.	3.3	3.0	3.4	2.5		3.5	3.3
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.2	3.0	2.9	3.0		3.4	3.0
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.5	3.0	2.5	3.0		3.2	2.3
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	2.6	3.0	3.2	2.0		3.3	2.9
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	2.8	3.0	3.3	3.0		3.5	3.1
My EL hub is raising awareness about racial equity in our region.	3.0	3.0	3.0	2.5		2.8	2.8
My EL hub raises awareness about early childhood and early learning in our region.	3.2	3.3	3.3	3.0		3.4	3.2
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.0	2.7	2.9	2.5		3.1	2.7
Our EL hub's leadership fosters regional collaboration.	3.2	3.0	2.8	2.0		3.4	2.9

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Early Learning Washington County Hub
Date Contract Initiated with ELD	November 2014
Coverage Area/Square Miles	Washington County (726 sq mi)
# of children in Priority Population	21,623
Total State Investments	\$3,095,106.20
Backbone organization(s)	United Way of the Columbia-Willamette

Summary of Findings:

The Early Learning Washington County (ELWC) Hub has a combination of metro and rural populations and encompasses more than 90 languages spoken in their region. This Hub has a strong focus on priority populations and does an excellent job of working with those who are furthest from opportunity. Its approach to equity has been outstanding and the Hub is committed to finding and meeting families in its priority populations where they gather and engage them in the work of the Hub. The Early Learning Washington County Hub is a system leader in this work.

Their incorporation of parent voice and parent engagement is also a major strength and is an obvious result of their equity work. They have a very strong Parent Advisory Council who also cross over to their steering committee. Hub governance includes a Steering Committee, Parent Advisory Council, Operations Team, and Equity Advisory Council.

The ELWC Hub utilizes data well and invests appropriately in outcomes for its priority populations. This is demonstrated by their specific focus on English Language Learners and their work with migrant, Somali and other populations not usually being considered or worked with.

This Hub is on track developmentally and has clearly established the foundations of success in governance, use of data and focus on priority populations.

Summary of Partner Survey:

Per the partner survey, most partner sectors indicate satisfaction and participation in the Hub and its decision making process. However, 75% of those who participated in the survey from K-12 expressed a high level of dissatisfaction and noted they have no part of the Hub or do not understand what is happening. Further, some say that there is not an inclusive decision-making process. Interestingly, a couple of early learning partners note in their survey that the K-12 partners are not very invested in the Hub or outcomes. The Hub does have district based early learning teams.

Focus Areas for Quality Improvement:

Hub governance bodies are contributing members whose input and feedback is included in the decisions, actions and strategic investments of the hub.

- ELWC Steering Committee approves creation of new Prenatal to Age 3 Advisory Committee
- ELWC Steering Committee conducts a self-assessment of Hub structure and partnerships, decision-making processes and strategic investments and services, through engaging all of ELWC's structural elements: Equity Advisory Council, Parent Advisory Council, Operations Team and Prenatal to Age 3 Advisory Committee

Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- ELWC Steering Committee adjusts and adapts the Hub structure, decision-making processes, strategic investments and services as necessary to strengthen collaboration and relationships in aligning priorities and strategies for achieving common outcomes, particularly with ELWC's K-13 Partners
- Leadership of United Way of the Columbia-Willamette and Washington County Health and Human Services, as the Hub backbone organizations, increase communication and engagement with school district leadership, through one-on-one meetings with superintendents and regular meetings among ELWC leadership and the superintendents of the seven school districts and NWRES D
- ELWC and K-12 leadership identify initiatives that build on current work in implementing early learning programs and services within Early Learning Teams and school districts

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for hub activities, including making adjustments and adaptations.

- ELWC Steering Committee identifies and analyzes data that informs this self-assessment

Required Action: None

Partner Survey Summary

Washington County

Total Respondents	43
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Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate			1		1		2
Collaborate	1		2		1	3	7
Coordinate	3		1			1	5
Cooperate	1		7	2	1		11
Communicate	2		5	2			9
Co-exist	1		2	1			4
Compete						1	1

Partner Comments Summary

I feel fortunate that we are able to provide this incredible service to 20 of our PK students but have been frustrated with how much work it has been trying to navigate expectations between early learning and public school.

Partners have been hopeful and were engaged early in the process. The early investments in K-12 have created more interest in early childhood. K-12 has been enthused about the preschool promise, but is often angry over the eventual delivery. The Hub does not involve K-12 in a way that creates an authentic partnership.

We feel appreciated and supported by our Hub as a community based organization that provides culturally relevant services to children, youth, adults, and families. The Hub has provided us with equitable support and we feel we are a valued organization of our community.

The partnership is making a difference! The impact of their support is immediate and longer-term through the changing climate and culture of classrooms, school buildings and school districts by way of its leadership, advocacy and funding of the Good Behavior Game in the county. Students and teachers lives are being changed for the better!

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=8)	DHS (N=0)	K-12 (N=18)	HEALTH (N=5)	BIZ (N=3)	COMM (N=5)	ALL (N=37)
The mission of our EL hub is clear to me.	3.4		2.9	3.2	4.0	3.4	3.2
The EL Hub's decision-making process, and my role in it, are clear to me.	3.1		2.3	2.6	3.7	3.6	2.8
I have influence over the decision-making within the EL Hub.	2.8		2.3	2.3	3.3	3.5	2.6
I have influence over the direction of the EL Hub.	2.7		2.2	2.0	3.3	2.8	2.4
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.1		2.8	3.2	4.0	3.6	3.1
I am able to make productive contributions to the EL Hub.	2.9		2.5	2.6	3.7	3.8	2.8
The partners involved in the EL hub mutually support each other toward common outcomes.	3.3		2.9	3.2	3.7	3.6	3.2
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.1		2.3	2.4	4.0	3.3	2.7
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.1		2.5	2.4	4.0	3.3	2.8

	EL (N=8)	DHS (N=0)	K-12 (N=18)	HEALTH (N=5)	BIZ (N=3)	COMM (N=5)	ALL (N=37)
The EL hub's success in implementing its strategies will improve the success of my work.	3.1		2.8	3.6	3.3	3.8	3.2
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.1		2.5	3.4	3.3	3.2	2.9
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.3		2.9	3.0	3.5	3.2	3.0
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.2		2.7	3.5	3.7	3.6	3.1
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.4		3.1	3.5	4.0	3.6	3.3
My EL hub is raising awareness about racial equity in our region.	3.3		2.8	3.0	4.0	3.3	3.1
My EL hub raises awareness about early childhood and early learning in our region.	3.6		3.2	3.5	3.7	3.6	3.4
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.5		2.5	2.8	4.0	3.8	3.0
Our EL hub's leadership fosters regional collaboration.	3.7		2.5	3.2	4.0	3.8	3.1

Board Action Summary

AGENDA ITEM: Child Care Transportation Rules – Final Adoption Administrative Rules

Summary of Recommended Board Action

ACTION: Final adoption of administrative rule revisions governing use of vehicles in child care settings.

ISSUE: Administrative Rules governing use of vehicles in child care settings

The Child Care and Education Committee advances proposed revisions to administrative rules governing use of vehicles in child care settings. The proposed rules cover safe transportation of child care children in licensed or regulated child care programs.

In May, the Early Learning Council conducted a first reading of the proposed rules forwarded by the Child Care and Education Committee.

The Early Learning Division is currently engaged in a rule review of the licensing rules for Certified Center, Certified Family, Registered Family and Regulated Subsidy rules as well as the development of a rule set for School-Age Only Certified Centers. An area of urgency is the development and adoption of a rule governing the types of vehicles that licensed programs can use when transporting child care children. This rule is being developed in advance of the full rule sets.

BACKGROUND: In February 2015, the revised Registered Family Child Care rules were adopted by the Early Learning Council. One of the new rules was the prohibition of 15-passenger vans for transportation of child care children. This was in response to advisories published by the National Highway Traffic Safety Administration warning of an increased risk of 15-passenger vans rolling over in the event of an accident. The rule was worded to become effective three years after the adoption date to help minimize the financial impact to providers who were presently using those types of vehicles. At that time, it was anticipated that the same rule would be added to Certified Center and Certified Family rules when those rule sets were revised.

Since that time, additional research and data has been explored concerning safe transportation as well as a more in-depth look into the financial and practical impact a vehicle prohibition may have on providers who transport children.

ACTION PRECEDING RECOMMENDED BOARD ADOPTION: The Child Care and Education Committee, serving as the Council's Rules Advisory Committee, conducted a work session on the vehicle rule in February and May, 2017.

After discussing possible rule options, the CCEC determined the best approach to ensure the safety of child care children who are being transported while in regulated child care and to minimize impact and provide a reasonable level of flexibility and certainty for providers was to combine options.

Proposed Rule Language:

The following vehicles may be used to transport child care children:

- (a) A vehicle manufactured to carry fewer than ten passengers;**
- (b) A school bus or a multi-function school activity bus;**
- (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or**
- (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:**
 - (A) Travel speed may not exceed 50 mph; and**
 - (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Early Learning Division or on a form provided by the inspector which contains the same information.**

BOARD MEMBER PRESENTING REPORT FOR ADOPTION: Bobbie Weber, Chair CCEC

In May, the Early Learning Council conducted a first reading of the proposed rule forwarded by the Child Care Education Committee. The consensus of the Council was to adopt rule revisions following the public comment period.

The proposed rule was submitted to the Secretary of State as part of the formal rulemaking process. The public comment period will end on June 21, 2017. As of June 13, 2017, no comments have been submitted.

CONTACT: Dawn Woods, Child Care Director, ELD

DIVISION 180

REGULATED SUBSIDY FAMILY CHILD CARE HOMES

414-180-0025

Safety

- (1) The room temperature must be at least 68°F during the hours which child care children are in care.
- (2) Rooms child care children are predominantly occupying must have a combination of natural and artificial lighting.
- (3) Floors must be free of splinters, large unsealed cracks, sliding rugs and other hazards.
- (4) Potentially aggressive animals must not be in the same physical space as the children.
- (5) Children shall be protected from fire and safety hazards. Providers must have the following protections in place:
 - (a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use.
 - (b) Extension cords shall not be used as permanent wiring;
 - (c) All appliance cords must be in good condition;
 - (d) Multiple connectors for cords shall not be used;
 - (e) A grounded power strip outlet with a built-in over-current protection may be used;
 - (f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present;
 - (g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;
- (6) The home has a working smoke detector on each floor level and in any area where a child naps.
- (7) Cleaning supplies, paints, matches, lighters, and any plastic bags large enough to fit over a child's head kept under child-safety lock.

(8) Other potentially dangerous items, such as medicine, drugs, sharp knives and poisonous and toxic materials kept under child-safety lock.

(9) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;

(10) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children;

(11) All clear glass panels in doors clearly marked at child level.

(12) Each provider must:

(a) Ensure that the home where care is provided meets all of the following standards:

(A) Each floor level used by a child has two useable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a useable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.

(B) The home has a working telephone or telephone service in operating condition.

(C) Emergency telephone numbers for fire, ambulance, police and poison control and the home address must be posted in a visible location.

(D) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition.

(E) Broken toys, furniture and equipment must be removed from areas accessible to children.

(13) Wading pools are prohibited for wading.

(14) The provider is responsible for the children in care. At all times the provider must:

(a) Be within sight or sound of all children;

(b) Be aware of what each child is doing;

(c) Be near enough to children to respond when needed.

(15) The provider must have a written plan for evacuating and removing children to a safe location in an emergency. The plan must be posted in the child care home, familiar to the children and the caregivers, and practiced at least every other month and must include:

- (a) Procedures for notifying parents or other adults responsible for the children, of the relocation and how children will be reunited with their families;
 - (b) Procedures to address the needs of individual children, including infants and toddlers, children with special needs and children with chronic medical conditions;
 - (c) An acceptable method to ensure that all children in attendance are accounted for;
 - (d) Procedures for handling natural disasters (e.g. fire, earthquake, etc.) and man-caused events, such as violence at a child-care facility;
 - (e) Procedures in the event that children must shelter-in-place or if the child-care home must be locked-down so that no one can enter or leave; and
 - (f) Procedures for maintaining continuity of child care operations.
- (16) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance.
- (17) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle.
- (18) Car seats are to be used for transportation only. Children who arrive at and brought into the provider's home asleep in a car seat may remain in the car seat until the child awakens.
- (19) The provider must take precautions to protect children from vehicular traffic. The provider shall:
- (a) Require drop off and pick up only at the curb or at an off-street location protected from traffic.
 - (b) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.
- ~~(20) If a passenger van is used to transport child care children it must meet Federal Motor Vehicle Safety Standards for transporting children in education settings.~~

The following vehicles may be used to transport child care children:

- (a) A vehicle manufactured to carry fewer than ten passengers;
- (b) A school bus or a multi-function school activity bus;
- (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or
- (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:
 - (A) Travel speed may not exceed 50 mph; and

(B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Early Learning Division or on a form provided by the inspector which contains the same information.

(21) The provider must have a written statement from the parent(s) regarding whether or not the provider is authorized to:

(a) Take a child on a field trip or other activity outside the child care home or participate in any water activity; and

(b) Transport a child to or from school or allow a child to bus or walk to or from school or child care home.

~~(22) 15 passenger vans shall not be used to transport child care children.~~

[ED. NOTE: Table referenced are available from the agency.]

Stat. Auth.: ORS 326.425(7)

Stats. Implemented: ORS 329A.505

DIVISION 205

REGISTERED FAMILY CHILD CARE HOMES

414-205-0110

Safety

(1) Children shall be protected from fire and safety hazards. Providers must have the following protections in place:

(a) All exposed electrical outlets in rooms used by preschool or younger children must have hard-to-remove protective caps or safety devices installed when the outlet is not in use.

(b) Extension cords shall not be used as permanent wiring;

(c) All appliance cords must be in good condition;

(d) Multiple connectors for cords shall not be used;

(e) A grounded power strip outlet with a built-in over-current protection may be used;

(f) A stable barrier shall be installed to prevent children from falling into hazards, including, but not limited to: fireplaces, heaters and woodstoves that are in use when child care children are present;

(g) A secure barrier shall be placed at the top and/or bottom of all stairways accessible to infants and toddlers;

(h) A working smoke detector on each floor and in any area where children nap;

(i) A working fire extinguisher with a rating of at least 2-A:10-BC;

(j) Firearms, BB guns, pellet guns and ammunition kept under lock, with ammunition stored and locked separately. Firearms, BB guns and pellet guns must remain unloaded;

(k) Cleaning supplies, paints, matches, lighters, and plastic bags kept under child-safety lock;

(l) Other potentially dangerous items, such as medicine, drugs, sharp knives and poisonous and toxic materials kept under child-safety lock;

(m) Flammable and combustible liquids, such as paint thinner and gasoline, shall be stored in the original container or a safety container and, if over one gallon, kept in an unattached storage building;

(n) If any preschool age or younger children are in care, poisonous plants must be kept out of the reach of children; and

(o) All clear glass panels in doors clearly marked at child level.

(2) All floor levels used by children must have access to two useable exits, as defined in OAR 414-205-0010(32), to the outdoors.

(a) If a basement is used for child care purposes, the requirement for two useable exits may be met by one of the following:

(A) A sliding glass door or swinging door to the outside and a window that meets the definition of a useable exit; or

(B) A window which meets the definition of a useable exit and an internal stairway to ground level that has unobstructed and direct access to the outdoors.

(b) If a window, which meets the definition of a useable exit, is used:

(A) Steps must be placed under the window to allow children to exit without assistance; and

(B) The window must be kept in good working condition.

(c) If a window used as an exit has a window well, a mechanism must be in place to allow children to exit the window well.

(3) Second floors (does not apply to providers registered continuously at the same address before 2009, unless the provider has moved the child care license to a new residence):

(a) Child care children shall not sleep on the second floor or above;

(b) Care shall not be provided for infants and toddlers on the second floor or above;

(c) Night care shall not be provided on the second floor or above;

(d) Children may be allowed on the second floor to use the bathroom if the only bathroom is on the second floor;

(e) Care can be provided for preschool and school-age children on the second floor or above, if:

(A) There are two staircases to the ground level and all children are mobile enough to exit safely; or

(B) The designated fire marshal has approved the use of the upper floor.

(4) The provider must have a written plan for evacuating and removing children to a safe location in an emergency. The plan must be posted in the home, familiar to the children and the caregivers, and practiced at least every other month and must include:

(a) Procedures for notifying parents or other adults responsible for the children, of the relocation and how children will be reunited with their families;

(b) Procedures to address the needs of individual children, including infants and toddlers, children with special needs and children with chronic medical conditions;

(c) An acceptable method to ensure that all children in attendance are accounted for;

(d) Procedures for handling natural disasters (e.g. fire, earthquake, etc.) and man-caused events, such as violence at a child-care facility;

(e) Procedures in the event that children must shelter-in-place or if the child-care home must be locked-down so that no one can enter or leave; and

(f) Procedures for maintaining continuity of child care operations.

(5) A telephone in working condition must be in the family child care home.

(a) Parents must be given the telephone number so they can contact the provider if needed.

(b) Emergency telephone numbers for fire, ambulance, police and poison control and the provider's home address must be posted in a visible location.

(6) The building, grounds, water supply, and toys, equipment and furniture used by children must be maintained in a hazard-free condition.

(a) Broken toys, furniture and equipment must be removed from areas accessible to children.

(b) Both the exterior and interior of the home must be maintained in good repair.

(c) Painted surfaces must be in good condition, both inside and outside, to avoid exposing children to lead paint.

(d) The provider shall report to OCC any damage to the building that affects the provider's ability to comply with these requirements, within 48 hours after the occurrence.

(7) If a caregiver is transporting children, the caregiver must have a valid driver's license and proof of appropriate insurance.

(8) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle.

(9) Car seats are to be used for transportation only. Children who arrive at the provider's home asleep in a car seat may remain in the car seat until the child awakens.

(10) The provider must take precautions to protect children from vehicular traffic. The provider shall:

(A) Require drop off and pick up only at the curb or at an off-street location protected from traffic.

(B) Assure that any adult who supervises drop-off and loading can see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

(11) ~~15 passenger vans shall not be used to transport child care children after January 1, 2018.~~

The following vehicles may be used to transport child care children:

- (a) A vehicle manufactured to carry fewer than ten passengers;
- (b) A school bus or a multi-function school activity bus;
- (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or
- (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:
 - (A) Travel speed may not exceed 50 mph; and
 - (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Early Learning Division or on a form provided by the inspector which contains the same information.

Stat. Auth.: ~~ORS 657A.260~~ ORS 329A.250 to 329A.450, ORS 326.425

Stats. Implemented: ~~ORS 657A.260~~ ORS 329A.250 to 329A.450

DIVISION 300

CERTIFIED CHILD CARE CENTERS

414-300-0350

Transportation

When transportation is provided by or arranged for by the center, the following requirements shall be met:

(1) Drivers shall:

- (a) Be at least 18 years of age;
- (b) Hold a current driver's license. If required by the Motor Vehicles Division (DMV), a commercial driver's license shall be obtained; and
- (c) Maintain a safe driving record.
- (d) The provider must take precautions to protect children from vehicular traffic.

(2) The operator shall obtain a copy of the driving record from DMV for each staff whose job description includes driving duties. The DMV check shall be updated annually.

(3) The vehicle shall be:

- (a) In compliance with all applicable state and local motor vehicle laws; and
- (b) Maintained in a safe operating condition.

(4) If transportation is provided between the center and the child's school or other destination, the center shall have in writing an acknowledgment from the parent(s) that they are aware of the time of day their child is to be picked up and/or delivered by the center. If the pick-up schedule results in children being unsupervised at school or other location, the center shall notify parents of this fact.

(5) When transporting children on a regular basis, there shall be sufficient staff to meet the required staff/child ratios (OAR 414-300-0130) for each age group of children being transported.

(a) The driver may count in the staff/child ratios.

(b) Staff shall be teacher-qualified or Aide II qualified. Aide I qualified staff may count in the staff/child ratios if one other staff is teacher-qualified.

(c) If none of the staff is teacher-qualified, an adult in the vehicle shall be trained in first aid and the vehicle shall be equipped with a cell phone or other communication device.

(6) When transporting children on field trips, the center shall follow its procedures for field trips (OAR 414-300-0030(7)(e)). The procedures shall include, but not be limited to, requirements regarding drivers and adult supervision.

(7) When transporting children for any and all purposes:

(a) Children shall be transported only in sections of vehicles designed for and equipped to carry passengers;

(b) A seat that fully supports the passenger shall be provided for each child;

(c) All children, shall be transported in accordance with ORS 811.210. The child safety system and safety belts shall comply with ORS 815.055 and the standards adopted by the Oregon Department of Transportation;

(d) Infants, toddlers, and preschool age children shall leave the vehicle on the same side of the street as the building they will enter;

(e) Drivers delivering children to their homes shall not depart until the child has been received by an authorized person; and

(f) No child shall be left unattended inside or outside a vehicle.

(8) The center shall maintain a written plan for transportation.

(9) The following vehicles may be used to transport child care children:

(a) A vehicle manufactured to carry fewer than ten passengers;

(b) A school bus or a multi-function school activity bus;

(c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or

(d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:

(A) Travel speed may not exceed 50 mph; and

(B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Early Learning Division or on a form provided by the inspector which contains the same information.

Stat. Auth.: ~~ORS 657A.260~~ ORS 329A.250 to 329A.450, ORS 326.425

Stats. Implemented: ~~ORS 657A.260~~ ORS 329A.250 to 329A.450

DIVISION 350

CERTIFIED FAMILY CHILD CARE HOMES

414-350-0250

Transportation

When transportation is provided by or arranged for by the certified family child care home, the following requirements must be met.

- (1) Drivers shall be at least 18 years of age and hold a current driver's license.
- (2) The vehicle shall be:
 - (a) In compliance with all applicable state and local motor vehicle laws, and
 - (b) Maintained in a safe operating condition.
- (3) If transportation is provided between the certified family child care home and the child's school or other destination, the provider shall have in writing an acknowledgment from the parent(s) that they are aware of the time of day their child is to be picked up and/or delivered by the provider. If the pick-up schedule results in children being unsupervised at school or other location, the provider shall notify parents of this fact.
- (4) When transporting children:
 - (a) The emergency information for each child who is being transported shall be in the vehicle.
 - (b) Children shall be transported only in sections of vehicles designed for and equipped to carry passengers.
 - (c) A seat that fully supports the passenger shall be provided for each child.
 - (d) The number of children transported shall not exceed the number of seat belts or child safety systems available in the vehicle.
 - (e) All children shall be transported in accordance with ORS 811.210. The child safety system and safety belts shall comply with ORS 815.055 and the standards adopted by the Oregon Department of Transportation. A child under four years of age and weighing 40 pounds or less shall be in an approved child safety system. A child between the ages of 4 and 6 years AND children who weigh between 40 and 60 pounds, regardless of age, must use a booster seat.

(f) Staff/child ratios, as specified in OAR 414-350-0120, shall be maintained in vehicles, as well as in the certified family child care home, when one caregiver is transporting children.

(g) Infants, toddlers, and preschool age children shall leave the vehicle on the same side of the street as the building they will enter.

(h) Drivers delivering children to their homes shall not depart until the child has been received by an authorized person.

(i) No child shall be left unattended inside or outside a vehicle.

(j) If firearms and ammunition are stored in a vehicle, they must be stored as specified in OAR 414-350-0170(10)(d).

(5) The following vehicles may be used to transport child care children:

- (a) A vehicle manufactured to carry fewer than ten passengers;
- (b) A school bus or a multi-function school activity bus;
- (c) A vehicle manufactured to carry ten or more passengers that was manufactured in 2010 or after; or
- (d) A vehicle manufactured to carry ten or more passengers that was manufactured before 2010, with the following conditions:
 - (A) Travel speed may not exceed 50 mph; and
 - (B) The vehicle must have an annual safety inspection by a garage, dealership or auto repair shop. Proof of inspection must be on the form provided by the Early Learning Division or on a form provided by the inspector which contains the same information.

Stat. Auth.: ~~ORS 657A.260~~ ORS 329A.250 to 329A.450, ORS 326.425

Stats. Implemented: ~~ORS 657A.260, 657A.280 & 657A.290~~ ORS 329A.250 to 329A.450

Board Action Summary

AGENDA ITEM: Central Background Registry Rules – First Reading

Summary of Recommended Board Action

ACTION: First Reading of Permanent Administrative Rules for the Central Background Registry

ISSUE: The Early Learning Division, Office of Child Care (OCC) administers the Central Background Registry (CBR) pursuant to ORS 329A.030. OCC conducts background checks on individuals associated with child care facilities. Background checks consist of criminal and child welfare (child abuse and neglect) as well as a suitability determination for enrollment in the CBR. The enrollment period is two years at which time the individual must apply for renewal.

The federal Child Care and Development Block Grant Act of 2014 requires all subject individuals in the Central Background Registry to be fingerprinted by September 30, 2017 as a condition for receiving federal Child Care and Development Block Grant (CCDBG) funds.

Permanent rules need to be adopted to replace temporary rules adopted by the Council in January 2017.

ACTION PRECEDING RECOMMENDED BOARD ADOPTION:

Temporary rules, adopted by the Council in January 2017, allowed the OCC to begin fingerprinting all subject individuals in order to meet the September 2017 deadline and to mitigate anticipated increased costs of fingerprinting.

BOARD MEMBER PRESENTING REPORT FOR ADOPTION: Bobbie Webber

CONTACT: Kim Parker, Chief of Staff
Dawn Woods, Child Care Director
Kelli Walker, Child Care Policy Manager
Lisa Pinheiro, Policy Specialist

New language in Bold; strikeout language is language to be deleted.

OREGON DEPARTMENT OF EDUCATION
EARLY LEARNING DIVISION

DIVISION 061

414-061-0080

Procedures for Conducting FBI Criminal History Checks

~~(1) An FBI criminal records check will be done on a subject individual whose OSP CCH record shows multi source offender status, who has lived in Oregon less than 18 months or when OCC has information that the individual has committed a crime in another state, or has committed a federal crime, or when OCC has reason to question the identity of the subject individual.~~

(1) An FBI criminal records check will be done on all subject individuals who:

(a) are currently enrolled in the CBR; or

(b) are submitting an application for enrollment in the Office of Child Care's Central Background Registry.

(2) The subject individual shall supply to OCC the following information:

(a) One properly completed FBI fingerprint card, with printing in the "reason fingerprinted" block that reads "License/Certificate/Permit ORS 181.534"; and

(b) A properly completed "Instructions to Authorized Fingerprinter" form; or

(c) Electronically submitted fingerprints through an OCC designated fingerprinter. The "reason fingerprinted" field must read "License/Certificate/Permit". ~~ORS 181.534"; and~~

~~**(d) A properly completed "Verification form for Authorized Fingerprinter" form.**~~

(3) OCC will review the criminal records information and any additional information and will determine whether or not a subject individual may be enrolled, suspended or removed in or from the Central Background Registry.

(4) OCC will charge the subject individual up to the amount equal to the cost incurred by OCC for an FBI records check, to be paid at the time of the request.

(5) Individuals currently enrolled in the Central Background Registry or with pending applications for enrollment in the Central Background Registry will receive a request to complete an FBI criminal records check from the Office of Child Care and must complete the FBI criminal records check by the date indicated on the request.

New language in Bold; strikeout language is language to be deleted.

(6) Failure to complete and pass the FBI criminal records check is a basis for suspension of enrollment in the Central Background Registry, removal from the Central Background Registry, or denial of the application.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS ~~657A.329A~~.030(7)

Stats. Implemented: ORS ~~657A.329A~~.030

Hub Monitoring Visit Reports

(Afternoon Presentations)

- Yamhill Early Learning Hub
- Frontier Early Learning Hub
- Clackamas County Early Learning Hub
- Early Learning Hub of Central Oregon
- Linn Benton Lincoln Early Learning Hub
- Blue Mountain Early Learning Hub
- South Coast Regional Early Learning Hub
- Northwest Regional Early Learning Hub

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Yamhill Early Learning Hub
Date Contract Initiated with ELD	May 2014
Coverage Area/Square Miles	Yamhill County (718 sq mi)
# of children in Priority Population	4,674
Total State Investments	\$894,826.92
Backbone organization(s)	Yamhill Community Care Organization

Summary of Findings:

Yamhill Early Learning Hub is a smaller Hub, contiguous to the Portland Metro region, with largely rural communities outside the small city of McMinnville. They are the only Hub situated within a Coordinated Care Organization (CCO), Yamhill Community Care Organization (YCCO), as their backbone organization. This has offered unique opportunities to work on health-related concerns of young children. For instance, schools are now referring students who need services to the CCO thru their Wellness to Learn Program, a connection cultivated by the Hub. The Early Learning Hub Equity trainings are now being offered throughout the CCO as well. The Hub's governance is made up of the Early Learning Council (ELC) and has both a Parent Advisory Council and Community Advisory Council. The ELC has full decision making authority and is also linked to YCCO Board of Directors. There is a high level of integration and mutual support between the work of the Hub and the mission and activities of YCCO.

This Hub is strong in numerous areas. It has a very clear work plan to guide its accomplishments over time. The Hub has a strong focus on 0-3-and works in close association with its CCO and Public Health Department. They are working toward identifying each child born in the county, focusing on the families that need support. While prioritizing their school districts by analyzing their Kindergarten Assessment data, they discovered disparities among migrant students, and have adjusted their strategies to work with these children and families.

Utilizing VISTA volunteers for data analysis, their Governance Council is now doing a deeper analysis of their priority populations, and the Hub is intending to integrate child welfare data with KA scores over the coming year. They are also holding Community Conversations in the community around Trauma Informed Care and are starting a multi-sector task force this summer, with parents, to move forward as a community.

Lastly, they have hired a Community Engagement Coordinator to regularly hold focus groups and connect with the community, and parents in particular. Their next steps are to improve the clarity of their partners' role in Hub governance and activities, and continue to connect with parents and families from priority populations to strengthen their voice in the Hub moving forward.

Summary of Partner Survey:

The partner survey supported the Hub's direction, revealing a strong sense that the Hub facilitates community collaboration, uses data well, and needs to continue to engage and build parent voice in the

Hub. Some respondents indicated a need to more actively engage business partners. Hub staff reported that survey responses indicating a lack of clarity around partners' role in the work was helpful information, and they've now included this in their Quality Improvement Plan.

Focus Areas for Quality Improvement:

The EL Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Engage community partners in focus groups on topics relating to the work of the Early Learning Hub no less than bi-monthly.
- Add parent feedback update to ELC agenda quarterly.

Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- Conduct Yours, Mine & Ours activity at ELC retreat to identify common activities where we could collectively focus for the biggest impact
- Connect new ELC members with a veteran "buddy" to help them understand the system

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations. This is reflected in their work plan, and quarterly reports, along with other continuous feedback processes

- Collect and compile data on factors that impact child wellbeing (poverty, child welfare cases, teen pregnancy, etc.) to consider along with metric data in determining hot spot areas for 2017-19.
- Utilize data warehouse system to collect and gather data about children and families served, including demographic and healthcare utilization data for OHP members.

Required Action: None

Partner Survey Summary

Yamhill

Total Respondents

35

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate			1				1
Collaborate	4		7	2	1	3	17
Coordinate	1		4			1	6
Cooperate			1		1	1	3
Communicate			2	1			3
Co-exist							
Compete				1			1

Partner Comments Summary

"[What we want the hub to know is] [h]ow much we value their expertise, commitment and dedication to our shared mission and that the collective impact model is absolutely our best hope at gaining traction on the social determinants of health and improving education rates across Yamhill County.

We are all in this together: the seven school districts have agreed that there are priority districts and that's okay! Engaging community beyond schools, social service, and early learning through our Family Resiliency events has been a rewarding process... but we still have work to do to engage business.

"DHS self-sufficiency and housing is missing from our table. It's not easy to get them there"

"Ongoing stable funding, particularly as we are looking at significant changes to health care financing. More consideration of local input and more flexibility from ELD in evaluating existing programs"

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=5)	DHS (N=0)	K-12 (N=14)	HEALTH (N=4)	BIZ (N=3)	COMM (N=5)	ALL (N=30)
The mission of our EL hub is clear to me.	3.2		3.4	3.3	3.7	3.6	3.4
The EL Hub's decision-making process, and my role in it, are clear to me.	3.2		3.4	3.0	4.0	3.2	3.3
I have influence over the decision-making within the EL Hub.	2.8		3.2	2.5	3.0	3.2	3.0
I have influence over the direction of the EL Hub.	2.8		3.2	2.5	2.5	3.2	3.0
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.4		3.1	2.7	4.0	3.6	3.3
I am able to make productive contributions to the EL Hub.	3.2		3.3	3.3	3.7	3.6	3.4
The partners involved in the EL hub mutually support each other toward common outcomes.	3.4		3.2	3.7	3.7	3.8	3.4
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.2		3.0	2.3	3.5	3.2	3.0
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3		3.2	2.3	4.0	3.4	3.2

	EL (N=5)	DHS (N=0)	K-12 (N=14)	HEALTH (N=4)	BIZ (N=3)	COMM (N=5)	ALL (N=30)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.4		3.3	3.0	4.0	3.6	3.4
The EL hub's success in implementing its strategies will improve the success of my work.	3.2		3.5	3.0	3.5	3.4	3.4
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.4		3.4	3.0	3.7	3.4	3.4
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.8		2.9	3.0	4.0	3.2	3.1
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.4		3.3	3.5	4.0	3.4	3.4
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.4		3.4	3.5	4.0	3.4	3.4
My EL hub is raising awareness about racial equity in our region.	3.2		3.1	2.7	3.7	3	3.1
My EL hub raises awareness about early childhood and early learning in our region.	3.8		3.5	3.7	4.0	3.6	3.6
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.4		3.4	3.3	3.7	3.6	3.4
Our EL hub's leadership fosters regional collaboration.	3.4		3.5	2.8	4.0	3.6	3.4

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Frontier Early Learning Hub
Date Contract Initiated with ELD	May 2015
Coverage Area/Square Miles	Grant and Harney Counties (4,529 + 10,226 = 14,755 sq mi total)
# of children in Priority Population	622
Total State Investments	\$353,026.40
Backbone organization(s)	Harney County

Summary of Findings:

Frontier Early Learning Hub is the smallest within the system, with 622 children in its priority population. They are a remote and frontier Hub and although populations are small, distances are significant and the Hub's coverage area stretches over 14,000 square miles. It is one of the only Hubs that has one room school houses and, in some cases, children who are so remote they must attend a boarding school as their only option. Often data is difficult to obtain due to such small numbers and rules around confidentiality.

They have strength in their ability to have close relationships in small communities and their child development center in Harney County is a model that provides preschool well beyond those served by Head Start. This is a huge asset and allows them to offer preschool to any child whose family wants it. Early on they offered a standardized early learning curriculum and training to all providers and KA scores are increasing they believe as a direct result. Developmental screening has also flourished due to the strength of relationships and the connections to a small medical community.

This Hub has struggled in some foundational areas that will need to be addressed. They have been challenged by distance and commitment to keep their Governance Council well engaged and are currently working with the ELD and a consultant to right-size this issue. They have also been challenged to effectively utilize data in focusing on priority populations and decision making. Although working with the tribal community, there is not a strong enough focus on their Latino children and this also ties back to working with their Governance Council to be engaged in assessing data, priorities and disparities as well as developing strategies and activities. Finally, parent voice will also need strengthening beyond the head start parent advisory committee and home visiting.

Summary of Partner Survey

Early learning and health partners are pleased with the work of the Hub. Some partners in the survey note there has been a growing relationship between early childhood and K-12 as well as more alignment of the two counties in the region. However, a couple of K-12 partners indicate in the survey that they have no relationship to the Hub. DHS did not respond to the survey nor did business. Hub staff indicates that some administrators in K-12 are still not seeing the value of the connection and this will need to be addressed in the next work plan.

Focus Areas for Quality Improvement:

Hub governance bodies are contributing members whose input and feedback is included in the decisions, actions and strategic investments of the Hub.

- Develop plan for engaged governance council

Hub with its partners identifies, analyzes, and utilizes regional data to assess priority populations and disparities for priority populations

- Utilize data including KA, FRL and local to identify priority populations and disparities

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

Hub investments are clearly aligned to strategies and work plan activities using data.

The Hub will use qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities.

- Develop plan for parent voice including surveys and community wide meetings.

Required Action:

- Working with ELD staff develop a strong and engaged governance council and demonstrate their engagement and input into data analysis, work planning and decision making.
- Identify, analyze and document data sources including demographics and identified disparities.
- Develop clear plan for parent engagement to assure parent voice in both decision making and evaluation of effectiveness of strategies, activities and investments of the Hub.
- Follow up on these actions will take place during the work plan process August-September, 2017 and at end of first, second and third quarters of the contract (January, March, June 2018)

Partner Survey Summary

Frontier

Total Respondents

14

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	1						1
Collaborate				1		1	2
Coordinate	2						2
Cooperate	1			1			2
Communicate	1		1				2
Co-exist			3				3
Compete							

Partner Comments Summary

Grant & Harney counties have high poverty rates. The EL Hub looks at all children and provides equal opportunities and support for low income families in all of the rural communities.

This EL Hub is very well represented by all 5-sector partners, including the Paiute Tribe in Harney County. They also have equal representation from both counties. No one is missing.

Continuing to express the HUB's mission and purpose as this is still new to most partners.

Implementing a state-wide data base to collect the great work of the EL Hubs is needed i.e. ASQ's. The Hubs also need improved technology such as virtual meeting support that would be accessible and reliable to use in the rural areas.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=4)	DHS (N=0)	K-12 (N=4)	HEALTH (N=2)	BIZ (N=0)	COMM (N=1)	ALL (N=11)
The mission of our EL hub is clear to me.	3.3		1.8	3		4	2.7
The EL Hub's decision-making process, and my role in it, are clear to me.	3.3		1.8	3		3	2.6
I have influence over the decision-making within the EL Hub.	2.8		1.5	4		3	2.4
I have influence over the direction of the EL Hub.	2.5		1.5	4		3	2.3
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.7		2.5	3.5			3.1
I am able to make productive contributions to the EL Hub.	3.3		2.0	3.5		4	3.1
The partners involved in the EL hub mutually support each other toward common outcomes.	3.3		2.3	4		4	3.2
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.7		2.0	4		3	2.7
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.8		1.8	4		3	2.6

	EL (N=4)	DHS (N=0)	K-12 (N=4)	HEALTH (N=2)	BIZ (N=0)	COMM (N=1)	ALL (N=11)
The EL hub's success in implementing its strategies will improve the success of my work.	3.3		2.5	3.5		4	3.1
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.3		2.0	3.5		4	2.9
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.0		2.0	4		4	2.9
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.0		2.0	3.5		4	3.0
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.0		2.0	3.5		4	2.9
My EL hub is raising awareness about racial equity in our region.	3.0		2.5	4		3	3.0
My EL hub raises awareness about early childhood and early learning in our region.	3.0		2.8	3.5		4	3.1
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.0		2.0	3.5		4	2.9
Our EL hub's leadership fosters regional collaboration.	3.0		2.3	4		4	3.1

Early Learning Hubs Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Clackamas Early Learning Hub
Date Contract Initiated with ELD	April 2015
Coverage Area/Square Miles	Clackamas County (1883 sq mi)
# of children in Priority Population	13,234
Total State Investments	\$1,988,086.36
Backbone organization(s)	Clackamas County Children, Families, and Youth Division

Summary of Findings:

Clackamas Early Learning Hub is comprised of both metro and rural areas and is the third most populous county in Oregon. They are in a unique position having Clackamas County as their backbone and have begun to integrate and align all county health and human programs and resources towards priority populations by embedding the equity lens in all county programming.

The Governance Council had a slow start but is on track now and has co-chairs, with one from work force development and one from K-12. There is a strong and highly engaged early childhood committee as well as a new Spanish-speaking Parent Advisory Council that feeds up to the overall governance of the Hub.

The Hub has recently partnered with their county public health department and is working with their epidemiologist doing mapping with data that will align with their 10 health equity zones. As they collect and analyze this data they will be developing shared goals.

The Clackamas Early Learning Hub is developmentally on target for becoming a high functioning Hub making significant improvements for their priority populations.

Summary of Partner Survey

Partners indicate a high degree of satisfaction for the opportunity to be at the same tables and work collectively. Partners noted that they would like to see more focus on progress. They also noted wanting more clarity and a clearer work plan to keep on task. One partner wanted to see a review of the strategic direction to ensure we are truly covering needs and gaps. This is great feedback for the Hubs to implement.

Focus Areas for Quality Improvement:

Hub's governance bodies are contributing members whose input and feedback is included in the decisions, actions and strategic investments of the Hubs.

- Provide strategic investment progress during Governance meetings.
- Develop work plan with identified priority focus area to increase clarity.

Partners have a clear role in implementing strategies and activities that are focused on these outcomes.

- Assure that work plan supports three identified areas and reduce number of goals to focus on work that will have the greatest impact.

The Clackamas Early Learning Hub's investments are clearly aligned to strategies and work plan activities to produce positive outcomes for the priority populations, with data.

- Integrate Public Health data to identify needs and gaps for priority populations
- Articulate in the work plan funding streams to strategies/activities
- Highlight Hub investments and outcomes for priority populations from programs to Governance Committee.

Required Action: None

Partner Survey Summary

Clackamas

Total Respondents

28

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	2		2			3	7
Coordinate	1		2	1	1	2	7
Cooperate	1		1	3		2	7
Communicate				2		1	3
Co-exist			1				1
Compete							

Partner Comments Summary

Highly collaborative and interactive. Our Hub is very actively engaged in setting goals and outcomes for children and families.

The collective work of everyone in the Hub is moving the dial for children and families throughout the county faster than would have been achieved than if we working in isolation.

I am not actually sure I have seen much community engagement....for sure systems engagement.

No businesses which serve young children, rural school districts, and private health partners are not currently represented. Deliberate outreach with a message of the value the Hub brings would help.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=4)	DHS (N=0)	K-12 (N=6)	HEALTH (N=6)	BIZ (N=1)	COMM (N=8)	ALL (N=25)
The mission of our EL hub is clear to me.	3.5		3.2	2.8	4.0	3.4	3.2
The EL Hub's decision-making process, and my role in it, are clear to me.	3.0		3.0	2.8	4.0	3.4	3.1
I have influence over the decision-making within the EL Hub.	3.5		2.8	2.4	2.0	3.5	2.9
I have influence over the direction of the EL Hub.	2.8		2.8	2.4	3.0	3.0	2.7
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.5		3.0	2.8	3.0	3.9	3.3
I am able to make productive contributions to the EL Hub.	3.8		3.0	3.0	3.0	3.8	3.4
The partners involved in the EL hub mutually support each other toward common outcomes.	3.7		3.2	3.0	3.0	3.6	3.2
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.5		2.8	2.8	2.0	3.1	2.8
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.7		2.8	2.4	2.0	3.3	2.8

	EL (N=4)	DHS (N=0)	K-12 (N=6)	HEALTH (N=6)	BIZ (N=1)	COMM (N=8)	ALL (N=25)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.8		3.0	2.8	3.0	3.5	3.2
The EL hub's success in implementing its strategies will improve the success of my work.	3.0		3.0	3.3	4.0	3.6	3.3
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.3		2.4	3.0	3.0	3.5	3.0
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.0		2.6	1.8	3.0	2.8	2.5
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.3		3.0	2.3	4.0	3.0	2.7
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.8		3.0	3.0	4.0	3.6	3.2
My EL hub is raising awareness about racial equity in our region.	3.7		2.5	2.5	4.0	3.4	3.0
My EL hub raises awareness about early childhood and early learning in our region.	3.8		2.8	3.2	4.0	3.8	3.4
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.5		3.0	2.7	4.0	3.5	3.2
Our EL hub's leadership fosters regional collaboration.	3.8		3.2	2.8	4.0	3.8	3.4

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Early Learning Hub of Central Oregon
Date Contract Initiated with ELD	October 2014
Coverage Area/Square Miles	Deschutes, Jefferson, and Crook Counties (3,055 + 1,791 + 2,987 = 7,833 sq mi total)
# of children in Priority Population	10,203
Total State Investments	\$1,527,824.12
Backbone organization(s)	Wellness Education Board of Central Oregon

Summary of Findings:

The Early Learning Hub of Central Oregon has three counties and also includes the Confederated Tribes of Warm Springs. Primarily rural and frontier, the Hub has some larger population areas in Bend and Redmond.

This Hub has had some early accomplishments, although development has been slowed as it wrestled with several issues. Leadership changes at both the backbone director and Hub director levels have had an impact. The current backbone is an Inter-Governmental entity that is now in the process of dissolving, and the Hub is moving to the High Desert ESD (HDESD). It initially had a strong county-focused structure and took the time and effort to move to a more regional approach.

Their Early Learning Leadership Council (ELLC) is engaged with strategic and work plans, as well as investments and the criteria for priority populations. They have been meticulous in engaging all sectors in governance. It is clear from the current transition process that their governance takes their leadership responsibilities seriously. They are ensuring that the Hub maintains the autonomy it needs to successfully lead early learning in the region, ensuring there is integrity to the transition process and working to develop strong backbone support that enables the Hub to be sustainable. The ELD will continue to work closely with the Hub to support their transition to the new backbone entity.

The Hub has commissioned an impressive report from PSU that provides a great foundation from which to engage their community, partners and families around the needs of their priority populations. Efforts to use this data to inform decision-making and catalyze the community are in their infancy and developmentally this will be the next step.

The Hub meets its contractual obligations, however there have been issues with timeliness that have been addressed and will continue to be monitored.

Overall the Hub is developmentally getting back on track and has been establishing the foundational pieces needed for excellence. With the move to a new and supportive backbone, it has a new opportunity to engage partners and stakeholders in the work of the Hub.

Summary of Partner Survey:

Per the partner survey, many Hub partners report feeling a lack of engagement and a desire for more and better communication. The partners are clearly anxious to see the full potential of the Hub. Many K-12 partners express a desire for better communication and better relationship building. Additionally, some survey respondents are concerned about a lack of Jefferson County representation, as well as parent engagement. At a project level, many partners engaged in Hub activities report appreciating the support and collaborative spirit of the Hub.

Focus Areas for Quality Improvement:

The EL Hub's investments are clearly aligned to strategies and work plan activities to produce positive outcomes for the priority populations, with data.

- Development of Investment and Equity Committees
- Build equity domains into new work plan

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for Hub activities, including making adjustments and adaptations.

- Hire data analyst position
- Data analysis and work planning to assure focus on priority populations
- Work with community partners in continuing to develop regional vision and priorities

Required Action:

- Continue working in partnership with the ELD to assure a successful transition to the HDESD as backbone organization.
- Continue developing with the Governance Council and local partners' regional priorities and vision and implement in the next work plan.
- Integrate chosen domains from the equity self assessment and integrate into the work plan.
- Develop a clear plan for meeting administrative functions including reporting, work planning etc. in a timely manner.
- Follow up on this action will take place during the work plan process August-September, 2017 and at end of first and second quarter of the contract (January, March 2018)

Partner Survey Summary

Central Oregon

Total Respondents

40

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	1		1	2		5	9
Coordinate			2				2
Cooperate	1		4	1	1	1	8
Communicate	2			2		3	7
Co-exist	2		1				3
Compete							

Partner Comments Summary

"I respect and appreciate the work they do in our community. It has resulted in a tangible improvement in the quality of regional collaboration which includes both social capital of our relationships and projects that positively impact children in our community. I think the on-going challenge is to manage well intended planning and alignment efforts/directives in order to make sure our efforts impact real children."

"In our early collaboration and planning, the EL Hub has been a very engaged partner. The Hub clearly cares about the real work of helping children and families, making it an exciting and hopeful partnership toward providing our future residents with meaningful resources and supports. We're also excited for the opportunity to provide another perspective and contribute to the EL Hub in different ways."

"It has been a very confusing process in terms of what the Hub's role is in the region. I don't understand its purpose."

"It seems the initial start up has been rough & communication has been inconsistent. There have been improvements recently."

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=6)	DHS (N=0)	K-12 (N=7)	HEALTH (N=5)	BIZ (N=1)	COMM (N=9)	ALL (N=28)
The mission of our EL hub is clear to me.	3.2		3.0	3.2	1	3.3	3.1
The EL Hub's decision-making process, and my role in it, are clear to me.	3.0		3.0	2.6	1	2.9	2.8
I have influence over the decision-making within the EL Hub.	2.7		3.0	2.6	1	2.7	2.7
I have influence over the direction of the EL Hub.	2.3		2.8	2.8	1	2.4	2.5
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.0		3.3	3.8	2	3.7	3.4
I am able to make productive contributions to the EL Hub.	2.8		3.2	3.2	1	3.1	3.0
The partners involved in the EL hub mutually support each other toward common outcomes.	2.8		3.2	3.2	1	3.3	3.1
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.8		2.1	2.8	2	2.1	2.4
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	2.7		2.6	2.8	2	2.7	2.6

	EL (N=6)	DHS (N=0)	K-12 (N=7)	HEALTH (N=5)	BIZ (N=1)	COMM (N=9)	ALL (N=28)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	2.8		3.3	3.2	3	3.1	3.1
The EL hub's success in implementing its strategies will improve the success of my work.	3.0		3.3	3.6	2	3.4	3.3
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	2.7		2.7	3.3	1	3.0	2.8
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.6		2.0	2.4	2	2.6	2.4
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.5		3.3	2.8	3	3.2	3.2
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.0		3.3	3	3	3.4	3.2
My EL hub is raising awareness about racial equity in our region.	3.5		3.1	2.4	3	2.9	3.0
My EL hub raises awareness about early childhood and early learning in our region.	3.2		3.2	2.8	3	3.3	3.1
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.3		2.8	2.6	3	3.2	3.0
Our EL hub's leadership fosters regional collaboration.	3.5		3.0	3.2	2	3.4	3.2

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Early Learning Hub of Linn, Benton, and Lincoln Counties
Date Contract Initiated with ELD	March 2015
Coverage Area/Square Miles	Linn, Benton, and Lincoln Counties (1,103 + 688 + 829 = 2,620 sq mi total)
# of children in Priority Population	11,429
Total State Investments	\$1,688,574.11
Backbone organization(s)	Linn Benton Community College

Summary of Findings:

Linn-Benton Lincoln Early Learning (LBLEL) Hub is a mid-size Hub encompassing a mix of small metropolitan areas inland to remote rural areas on the coast. They are situated within their community college, which offers significant fiscal, technological and other resources that support the Hub's success.

LBLEL Hub has done an excellent job in developing the foundations of Hub success. They have a highly functioning governance structure consisting of four cross-working committees (Health Care Integration, Pre-K/K-12 alignment and Early Childhood Coordinating Council) who are in charge of developing Hub work plans and recommendations. These committees cross-coordinate with the Governance Council for targeted investments of strategies and activities. They also assure a deep level of participation from governance with every sector having a position from each county. Each committee has both standing and proxy members who are clear on their roles and responsibilities as outlined in their detailed charter and MOU's that each member signs.

Data analysis is another major strength and their investment in an epidemiologist in partnership with the health department has assured that they are clear on who their priority populations are and which disparities they are addressing. They are in the process of developing a system for analyzing target investments within priority populations.

Summary of Partner Survey

The partner survey reflected a high level of satisfaction from all sectors. Several partners report that the hub provides support, excellent communication and an opportunity for collaboration. Some partners noted that there is an increasing relationship with K-12 and discussion around the importance of preschool.

Focus Areas for Quality Improvement:

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Recruit parents from partner agencies to serve on the hub governing board
- Develop set of standard questions for parent feedback to be used with existing parent groups
- Develop process/protocol for sharing information back with parent groups after information gathering and ongoing communication loops.

The EL Hub uses qualitative and quantitative data analysis along with feedback from community and family engagement as part of their continuous evaluation process for hub activities, including making adjustments and adaptations.

- Participate in ELD data committee to explore data collection methods and sources for under-operationalized metrics.

Required Action: None

Partner Survey Summary

Linn Benton Lincoln (LBL)

Total Respondents

27

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	1	0	1	0	0	0	2
Collaborate	3	1	4	1	1	3	13
Coordinate	0	0	0	2	1	0	3
Cooperate	0	0	3	0	0	2	5
Communicate	1	0	1	0	0	0	2
Co-exist	0	0	0	0	0	0	0
Compete	0	0	0	0	0	0	0

Partner Comments Summary

"Our Hub and staff are supportive, helpful, provide all sorts of information and are great communicators. They welcome input and are always striving to be better. Honesty and transparency is at the forefront all the time. They are always looking for ways to support programs doing good work and watching out for the needs of the families in our counties."

It has been a very easy process, and very fruitful partnership. Our HUB partner makes it possible for us to reach low-income families with young children that would otherwise not have access to early learning programs.

"There is an imbalance between the counties within the region as far as development is concerned. My hope is that Lincoln County can quickly be brought up to speed with the rest of the region."

"Coordination is working well. I feel we are still struggling with the family voice."

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=6)	DHS (N=1)	K-12 (N=10)	HEALTH (N=3)	BIZ (N=2)	COMM (N=5)	ALL (N=26)
The mission of our EL hub is clear to me.	3.8	4.0	3.6	3.7	3.5	4.0	3.6
The EL Hub's decision-making process, and my role in it, are clear to me.	3.8	4.0	3.6	3.3	3.5	3.4	3.4
I have influence over the decision-making within the EL Hub.	3.8	3.0	3.3	3.0	3.5	3.2	3.2
I have influence over the direction of the EL Hub.	3.6	4.0	3.4	3.0	3.5	3.0	3.1
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.6	4.0	3.4	3.7	3.5	3.8	3.5
I am able to make productive contributions to the EL Hub.	3.6	4.0	3.4	3.7	3.5	3.6	3.4
The partners involved in the EL hub mutually support each other toward common outcomes.	3.6	4.0	3.7	3.3	4	3.2	3.4
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.4	3.0	3.1	3.0	3.5	2.5	3.2
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.6	4.0	3.1	3.7	3.5	3.0	3.2

	EL (N=6)	DHS (N=1)	K-12 (N=10)	HEALTH (N=3)	BIZ (N=2)	COMM (N=5)	ALL (N=26)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.6	3.0	3.6	3.7	4	3.8	3.5
The EL hub's success in implementing its strategies will improve the success of my work.	4.0	4.0	3.7	3.7	4	3.6	3.6
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.6	4.0	3.2	3.3	3.5	3.2	3.2
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.8	3.0	2.8	2.7	4	3.7	2.9
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.8	4.0	3.5	3.7	3.5	4.0	3.4
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.8	4.0	3.6	3.3	4	4.0	3.6
My EL hub is raising awareness about racial equity in our region.	3.2	3.0	3.3	3.3	3.5	3.0	3.1
My EL hub raises awareness about early childhood and early learning in our region.	3.6	4.0	3.5	3.7	3.5	3.8	3.4
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.8	4.0	3.8	3.7	4	3.8	3.7
Our EL hub's leadership fosters regional collaboration.	3.8	4.0	3.4	3.7	3.5	3.8	3.5

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Blue Mountain Early Learning Hub
Date Contract Initiated with ELD	October 2014
Coverage Area/Square Miles	Umatilla, Morrow, and Union counties (7,319 sq mi)
# of children in Priority Population	7,556
Total State Investments	\$1,167,801.45
Backbone organization(s)	Intermountain Educational Service District

Summary of Findings:

The Blue Mountain Early Learning Hub (BMELH) is a frontier Hub comprising three counties and around 7,000 square miles. Like all of our frontier Hubs they are mostly rural with larger pockets of population in Pendleton and Hermiston.

BMELH is uniquely positioned due to the co-convening relationship between the Education Service District (ESD) and Head Start and their ability to influence many of the early learning programs in their area.

Engaged governance is clearly a strength of this Hub. They have an Early Childhood Partnership team in each county that feeds up to their Governance Board. Governance members are focused on data driven decision making and they have recently added a tribal position from The Confederated Tribes of Umatilla Indian Reservation to their council. They have been one of the most successful Hubs at engaging the business community successfully through both a relationship with a local banking entity and their Family Friendly Business program which other Hubs across the state are replicating.

Their use of data collection analysis and articulation is impressive and they are a system leader. They share successes and progress on each Governance Board agenda and communicate their baselines and targets in a very accessible format. The way they organize and utilize data also allows all of the partners to access it so everyone is on the same page. The Hub indicated that their analysis and presentation of data is an extremely valuable asset in opening a discussion, particularly with K-12, and directly resulted in the development and success of the Kindergarten transition teams.

This Hub is developmentally on target and performing at a high level within all indicators of success.

Summary of Partner Survey

Overall BMELH received good responses, input and feedback from their partner survey. Respondents indicate a high level of engagement throughout the region and report working more closely together as a result of the Hub.

Some partners indicated that they see community engagement as an area of growth for the Hub. There are numerous initiatives underway, but some indicate that they are not always well-attended and/or happening in all communities. This is excellent feedback for the Hub to implement in its next work plan.

Focus Areas for Quality Improvement:

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Analyze specific data points and develop plan to reach priority populations and address their needs.
- Explore more effective ways to engage all of the sectors involved in the BMELH.

The EL Hub's investments are clearly aligned to strategies and work plan activities to produce positive outcomes for the priority populations, with data.

- Refine our Early Learning Hub priorities based on recent data and data trends in the last three years.
- Develop specific criteria for each subcontractor including, minimum funding amount for biennium, specific regional requirements, minimum amount of children and families impacted

Hub demonstrates it meets contractual obligations as outlined in the contract with the ELD.

- Add firewall language to the BMELH bylaws that states a clear separation between InterMountain ESD and the BMELH Governance board on funding decisions.
- Update and amend the BMELH subcontract to include specific, prominent language outlining the subcontractor requirements including, receipts, invoices, reporting, and any other required documentation.

Required Action: None

Partner Survey Summary

Blue Mountain

Total Respondents	50
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Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate	1		4	1			6
Collaborate			10	2	2	2	16
Coordinate	1		1			1	3
Cooperate	1		2	1	2		6
Communicate	1		3	1			5
Co-exist			3				3
Compete							

Partner Comments Summary

Our ECPT group (early learning planning team) collaborates with programs and agencies in our community to assess the needs in our area which is Union county.. As a member of the governance Board I take these ideas or needs to the Board to try and seek funding or support .

It has been a positive experience and I really appreciate that each community decides for themselves what their own needs are and the HUB determines how to support them.

Because of the HUB's leadership and governing board it can feel, at times, like we are focused on the K+ system vs. early learning, and we miss really young children. I also feel like some counties feel less engaged than others, and I'm not sure how to solve this

The way that this hub tracks data and implements programs to fill gaps in early learning services is impressive

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=4)	DHS (N=0)	K-12 (N=21)	HEALTH (N=5)	BIZ (N=4)	COMM (N=3)	ALL (N=36)
The mission of our EL hub is clear to me.	3.5		3.3	3.8	3.3	4.0	3.4
The EL Hub's decision-making process, and my role in it, are clear to me.	3.3		3.1	3.8	3.3	4.0	3.3
I have influence over the decision-making within the EL Hub.	3.0		2.9	3.4	3.5	4.0	3.2
I have influence over the direction of the EL Hub.	3.0		2.7	3.0	4.0	4.0	2.9
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	3.0		3.0	3.6	3.3	3.7	3.2
I am able to make productive contributions to the EL Hub.	2.8		3.1	3.3	3.3	4.0	3.2
The partners involved in the EL hub mutually support each other toward common outcomes.	3.5		3.2	3.6	3.7	4.0	3.4
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	3.0		2.8	3.0	3.5	3.7	3.0
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.0		2.9	3.0	3.3	3.7	3.0

	EL (N=4)	DHS (N=0)	K-12 (N=21)	HEALTH (N=5)	BIZ (N=4)	COMM (N=3)	ALL (N=36)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.0		3.1	3.5	3.0	3.7	3.2
The EL hub's success in implementing its strategies will improve the success of my work.	3.3		3.4	3.4	3.8	3.7	3.5
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	3.5		3.2	3.6	3.7	3.7	3.4
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	3.0		2.9	3.4	3.0	3.3	3.0
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.3		3.3	3.4	3.3	3.7	3.3
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.0		3.1	3.6	3.3	3.7	3.3
My EL hub is raising awareness about racial equity in our region.	3.0		2.9	3.5	3.3	3.7	3.1
My EL hub raises awareness about early childhood and early learning in our region.	3.3		3.4	3.5	3.8	3.3	3.4
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.3		3.2	3.6	3.3	3.7	3.3
Our EL hub's leadership fosters regional collaboration.	3.3		3.4	3.6	3.3	4.0	3.5

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	South Coast Regional Early Learning Hub
Date Contract Initiated with ELD	May 2015
Coverage Area/Square Miles	Coos and Curry Counties (1,806 + 1,627 = 3,433 sq mi total)
# of children in Priority Population	4,071
Total State Investments	\$748,552.56
Backbone organization(s)	Oregon Coast Community Action Agency

Summary of Findings:

The South Coast Regional Early Learning (SCREL) Hub encompasses the Southern Oregon Coast from Brookings to Reedsport. They are primarily rural, with Coos Bay as the largest area in their region. SCREL has worked with and funded projects in Reedsport since inception, although the area is in Douglas county and another Hub. Reedsport community members have strong affiliation to Coos Bay and have requested being placed in SCREL. Reedsport will officially move into the SCREL coverage area in the next contract.

This was the last Hub to come to contract and it had three changes in leadership at the director level, which has slowed overall progress. They are making great strides in the face of these challenges and seem to now be developmentally on track. This Hub's backbone is Oregon Coast Community Action Agency (ORCAA) and it possesses the unique opportunity to align the programs and resources of ORCAA with the Hub. This is in a developmental stage and the Hub desires a deeper integration of the backbone and its work to that of the Hub recognizing this is a key component of a high performance.

The Governance Council is in transition from the original membership who established the Hub, to a more engaged committee who are actively engaging in data-driven decision making. This has been a work in progress that is starting to gel. There is a newly established Equity Committee and they have recently added one tribal member and have another position available to assure both their regional tribes are represented. Ongoing business representation is still in process and the Hub has recently implemented the family friendly business strategy from Blue Mountain Hub to aid this process. The Hub's bylaws indicate that an ORCCA board member is also on the Steering Committee, which hasn't happened yet beyond a staff person. This is addressed as an area of improvement.

This Hub is a system leader in its work to build evaluation into every strategy it funds. Measurement of effectiveness is a key to assuring success for its priority populations. The use of gathering, analyzing and tracking data is a developing strength of the Hub. They have been able to leverage their relationship with Portland State University (PSU) and Ford Family Foundation to get a clear picture of their priority populations and are digging deeper into disparities.

The work plan of this Hub is stellar in aligning strategies, activities and investments. Data is being utilized to focus these and with the addition of a more engaged Governance Council focused on utilizing data to further uncover and discuss disparities as well as make decisions they will continue to grow and thrive.

Summary of Partner Survey:

There were good results from all sectors except business. Surveyed partners indicate deeper involvement and work with the Hub. Some partners noted that a deeper level of engagement is needed for families and partners, and a deeper focus needed on racial disparities. Many partners also comment on the support and capacity building the Hub has engaged in.

Focus Areas for Quality Improvement:

Hub governance bodies are contributing members whose input and feedback is included in the decisions, actions, and strategic investments of the Hub.

- Development and recommendation of new Governance Council membership inclusive of: Business, Tribal and Parent representation.
- Cultivate a SCREL Hub Governance Champion to sit on the ORCCA Board (Backbone) to achieve two-way communication and shared investments in our growth

Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Family Engagement that encourages parents/families' voices in planning, development, and implementation of opportunities to strengthen their communities (replicable models)
- Community Focus Groups – early childhood issues facing communities throughout our region

Hub demonstrates it meets contractual obligations as outlined in the contract with the ELD.

- Designate percentage of Administrative Indirect/Overhead to be charged by backbone organization, sub recipients and SCREL Hub for administrative functions.
- Negotiate direct costs (rent, insurance, utilities, IT, maintenance, etc.) to in-kind contributions from backbone organization

ELD Required Action: None

Partner Survey Summary

South Coast

Total Respondents

31

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate			2	1			3
Coordinate	4		2	3			9
Cooperate	2		2			1	5
Communicate	1	1					2
Co-exist		1	2			2	5
Compete			2				2

Partner Comments Summary

"Early stages but doing a wonderful job of engaging several community partners who represent their organizations in a cooperative manner and focused manner on behalf of children and families."

"[As a result of this hub's efforts] I think there is a much greater awareness and interest in combating system-wide racial inequality. I think various early learning providers are communicating much more."

"They have made great strides in the past few months. At the start of my work with the hub (years ago) there seemed to be two centers of the work and less collective potential. Now the two groups have formed a partnership where each are valued and our children and families will greatly benefit from that result. I no longer need to speak to two different entities to get the information/direction I need. They are working in collaboration. I also applaud their work with our region. There is high need here. I wish for them the ability to expand their services to provide for the needs of every child/family. I know resources are scarce. They are good at seeking out, getting and implementing grant funded programs"

"To use a construction analogy. It seems to take forever to create that solid and square foundation. Afterwards, the construction 'takes off.' and the building seems to construct itself almost overnight. I see our hub as being in that foundation stage - we're doing the planning and prep work that is necessary for a successful long-term project."

In our region tribal members are sometimes present at the table, sometimes not. They have great programs which they run and do so autonomously for the most part. I know they engage the EL hub for some work- like attendance and some grant programs. I am hoping to reach out to the tribes and religious organizations as well as parents as these need more representation in all areas/hubs.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=6)	DHS (N=2)	K-12 (N=10)	HEALTH (N=4)	BIZ (N=0)	COMM (N=2)	ALL (N=24)
The mission of our EL hub is clear to me.	2.8	3.0	3.2	3.3		3	3.1
The EL Hub's decision-making process, and my role in it, are clear to me.	2.7	3.0	2.7	3.3		3.5	2.9
I have influence over the decision-making within the EL Hub.	2.8	3.0	2.2	3.5		3.5	2.7
I have influence over the direction of the EL Hub.	2.8	3.0	2.2	3.5		3	2.7
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	2.8	3.0	2.7	3.3		3.5	2.9
I am able to make productive contributions to the EL Hub.	3.2	3.0	2.7	3.3		3.5	3.0
The partners involved in the EL hub mutually support each other toward common outcomes.	3.2	3.5	2.8	3.0		3	3.0
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.8	3.0	2.6	3.0		2	2.7
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.0	3.0	2.8	3.3		2	2.9

	EL (N=6)	DHS (N=2)	K-12 (N=10)	HEALTH (N=4)	BIZ (N=0)	COMM (N=2)	ALL (N=24)
I invest resources (in-kind or financial) in shared activities or goals with my EL hub.	3.2	3.0	3.1	3.3		2	3.1
The EL hub's success in implementing its strategies will improve the success of my work.	3.2	3.0	3.0	3.5		3.5	3.2
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	2.5	3.0	2.9	3.0		2.5	2.8
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.8	3.0	2.4	2.7		2.5	2.6
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	2.8	3.0	3.0	2.8		3	2.9
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.6	3.0	3.0	3.0		4	3.2
My EL hub is raising awareness about racial equity in our region.	3.2	4.0	2.9	3.0		4	3.1
My EL hub raises awareness about early childhood and early learning in our region.	3.5	3.5	3.1	3.0		2.5	3.2
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.2	3.0	3.1	3.0		3	3.1
Our EL hub's leadership fosters regional collaboration.	3.2	4.0	3.1	3.3		3	3.2

Early Learning Hub Monitoring Process
Hub Summary for Early Learning Council: June 2017

Name of Hub	Northwest Regional Early Learning Hub
Date Contract Initiated with ELD	May 2015
Coverage Area/Square Miles	Tillamook, Columbia, and Clatsop Counties (1,103 + 688 + 829 = 2,620 sq mi total)
# of children in Priority Population	5,365
Total State Investments	\$904,222.02
Backbone organization(s)	Northwest Regional Educational Service District

Summary of Findings:

Northwest Regional Early Learning (NWREL) Hub is a three-county Hub serving a mix of urban and rural communities, some of them rather remotely located on the Oregon coast. The Hub has strong support from its backbone agency, which has integrated the work of the Hub in its overall work. This level of support is key for Hubs to function at the highest level.

NWREL Hub has built a strong foundation from which its governance can grow and continues to focus on its governance processes, cultivating collaborative leadership and active engagement from its members. The Hub is engaged in very strong work with its Kindergarten Partnership and Innovation (KPI) and Preschool Promise investments and its K-12 partners express satisfaction with the support and partnership from the Hub as it responds to specific issues raised by its partners.

The Hub also has strong use of cross-sector data to focus in on priority population and readjusts strategies through continuous evaluation of data. Three examples: 1) they are now convening all community transportation partners together, based on direct input from families about what their barriers are to experiencing success, and 2) based on the barriers identified by their partners as they went to develop PLCs, they are now creating a substitute pool for early learning providers to be able to participate with K-12 teachers in professional development, and 3) they are working with the community college to offer professional development courses in Spanish to accommodate their growing cohort of Spanish-speaking providers.

This Hub is still developing its family engagement, particularly hard to identify and reach populations. Active engagement of the business sector is still in the works as well.

Summary of Partner Survey:

Partner responses for this Hub were generally very positive, with partners citing good communication and partnership from the Hub, and an increase in collaboration and creative problem-solving in communities. This was particularly strong for K-12 partners, who were enthusiastic about the increase of

preschool opportunities in their region. Numerous survey respondents expressed the need to have more preschool/day care providers and business sector partners at the Hub's table, and acknowledged the challenges in accomplishing that. Partners also expressed the need to continue to acknowledge how different each community is and to provide communication and support in rural areas. DHS and health responses to survey were small, and the Hub acknowledged that these two sectors have been difficult to keep regularly and actively engaged.

Focus Areas for Quality Improvement:

The EL Hub's governance bodies are inclusive of system and strategic partners including and not limited to K-12, business, early learning, DHS, and health partners.

- Active engagement of all five sectors, particularly parents and business.

The EL Hub engages their communities, families, and partners to assess the specific needs of their priority populations.

- Improve outreach and communications with priority populations.

Work plan demonstrates strategies and activities for affecting long term population level changes for children furthest from opportunity.

- Moving forward numerous promising strategies in Quality Improvement Plan (QIP)

Required Action: None

Partner Survey Summary

NW Regional

Total Respondents

37

Continuum of Collaboration

Please choose the description you think best states the kind of partnership and collaboration you think you have with (or because of) your EL Hub?

	EL	DHS	K-12	HEALTH	BIZ	COMM	TOTAL
Integrate							
Collaborate	1		5				6
Coordinate	3		4	1			8
Cooperate	4		2				6
Communicate	1		3		1	1	6
Co-exist	1						1
Compete							

Partner Comments Summary

Communication about plans and developments by the EL Hub and our P-3 organization is critical to avoid confusion. To be credible in the community we must work together as we have done recently. Combined communication will bring credibility to the EL Hub.

The Kinder Camps have been the most note-worthy success. Preschool Promise is popular with the K-5 professionals yet some PreK providers are threatened by it and therefore don't have good initial feelings about the EL Hub. Attempts are being made to improve relationships.

Preschool Promise has pulled in many children who would otherwise not have any access to quality preschool programs.

We need substitutes for all these teachers to be able to gather together. I cannot think of any who haven't been invited.

Scale for answers below:							
Strongly Disagree =	1.0-1.9						
Disagree =	2.0-2.9						
Agree =	3.0-3.4						
Strongly Agree =	3.5-4.0						
No answer =							
	EL (N=10)	DHS (N=0)	K-12 (N=14)	HEALTH (N=1)	BIZ (N=1)	COMM (N=2)	ALL (N=28)
The mission of our EL hub is clear to me.	3.1		3.4	4	3.0	4	3.4
The EL Hub's decision-making process, and my role in it, are clear to me.	2.6		3.3	4	1.0	3.5	3.0
I have influence over the decision-making within the EL Hub.	2.1		3.0	4	1.0	3	2.6
I have influence over the direction of the EL Hub.	2.1		3.1	3	1.0	3	2.7
K-12, human services, health care, and early learning partners all participate in the governance of my EL hub.	2.9		3.4	4	2.0	3.5	3.2
I am able to make productive contributions to the EL Hub.	3.1		3.4	3	4.0	3.5	3.3
The partners involved in the EL hub mutually support each other toward common outcomes.	2.8		3.2	3	2.0	3.5	3.0
As community barriers arise, I take them to our EL hub as a community resource for systems alignment and problem-solving.	2.8		3.3		3.0	3.5	3.1
As community opportunities arise, I take them to our EL hub as a resource for nurturing deeply collaborative community efforts.	3.0		3.3		3.0	3.5	3.2

	EL (N=10)	DHS (N=0)	K-12 (N=14)	HEALTH (N=1)	BIZ (N=1)	COMM (N=2)	ALL (N=28)
The EL hub's success in implementing its strategies will improve the success of my work.	3.3		3.5	3	3.0	3.5	3.4
The way the EL Hub is organized provides appropriate opportunities for sharing amongst partners.	2.9		3.2	4	1.0	3.5	3.0
Parents and families' voices are heard and affect my EL hub's strategies and decision-making.	2.7		2.8	3	2.0	3	2.8
My EL hub utilizes the data available to them to develop strategies and guide their decisions.	3.0		3.5	3	3.0	3.5	3.3
My EL hub invests in priority populations (the children you identified as furthest from opportunities in your region)..	3.2		3.4	4	4.0	3.5	3.4
My EL hub is raising awareness about racial equity in our region.	2.8		3.4	2	4.0	3	3.1
My EL hub raises awareness about early childhood and early learning in our region.	2.9		3.6	3	4.0	3.5	3.3
Our EL hub's leadership clearly articulates its purpose and a focus on outcomes.	3.0		3.4	4	3.0	3.5	3.3
Our EL hub's leadership fosters regional collaboration.	3.0		3.8	4	2.0	3.5	3.4

Board Action Summary

AGENDA ITEM: Hub Monitoring Report

Summary of Recommended Board Action

ACTION: Direct staff to develop Required Action plans and accept the summaries and survey results as identified in the Hub Monitoring Report.

ISSUE: With each of the 16 Early Learning Hubs up and running for at least two years, Early Learning Division Staff have developed and implemented a new monitoring process for the Hubs. As the policy body overseeing the Early Learning System, the Council is tasked with ensuring the success of the Early Learning Hub system. In addition to accepting the summaries and survey results presented by staff, the Early Learning Council should direct Division staff to develop Required Action plans for those Hubs that have been identified for additional work and support.

BACKGROUND: The Hub Monitoring presentations will be provided as a two-part series. The first presentation focuses on each individual Hub and the work they are doing or need to improve upon. The second presentation, which will be shared at the August 2nd meeting, will provide a Hub System overview. Prior to these Monitoring presentations, the Early Learning Council received a Hub by Hub update at the February 2016 Early Learning Council meeting. The Council has also received individual updates directly from Hubs since February 2017.

BOARD MEMBER PRESENTING REPORT FOR ADOPTION: David Mandell

CONTACT: Denise Swanson & Sue Parrish

Board Action Summary

AGENDA ITEM: Hub Roles & Responsibilities

Summary of Recommended Board Action

ACTION: Adopt the Hub Roles & Responsibilities document & the recommendations presented in the Hub Metrics and Accountability report from the Measuring Success Committee.

ISSUE: In preparation for the next biennium, the hub metrics have been revised, and need to be adopted by the ELC.

BACKGROUND: The hub metrics were initially developed around available data measurements that might indicate population-level change in outcomes, with less focus on what strategies a hub might use to affect change. As these measurements were contractually obligated, hubs worked to change outcomes they could measure (what was in their contract) with less focus on the change we want to see in the system. Measuring Success and ELD staff received significant feedback on the use of the metrics last biennium and based on lessons learned is recommending a different approach at this stage in the development of the Hubs and the early learning system.

The Measuring Success Committee recommends that the ELC adopt the “Roles & Responsibilities” as defining the shared work of the Early Learning Hubs, and the ELD staff continue to work with Hubs to develop indicators and data sources to track progress in fulfilling these roles.

ACTION PRECEDING RECOMMENDED BOARD ADOPTION: The Measuring Success Committee has been actively working in consultation with the Hubs on these revisions since the fall of 2016, and provided the ELC with an update about the process at its April and May 2017 meetings. The Measuring Success Committee also brought the “Hub Roles & Responsibilities” document to the ELC at their April meeting. Input on this document was also sought from the Equity Implementation Committee in April and changes were made to the documents based on the Committee’s input.

BOARD MEMBER PRESENTING REPORT FOR ADOPTION: David Mandell

CONTACT: David Mandell, Acting Early Learning Director



Early Learning Division | 775 Summer St NE, Suite 300, Salem, OR 97301

Phone: 503-373-0066 | Fax: 503-947-1955

TO: Early Learning Council

FROM: Early Learning Division staff

RE: Recommendations from Measuring Success Committee to the Early Learning Council on Hub metrics and accountability

DATE: June 12, 2017

Overview:

The Measuring Success Committee has been tasked with making recommendations to the Early Learning Council for the revision of the Hub metrics. This memo provides background on that work, as well as recommendations to the Early Learning Council on how to move forward with the Hub metrics. This memo was reviewed by the Measuring Success Committee at their June 7th meeting. The Committee approved of the recommendations in this memo. Additional revisions were also made to this memo based on feedback and input from the Committee.

In addition to meeting and discussing this topic over the last six months, the Early Learning Division Hub Team has also solicited significant input and feedback from the Hubs on the current metrics. The ELD Hub Team has also been implementing a new Hub monitoring process over the course of this last year that provides a new in-depth picture of the work of the Hubs, and provides information and insight that the Hub metrics do not capture.

The Measuring Success Committee recommends that, at this time, the process for holding the Hubs accountable should shift away from quantitative metrics and rest more on the Hub monitoring process. The Committee also recommends that the Council adopt the "Hubs Roles and Responsibilities" document as defining the shared work of the Early Learning Hubs. Early Learning Division staff will continue to work with Hubs to develop efficient methods and data sources for tracking progress in executing these roles and responsibilities. The Committee also recommends that the indicators developed for the "Hubs Roles and Responsibilities" not be used for accountability at this time and that the suitability of these indicators for accountability be re-assessed in two years.



Background

The Oregon legislature created the Early Learning Hubs in 2013 with the goal of creating more coordinated and aligned regional early learning systems so that young children were more likely to arrive at school ready to succeed and more likely to live in healthy, stable and attached families. The Hubs were not designed to be direct providers of services, but to work with public and community-based organizations within their region to strengthen the focus and coordination of early learning investments. In 2015, the Oregon Legislature increased the public investment that flows through the Early Learning Hubs to about \$26 million. While this was a significant increase in funding for the Hubs, most of the state investments in early childhood do not flow through the Hubs and is outside of their direct control.

Hubs, from their inception, have been asked to focus on building cross-sector partnerships. The authorizing statute for the Hubs mandated that the Hubs' governance boards include early learning, K12, health, human services and business. In most of these cases, the Hubs are being asked to coordinate and build partnerships across sectors that have larger organizational structures and more resources, and over which the Hub has no direct authority or control. As a consequence, the success of a Hub depends upon its ability to persuade and influence its regional and community-based partners.

The authorizing statute for the Early Learning Hubs also tasked the Early Learning Council with establishing performance metrics for the Early Learning Hubs. In 2014, the Early Learning Council created an ad hoc Hub Metrics Committee to advise it on these metrics, and the Council adopted those recommendations in January, 2015. Those metrics became part of the Hub contracts for the 2015-17 biennium, the first contract cycle in which all of the Hubs were up and running from the beginning.

At the time the Early Learning Council created the ad hoc Hub Metrics Committee, the Hub system was still in its nascent stage with less than half of the Hubs formed. In developing its recommendations, the Committee grappled with a number of issues that continue: metrics that are appropriate for the stage of development of Hubs; metrics that captured long-term population goals (e.g. children ready for kindergarten) versus metrics that the Hubs could control, and therefore take responsibility for the outcome; and metrics that had reliable, accessible and transparent data sources.



During the last year, the Early Learning Division has also developed a new Hub monitoring process to both support continuous and to ensure accountability. This monitoring process includes input from community partners, as well as more in-depth self-assessment from the Hubs. Because this new monitoring process is now in place, there is also an opportunity to rethink the role of the Hub metrics. The Hub metrics no longer provide the only information on how Hubs are doing and the progress they are making.

Lessons Learned from Current Hub Metrics

Over the course of this biennium, Early Learning Division staff has been able to monitor and observe the efficacy both of the current metrics themselves and how they are currently being used in the Hub system. In addition, the ELD staff has conducted extensive engagement with the Hubs on the current metrics, including surveys, round table discussions, and individual feedback. The original vision for the Hub metrics had the metrics carrying most of the weight for the accountability of the individual Hubs and the Hub system: the state would “contract” with the individual Hubs for a set of outcomes defined by the baselines and targets. If the targets were met, then a Hub would have met the terms of its contract. If the targets were not met, the Hub would be out of compliance and require corrective action.

This model of quantitative metrics-based accountability has proven challenging for a number of reasons:

Metrics Myopia: When the weight of accountability rests just on the quantitative targets for the metrics, it signals to the Hubs – even when that is not the intention – that their focus should be on moving those numbers and moving them within two years. This “metrics myopia” can take the focus away from what the Hub is really trying to accomplish or away from long-term strategies that may have the most lasting positive impact for children and families. As a result, rather than serve as a monitoring tool for how successfully Hub work is being accomplished, the metrics have come to define what the work of the Hubs should be.

Incompleteness: Any set of metrics will not capture the full scope of work and strategies that Hubs are implementing, particularly with the focus on developing regionally specific strategies. As a result, the metrics cannot tell the complete story of what the Hubs are doing and how well they are doing it.

Lack of Focus: At the same time that the metrics can only give a very incomplete and partial picture of the work that the Hubs are doing, the accountability function of metrics can also lead to a



lack of focus. Because the Hubs are responsible for reaching their target for each of the metrics, they can feel obligated to put equal focus on trying to accomplish them all. “Incompleteness” and “lack of focus” push in opposite directions. The fewer the metrics, the more incomplete the picture the metrics tell; the more metrics, the less focused and more scattered the work of the Hubs becomes.

Partnership Building and Coordination: Much of the work Hubs, particularly at this stage in their development, is focused on partnership building. While progress on many of the metrics may depend upon the strength of those partnerships, the metrics do not directly measure that partnership building work. As a result, the metrics provide, at best, limited information about some of the places where Hubs devote much of their time and energy.

Collaboration and Control: Much of the work of the Hubs is focused on building partnerships and increasing coordination across-sectors. Many of the current metrics were intentionally selected to emphasize cross-sector collaboration and work that depends upon those sectors. However, this focus on cross-sector works creates a challenge when these metrics are used to hold Hubs accountable. It means that Hubs are held accountable for outcomes where they may have some influence but no control, and that ultimate success depends upon the actions of other organizations over which they have no authority.

Data: When metrics are used for accountability it means the stakes are much higher and the standards for transparency, reliability, standardization, accuracy and timeliness of data are also much higher. The current data and data sources cannot match the high standards that accountability demands: data systems are nonexistent or under development, data are often self-reported by the Hubs and without verified reliability and validity, self-generated data are not comparable across hubs, and the lack of timely updates of data prevents a rigorous process of continuous tracking and quality improvement. This same data can still be useful for planning, monitoring and tracking progress, but it is harder for it meet the scrutiny and rigor that an accountability function demands.

Track Record: Before metrics can be used for accountability, they need to have a track record. There needs to be sufficient “data about the data” to be able to tell if they are providing meaningful information about the changes that the system is hoping to see. That track record is also needed in order to establish meaningful, ambitious but achievable targets.

The challenges identified above will not be resolved by developing a new or refined set of accountability metrics, particularly given the current limitations around data and data sources.



Addressing these challenges requires reframing and rethinking the use of the metrics, as well as rethinking how the Early Learning Division and the Early Learning Council meet their responsibility for monitoring and assuring the accountability of Hubs at this time. Using a more holistic approach for accountability that includes survey data and qualitative information, such as with the Hub monitoring process, and using the more quantitative metrics to track progress, while acknowledging limited and incomplete data sources, is more appropriate for the Hubs and the early learning system at this stage of their development.

Hub Monitoring Process

Over the last year, the Early Learning Division has been working with the Early Learning Hubs to develop a new monitoring system that collects information and provides a more complete picture than can be captured by the Hub performance metrics. The purposes of this monitoring process are:

- Ensure that Hubs are:
 - Developing collaborative systems in their regions;
 - Investing strategically in priority populations; and
 - Showing progress on outcomes related to Early Learning System's three main goals.
- Support a culture of continuous quality improvement across the Early Learning Hubs.
- Engage in shared learning as a system, including ELC, ELD, Hubs and community partners.

The monitoring process involves a number of steps spread out over the course of the year. It is also imbedded in the broader system of supports and technical assistance for the Hubs that includes regular phone calls with the ELD Hub Team, monthly webinars, quarterly reports, regional meetings and twice yearly in-person collaboratives. The monitoring process began with a preparatory site visit by the Hub team last year, where Hubs identified goals and priorities, best practices to share with other Hubs, and needs for technical assistance. This winter, surveys were sent out and completed by each Hub's community partners. Hubs also completed a self-assessment, answered narrative questions about their work and progress towards implementing their work plans, and filled out a Self-scoring Monitoring Rubric. After these steps were completed, the ELD Hub Team met with each of the Hubs and reviewed these documents, identified areas for growth, and completed the scoring rubric. At the June 22, 2017, Early Learning Council meeting, the ELD Hub Team will present a hub-by-hub review of the results of the monitoring process that will include strengths and areas of growth for each hub, the hub-identified quality improvement plans, and, if needed, a required action plan to be approved by the ELC.



This monitoring process addresses the challenges with using the current performance metrics for the purpose of accountability. Because it includes narrative questions and a review of progress towards completing their work plan, it enables the Hubs to provide a more rounded picture of their work, and for a more holistic view of their progress. It also makes possible a clearer articulation of the Hub's focus, its priority populations and the strategies it has identified to drive towards outcomes. The survey of regional and community-based partners also provides a unique window into the work that Hubs are doing to build partnerships and the extent to which these partners have bought into the work of the Hubs.

Recommendations to the Early Learning Council

The Measuring Success Committee recommends that:

1. The Early Learning Council adopt the "Hubs' Roles and Responsibilities" document as the shared definition of the work of the Early Learning Hubs. (See attachment #1)
2. The Early Learning Division staff continue to work with Early Learning Hubs:
 - a. To identify appropriate indicators (with no more than one required indicator shared by all Hubs per "Role") for each of the "Roles."
 - b. To identify appropriate data and data sources for the indicators.
 - c. Ensure that the data and data sources minimize additional administrative burdens and rely on existing data sources as much as possible.
 - d. Provide explicit guidance and acknowledgement on the limitations of any selected data sources.
 - e. Provide support for using these indicators to guide work plan development and progress monitoring.
3. In light of the new Hub monitoring process, the challenges with data and data sources, and the lack of a track record with data sources, do not use indicators developed this biennium for accountability purposes.
4. At the end of next biennium ELD staff, working with the Measuring Success Committee, evaluate any indicators developed to see if they can work effectively as accountability measures, and based on that analysis bring recommendations to the Early Learning Council.

The Measuring Success Committee expressed a strong long-term commitment to using outcome-focused data for the purpose of accountability. The Committee also identified one of its roles as supporting the Early Learning Council in achieving its strategic vision of data driving decision-making. As part of its work for the next year, the Measuring Success Committee will be developing recommendations for the Early Learning Council to achieve this goal, including tangible steps towards greater data integration and more mature use of data within the early learning system.



(Attachment #1)

Early Learning Hub Roles & Responsibilities

The purpose of this document is define the shared work of the sixteen Early Learning Hubs in achieving the three goals shared by the Early Learning Council, the Early Learning Division and the Hubs: (1) the early childhood system is aligned, coordinated and family-centered; (2) children are supported to enter school ready to succeed; and (3) children live in healthy, stable and attached families. The particular strategies, actions and partnerships that Hubs will take in fulfilling these roles will differ from Hub to Hub. This document will be used to ensure a shared understanding of the work across the early learning system and the Hubs. Early Learning Division will work with Hubs to develop shared, meaningful and efficient measures of progress for each of these roles so progress can be tracked across the sixteen Hubs. This document will also be used to inform the Hub monitoring and accountability process and support Hubs in focusing and refining their work.



Early Learning Hub Roles & Responsibilities	
Goal One: The early childhood system is aligned, coordinated and family-centered	
1.1	The role of the hub is to develop and implement, in partnership with the five sectors (early learning, K-12, health, human services, and business), a shared strategic vision and work plan to achieve the Early Learning System goals of (1) an aligned, coordinated, and family-centered system, (2) children entering school ready to succeed, and (3) healthy, stable, and attached families.
1.2	The role of the hubs is to aggregate, interpret and effectively communicate available data in order to (1) identify focus populations, (2) track the well-being of children and families in the community, (3) guide development of their work plan and its revision in a process of continuous quality improvement; and (4) facilitate collaboration across sectors and partners.
1.3	The role of the hub, in partnership with the five sectors, is to identify focus and priority populations in the community using best available data and help direct community resources to address the needs of those populations.
1.4	The role of the hub is to work with community partners to build understanding and grow community support for the shared vision, and to facilitate opportunities for partners to integrate that vision into their own work plans and strategies.
1.5	The role of the hubs is, with partners and all five sectors, to identify and prioritize barriers children and families experience when attempting to access supports to achieve positive outcomes, and to strategically work to remove prioritized barriers.
1.6	The role of the hub is to incorporate family voice from focus populations and adjust in a culturally responsive manner in hub planning, strategies and activities.
Goal Two: Children are supported to enter school ready to succeed	
2.1	The role of the hub is to facilitate shared understanding and collaboration between early learning and K-12 partners regarding expectations about the skills and abilities of children entering school.
2.2	The role of the hub is to facilitate culturally responsive family engagement activities across the community that promote seamless transitions into kindergarten and the family's comfort and engagement at their child's school.
2.3	The role of the hub is to work with partners to coordinate identification of children & families from focus and priority populations, to recruit them for early learning activities, enroll them in services, and make timely referrals with smooth transitions.



2.4 The role of the hub is to work with community partners to increase the percentage of children from focus and priority populations who experience early learning activities that prepare them for success in school.

Goal Three: Families are healthy, stable and attached

3.1 The role of the hub is to work with early learning programs and other partners to ensure children and families from focus and priority populations have access to culturally responsive family support services.

3.2 The role of hub is to collaborate with the health sector to address the social determinants of health that lead to health and well-being for young children and their families.

3.3 The role of the hub is to work with community partners to increase protective factors and reduce childhood experiences of abuse or neglect.

3.4 The role of the hub is to work with community partners to ensure children and families from focus and priority populations have access to medical, dental, mental health and other health care services.



Board Action Summary

AGENDA ITEM: Best Beginnings Committee Recommendation: Healthy Families Oregon Match Requirement

Summary of Recommended Board Action

ACTION: Accept the recommendations for removing the 25 percent match requirement for Healthy Families Oregon as outlined by Best Beginnings and direct the Child Care and Education Committee to move forward with the rulemaking process.

ISSUE: The 25 percent match requirement for Healthy Families Oregon currently exists in rule, but not statute. In an effort to align rule with state and reduce the burden to HFO programs, the Best Beginnings Committee is recommending the removal of this requirement from rule.

BACKGROUND: Historically, HFO programs have been required to contribute a 25 percent match to their general fund allocation. Five percent of this 25 percent has been required as cash, while the remaining could be a combination of in-kind and cash.

At its March 16th and May 18th meetings, the BB Committee discussed and then voted to remove the 25 percent match requirement from HFO rules. Members expressed some concern about the burden placed on programs to meet the match. Concerns were also raised about opening the rules and a request was made for an outline of the process, including when public testimony will be solicited. This rule change needs to be done in time for the new HFO Contracts that will start October 1, 2017.

ACTION PRECEDING RECOMMENDED BOARD ADOPTION: The Best Beginnings Committee approved these recommendations at their June 8, 2017 meeting. The Child Care and Education Committee, serving as the Council's Rules Advisory Committee, has been briefed on this topic and is awaiting further discussion pending the Council's adoption of the recommendation.

BOARD MEMBER PRESENTING REPORT FOR ADOPTION: Martha Brooks

CONTACT: Nakeshia Knight-Coyle, Director of Programs & Cross System Integration, ELD



Policy Brief

Title: Healthy Families Oregon, elimination of program matching funds

Staff Contact: Erin Deahn, 503.689.3579, erin.deahn@state.or.us

Date: June 5, 2017

ISSUE:

Historically, Healthy Families Oregon (HFO) programs have been required to contribute a 25 percent match to their general fund allocation. Five percent of this 25 percent has been required as cash, while the remaining could be a combination of in-kind and cash. The request at hand is to eliminate the match requirement.

BACKGROUND:

The Healthy Families America model (currently known in Oregon as Healthy Families Oregon) was developed in 1992 by Prevent Child Abuse America. Healthy Families Oregon (HFO) has been funded through the state general fund since 1993. Prior to coming to the Early Learning Division (ELD) in 2012, HFO was administered by the Oregon Commission on Children and Families.

Original rule language included a 20 percent match requirement. This increased to 25 percent, with 5 percent cash, by direction of a 2005 budget note to House Bill 5112. Match is calculated by taking 25 percent of each HFO program's general fund allocation. Of this 25 percent, 5 percent must be cash (or cash equivalent), while the rest can be a combination of in-kind and cash. Programs submit their two year budgets to ELD, which must include their 25 percent match and show how it is being invested into their program.

While stipulated in rule, this match requirement has never been in statute.

In 2015, the Best Beginnings Committee of the Early Learning Council (BB) became the advisory body for the HFO program.

In 2016, BB voted to amend the HFO Program Policy & Procedure Manual, Fiscal Guidelines, modifying the types of acceptable cash match. This change allowed programs to claim Medicaid earnings and Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding as cash match.

In March 2017, BB Committee voted to recommend a rule change to remove the 25 percent match requirement in order to lessen the burden for programs to meet this requirement. Large programs with large allocations often struggle to meet this match requirement, while small programs are reluctant to accept increased funding for fear of not being able to meet the match requirement (with limited resources in rural areas). However, some programs have greater local contributions to their programs because of this requirement.

POLICY ANALYSIS:

PRO FOR ELIMINATING 25% MATCH	CON FOR ELIMINATING 25% MATCH
Programs can focus on critical services to families, instead of using staff time for fundraisers.	Some programs receive significant support from their local community/county because of this match requirement. There is concern that this support would go away without the match requirement.
Small/rural programs can take on increased funding, if available, and not pose a risk to their agency by not being able to meet the match requirement. This would result in serving additional families in these areas.	There is the potential for programs to serve a smaller number of families, as the removal of the 25% match could result in a reduction of the local program budget.
Large programs struggle to meet their match because their allocations are large, which results in a larger match requirement	

EQUITY ANALYSIS:

The burden that the 25% match places on rural programs makes this an important equity concern. Our smallest (rural & frontier) programs could accept additional funding if available, but are very reluctant because they do not have the local resources to meet the match requirement. This results in resource deficient communities having to turn down additional funding for needed services.

STAKEHOLDERS AFFECTED:

Providers: Local community agencies who administer HFO programs would no longer be required to fundraise and seek in-kind/cash donations in order to be in compliance with their contract to ELD.

Children and families: Approximately 7,500 families are screened each year for risk factors associated with child abuse and neglect (eligibility for HFO program). Approximately 3,000 families are served with 1:1 home visits each year.

Communities hosting HFO program: 35 of 36 Oregon counties have an HFO program.

REFERENCES/ADDITIONAL INFORMATION RESOURCES:

Relevant Oregon rules: <http://www.ode.state.or.us/search/page/?id=4061>

Relevant Oregon statutes: <https://www.oregonlaws.org/ors/417.795>

HFO Policy Manual.

HFA Best Practice Standards.

Early Learning Legislative Presentations as of June 15th

February 2nd	February 7th	February 9th	February 14th
HECFS Committee ELD & ELC Overview	HECFS Committee Home Visiting	HECFS Committee Preschool Promise Senate Education SB 182: Educator Advancement	HECFS Committee Early Learning Workforce
February 16th	February 20th	February 21st	February 27th
HECFS Committee Child Care & ERDC (presentation with DHS)	W&M Education Subcommittee P-20 Education System Overview	W&M Education Subcommittee P-20 Education System Overview ECFS Committee Early Childhood – K-12 Connection	W&M Education Subcommittee ODE Agency Overview
February 28th	March 1st	March 2nd	March 7th
W&M Education ODE Agency Overview	W&M Education Subcommittee ELD Overview – Day 1	W&M Education Subcommittee ELD Overview – Day 2 ECFS Committee Hub Metrics	HECFS Committee Early Learning Funding & Outcome Metrics

ECFS – [House Early Childhood Family Supports Committee](#)

W&M Education – [Joint Ways & Means Subcommittee on Education](#)

Senate Education (SED) – [Senate Committee on Education](#)

Senate Human Services (SHS) – [Senate Committee on Human Services](#)

Presentation links share video recordings or agendas; committee links go to committee overview pages for additional materials

Updated: 6/15/17

March 9th	March 14th	March 21st	March 22nd
HECFS Committee Children's Institute & Preschool Promise	HECFS Committee Professional Development Pathways	HECFS Committee HB 2259 & HB 2260 Public Hearing & Work Session	Senate Human Services SB 314 Public Hearing
March 30th	April 11th	April 20th	May 2nd
HECFS Committee Brain Science of Early Learning (UO Brain Development Lab)	HECFS Committee Early Learning Multnomah Presentation	HECFS Committee Pathways for Developmental Screening to Services (OPIP)	HECFS Committee Oregon Child Care Market Price Study (Bobbie Weber)
May 4th	May 10th	May 15th	May 16th
HECFS Committee Early Learning Budget Discussion	W&M Education Subcommittee CCDF Budget Update (ELD & DHS)	Senate Human Services HB 3066 & HB 3068	HECFS Committee Culturally Specific Early Learning (The Latino Network, Black Parent Initiative, KairosPDX, Coalition of Communities of Color, Tigard Tualatin School District)
May 24th	May 30th	June 1st	June 5th
W&M Education Subcommittee SB 182 – Informational Hearing (Chief Education Office, ELD, Teaching Standards & Practices Commission)	HECFS Committee Early Learning Hub Monitoring Senate Education HB 2013 Work Session	HECFS Committee ERDC (DHS)	W&M Education Subcommittee SB 182 Public Hearing

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Senate Education (SED) – [Senate Committee on Education](#)

Senate Human Services (SHS) – [Senate Committee on Human Services](#)



Early Learning Council

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SUE MILLER
*Early Learning Council
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*Acting Early Learning
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Sarah Drinkwater,
ODE

Cate Wilcox, OHA

Staff
Alyssa Chatterjee,
Council Administrator

We, as members of the Early Learning Council, urge the Legislature to protect Oregon's investment in early learning. Oregon has made much progress in building an early learning system that supports Oregon's most vulnerable children and families and we cannot afford to step backwards now. These investments in early learning are proven to support longer-term success, build economic prosperity and lower the cost of other state services. In addressing Oregon's immediate budget short-fall, we hope that the Legislature does not lose sight of these important economic returns and does not sacrifice the long-term vitality of the state.

These crucial early learning investments include:

- **16 Early Learning Hubs** across Oregon to coordinate services to children and families
- **Relief Nurseries** to provide therapeutic early childhood classrooms, home visits and parenting supports to reduce the rates of child neglect and abuse and foster care placements.
- **Healthy Families Oregon**, the state's accredited, statewide home visiting program proven to reduce child abuse and neglect, and to promote outcomes related to school readiness, child health, wellness and safety and family stability.
- **Oregon Pre-K & Head Start** providing high-quality preschool classrooms and comprehensive family support services.
- **Preschool Promise**, established by the legislature in 2015, serving 1,300 children across nine early learning hubs in 93 Preschool Promise sites.
- **Kindergarten Partnership and Innovation Fund** to strengthen alignment between early learning and K-12 system
- **Child Care Licensing & Supports** to ensure the health and safety of children in child care settings.

As you know, while we are still in the early years in developing Oregon's early learning system, with your past support we have accomplished much. We are led and motivated by the breadth and experience of our partners and providers. Their passion for improving developmental and educational outcomes for children and increased family stability drives and contributes to the successes we've seen.

We are committed to maintaining this momentum and need your support in doing so.

The 2017-19 Governor's Recommended Budget maintains current service level for all programs and grants administered by the Early Learning Division. Current service levels will ensure we do not lose the ability to continue to support the children and families now being served. It will also help with our efforts to identify and reach children and families not being served.

We ask you to support and approve the Governor's recommended budget which:

- Maintains current funding for all early learning programs and services now being provided through the ELD with General Funds. (\$259.3 Million)
- Provides new investments in professional development opportunities and support for early learning providers. (\$8 Million)

In addition, we ask you to carefully consider the importance of:

- **Early Intervention/Early Childhood Special Education** serving infants, toddlers and preschoolers who have disabilities and developmental delays to increase school readiness and provide community resources for families.
- **Employment Related Day Care** supporting qualified working families by offsetting the cost of child care. Currently, only 15 percent of eligible families receive assistance.
- **BabiesFirst!** provided through public health offices (OHA budget). Home visiting improves family self-sufficiency, school readiness, health outcomes, and family stability. Currently less than 20 percent of vulnerable families have access to voluntary home visiting services.

Thank you for your commitment to Oregon's young children and their families.

Sincerely,

A handwritten signature in cursive script that reads "Sue Miller".

Sue Miller, Early Learning Council Chair