# **Best Beginnings ELC Committee**

and Healthy Families Oregon Advisory Committee

**ELC Charge to the Prenatal – Age 3 Subcommittee** - Advise the Early Learning Council on the issues, challenges, successes and priorities related to serving at risk families who are pregnant and/or have children age of 3 years old or under. Areas of responsibility include, but not limited to:

## **Policy and Collaborative work**

Defining a set of core prenatal through age 3 priorities for the ELC in accordance with the strategies and tactics adopted in the 2015-2020 strategic plan.

#### Advise ELC on home based services:

- Major policy changes or service delivery changes in home visiting programs
- Coordination with other state and federal agencies for collaborative partnerships for present and future opportunities.

#### Advise ELC on service access:

- Barriers to service eligibility screening
- Barriers to enrollment and accessing services
- Barriers and successes to serving culturally, linguistically, socio-economically and geographically diverse and underserved populations

Advise ELC on collaborative work between Prenatal to 3 services and local HUBS:

- Family well-being tool
- Risk screening
- Data tracking

### *Inform ELC of major research initiatives:*

- ACES and other trauma informed research
- Program outcomes
- Statewide home visiting database
- Emerging practices and research

## **Priorities**

- Priority A: Increasing access to home based services (Strategic plan strategy 2.1-A)
- Priority B: Identifying state level policy changes that support family well-being and stability. (Strategic plan strategy 2.1-B)
- Priority C: Increasing the focus on critical aspects of development and attachment for children ages 0-3 and their families.
  - (Strategic plan strategy 2.1-C)
- Priority D: Finalizing and implementing a statewide screening tool and assessment protocol for family risk factors. (Strategic plan strategy 2.1-I)
- Priority E: Developing best practice referral pathways for 0-3 services statewide. (Strategic plan strategy 2.1-J)
- Priority F: Develop a family stability lens and systematically include family stability in all policy and resource allocation decisions. (Strategic plan strategy 2.1-F.)

In addition to recommending methods and policies to improve integration of services across the Early Learning System, the subcommittee will focus on priorities of the Early Learning Council.

The subcommittee will serve as the Advisory Committee to the Healthy Families Oregon program, as required by Healthy Families America and the standards for this program. Responsibilities to that end include:

# **Advisory to Healthy Families Oregon (HFO)**

- In accordance with the Healthy Families America (HFA) State/Multi-Site System Central Administration <u>Standard A-3</u>:
  - The multi-site system has a broadly-based group (not limited to representatives of member sites/host agencies) which serves in an advisory capacity in the planning and coordination of services and system activities.
  - The central administration's advisory group is an effectively organized, active body advising the functions specified in A-3
  - The advisory group is comprised of state/system-level stakeholders with diverse professional and cultural representation, including individuals from within and outside the multi-site system and with capacity to advocate and promote the integration of HFA within a broader network of supports and services, on behalf of the needs of families throughout the state/multi-site system.
  - The Central Administration staff and the advisory group work as an effective team to monitor the multi-site system's goals and objectives and to recommend strategies for improvement.
- Will work to guide HFO on key issues such as (but not limited to):
  - Increasing access to services for high risk families
  - Strategic plan for improving specific areas for growth identified by program evaluators, noted in the yearly status reports
  - o Guidance for new and/or revised HFO state policies
  - o Education to key community and state leaders around effectiveness of the HFO program
  - o Increased awareness and marketing of HFO

## **Healthy Families Oregon Goals:**

Goal A: Increasing School readiness

Goal B: Improving health outcomes for children and families

Goal C: reducing the incidence of child abuse and neglect

Goal D: Building trusting, nurturing relationships with parents

Goal E: Teaching parents to identify strengths and utilize problem-solve skills

Goal F: Improving the family's support system through linkages and appropriate referrals to community services

Healthy Families Oregon Advisory Priorities will be determined and set by the newly appoints Prenatal to Age 3 subcommittee.