

Early Learning Council AGENDA & MINUTES

November 10th, 2016

Attendees:

Absent:

Guests:

Scribe:



Time	Agenda Item	Detail	Motions/Approvals/ Action Item	Responsible Party
Meeting Goals: <ol style="list-style-type: none"> 1. To review recent and upcoming CCO activities 2. To review ELC charter and recommend any changes 3. To discuss how to engage the business community in our Family Resiliency Community Conversations 4. To review information from the Early Learning Division re: the process for awarding incentive metrics 5. To receive an update on our metrics 6. To discuss how we can encourage/equip parents to bring their infants/toddlers to all well-child checks 				
4:00	Announcements & Updates			Kristina Sheppard
4:10	CCO Update			Seamus McCarthy
4:20	Charter Review			Jenn Richter
4:30	Family Resiliency Community Conversations			Jenn Richter/Kristina Sheppard

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4:45	Metrics review		Jenn Richter
5:00	Well-child checks		Suey Linzmeier
5:30	Adjourn		

For K12 workgroup:

K12 Workgroup will not be meeting this month

Future Agenda Items:

GEM Review

Working with tribal families

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Attendees: Suey Linzmeier, Miriam, Jenn Richter, Emily B, Emily J, Jim Seymour, Lauren Berg,

Stephanie Legard, Cynthia Barthuly, Steve Sugg, Ryan Sticka, Ian Bergmann, Jordan Robinson, Peg Miller, Danielle Ludwick, Jenna Sanders,
Amy Egli, Seamus, Lindsay Manfrin. Remote: Mindy Larson, Tonya Hill?

Absent:

Guests:

Scribe:

Time	Agenda Item	Detail	Motions/Approvals/ Action Item	Responsible Party
Meeting Goals: <ol style="list-style-type: none"> To review recent and upcoming CCO activities To review recent and upcoming Early Learning program activities To review the function of ELC workgroups and provide opportunity to sign up To learn more about the pending Family Support Center in Sheridan School District To discuss kindergarten readiness options for families who don't have access to preschool 				
4:00	Announcements & Updates	<ul style="list-style-type: none"> ▪ Toothstastic Vax-a-Palooza – Emily Broadwell <ul style="list-style-type: none"> ○ Dental screenings and fluoride varnishes ○ Vaccination updates ○ At Public Health ○ Halloween costumes are welcome! ▪ Fall Forum – Emily Johnson <ul style="list-style-type: none"> ○ Will be at the Chehalem Cultural Center in Newberg. ○ Event to give a “state of the organization” update. ○ Would like to invite Yamhill Community Care members to attend. Please encourage any members to register for the event. ○ Dinner and child care will be provided. Transportation is also available if needed. ▪ Fostering Hope Initiative was picked as a “Bright Spot” by the Robert Wood Foundation. A reception will be held for them in Salem. Jim Seymour will send out an invitation to the ELC to attend. 		Suey Linzmeier



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		<ul style="list-style-type: none"> There are still openings in Head Start. A lot of families moved out of Yamhill County this year. Please encourage families to apply for Early Head Start and Head Start programs. (A Family Place has also experienced families moving out of the county.) 		
4:10	CCO Update	<p>Please refer to the Executive Brief. It has a lot of great information that the organization is involved with across the community.</p>		Seamus McCarthy
4:15	Early Learning Hub Update	<p>Community Conversations Series have started. Our kick-off event of the screening of Paper Tigers at the McMinnville Cinema was a success. 147 people attended. As a result of attending the screening, Dayton Elementary School has purchased the documentary and will be watching it at their next in-service day with all staff.</p> <p>The second event is the screening of the documentary “The Raising of America” at Linfield College’s ICE Auditorium. October 25th at 6:30pm. Registration is required. The link is in the email that Jenn Richter sent out about a week ago. Posters are available if ELC members would like to take some. We have a digital flyer is available for ELC members to distribute to their contacts.</p> <p>Breakfast discussion with Dr. Wayne Scott on December 9th, 7am-9am, at the McMinnville Cooperative Ministries. CME credit is available for this event. Limited space is available and registration is required. The targeted audience for this event is medical providers, but non-medical providers are also welcome to attend.</p> <p>There is \$39,500 available for parent outreach and parent leadership development. So far we’ve spent \$3,490 for our Parent Advisory Council. We will now be doing focus groups with parents and they are funded through MIECHV funds. (insert here more information from Jenn’s PowerPoint presentation.)</p>		Jenn Richter

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4:25	Workgroups	<p>After 1-on-1 interviews with ELC members and Jenn Richter, one common theme shared was to make ELC meetings more about system development and not so much detail work.</p> <p>A proposal is to create workgroups to do the needed detailed work. Members do not have to be members of the ELC. They can be staff of agencies involved with the ELC. These workgroups would meet separately and then report back to the ELC at the meetings.</p> <p>Workgroups:</p> <ul style="list-style-type: none"> ▪ Parent Engagement- vet parent leadership development opportunities. First meeting is on Nov. 15 @ 4pm. ▪ Kindergarten Readiness- discuss and vet kinder readiness strategies. First meeting on Tuesday, Nov. 22 @ 4pm. Attends COSA P-3 Conference on November 2016. ▪ Early Literacy- evaluate and vet activities, identify opportunities to increase literacy scores, support EL VISTA to expand literacy opportunities, first meeting Tuesday, Nov. 8 @ 4pm. ▪ Equity- evaluate Early Learning metrics and demographic data to identify gaps and opportunities, vet 2017-19 work plan with equity lens, first meeting Tuesday, Dec. 6th @ 4pm. 	Jenn Richter
4:35	West Valley Support Center	<p>Video was shown about the Safe Families program.</p> <p>LCS will be the fiscal agent and will provide the resource navigator. Will develop community connections through an advisory group. Prioritize Willamina and Sheridan families. Will have respite available, diaper bank.</p> <p>Sheridan School District- already have Angel's Attic, will provide the office space and equipment, special programs will be on staff at the building, provide a rep for the advisory council, have reached out to the Willamina Superintendent and will be sending a representative to the advisory group.</p> <p>The resource navigator will be referring to the Yamhill Community Care's Community Health Hub Community Health Workers. Would like to train this</p>	Jordan Robinson

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		<p>person as a community health worker and follow the model of a neighbor connector.</p> <p>This advisory group would start meeting monthly in November and would like to hire a resource navigator in January 2017. Would like to hire someone from the Sheridan/Williamina community. Would like to have a representative from Head Start, the Grand Ronde Tribe's family support staff person, and from local churches. Will plan to have a presentation before the Tribe's leadership council to ask if they'd like to have more representation at the advisory group.</p> <p>It is recommended to also form partnerships with the SITs, Family CORE, HHS' Behavior staff in that area, and Family Check-Up.</p>		
<p>4:50</p>	<p>Kinder Readiness for those not in preschool</p>	<p>Strengths and opportunities in our community:</p> <ul style="list-style-type: none"> ▪ Self-organized groups like MOPS, libraries, public preschools, park and rec events, United Way, Scottie's Place, games to teach social and emotional skills, Latino extended families who are caregivers for children, email and internet access, faith community, YCAP. ▪ School-sponsored events, school sports games, movies in the park, cooperative preschools, neighborhood connector, clubhouses or programming at apartment complexes or high-density areas, early childhood activities at grocery stores, free lunch programs. ▪ Head Start, teen parenting programs, licensed caregivers. ▪ Schools who are already providing preschool for 4 year olds. ▪ Childbirth classes at hospitals. ▪ Playgroup. <p>Ways to build on strengths and opportunities:</p> <ul style="list-style-type: none"> ▪ Using park and rec activities to educate about healthy foods, and play groups during sports practices. ▪ Expanding on free lunch programs to younger kids. ▪ School districts partnering with Head Start. ▪ Push VROOM and Ready for K and parent education classes at new mom groups and childbirth classes at the hospitals. ▪ Community playgroup, with few hours. 		<p>Kristina Sheppard</p>

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		<ul style="list-style-type: none"> ▪ United Way- go through local businesses and actively fundraise regularly for early childhood. ▪ What are other non-financial barriers for families? For example, parents who are stay at home parents and feel like they don't need to send their kids to preschool, transportation, of families who don't want to share that they are low-income or are struggling. ▪ Preschools with sliding fee scales. ▪ Raising more awareness about what is expected of kids by the time they're in kindergarten. 		
5:30	Adjourn	K-12 partners please stay for 20 -30 minutes to review the items below. Parking lot: Centering pregnancy		

For K12 workgroup:

GEM details & follow up session scheduling- Reporting due Monday.

Ready for Kindergarten – engagement/recruiting strategies- Send a personal letter from teacher. Reaching out to faith community. Advertising with childcare providers. Family fun night style: facilitated game playing. Connecting with families early. Connecting with new/pregnant moms at hospital. Have R4K on same evening of another event. Advertising from other organizations- home visitors, A Family Place. Community-wide flyer: contacts for all districts. Emily B. will create community-wide flyer-Miriam will help distribute. Each school district will send Emily B. a contact phone number for the flyer.

Transition Camp overview – successes, challenges and lessons learned-

Ready for K training for parent leaders- Hesitation, parents not engaged

Jesus Sandoval – motivational speaker for parents- Jesus can present to teachers to develop strategies for parent engagement or present to parents to motivate. Lauren wants training for teachers. School can set-up with Jesus and YCC will reimburse- contact Jenn to confirm. YCC does not fund for food, only speaking fees. Has funding for district wide training, not individual schools.

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Future Agenda Items:

- Home for pregnant young women
- Prioritizing our 0-3 population (k12) Literacy mentorships
- Working with tribal families
- Centering pregnancy



Yamhill Community Care™



Yamhill Community Care Organization

EXECUTIVE BRIEF

Date: November 7, 2016
To: **Board of Directors, Committees**
From: Seamus McCarthy, Interim CEO

Key Executive Meetings

CEO Meeting: This forum that includes OHA leadership and CEOs, has taken on a higher level purpose, beginning with the meeting in July. The agenda and structure aim to best utilize this group to proactively address and help inform health policy needs of CCOs, and OHA. Representatives from the Oregon Health Policy Board (OHPB) attended the October CEO meeting and led a discussion about what has been working for CCOs, what should be continued and where there needs to be improvement. There was lively discussion regarding increasing costs, especially pharmacy and inpatient costs, along with increased expectations from CMS on additional benefits that CCOs are expected to provide to members and, at the same time, rates for many CCOs are being reduced. There was also discussion about how the incentive metrics have played a big part in forming strategic plans and that more alignment between OHA metrics and Early Learning metrics is needed as well as incentives for investing in social determinants and upstream prevention.

CMS acting Administrator, Andy Slavitt, was in Oregon October 25th and 26th to learn more about the CCO model. CCO executives were asked to attend a reception hosted by Governor Kate Brown on October 26th, in order to provide an opportunity for Mr. Slavitt to discuss Oregon's health transformation efforts and the future of health reform in Oregon.

ONE Applicant Portal Launch: The Oregon Eligibility (ONE) Applicant Portal launched October 24 for new OHP applicants and those renewing OHP members whose information has already been entered into the ONE system. The portal will be available to all renewing members in Spring 2017. The portal will be live 24 hours a day, seven days per week. The portal will streamline both the application process and account management, and will include such features as an efficient document upload option and an eligibility dashboard that provides people with a snapshot of their OHP status and other important information.

CCO Metrics: The September CCO Metrics dashboard was released September 28. The next dashboard is scheduled for release October 26. It will reflect a measurement period of July 1, 2015 – June 30, 2016. This data will be used in the mid-year CCO Metrics Performance Report, which will be released publicly in January.

Behavioral Health Integration Resource Library: The Patient-Centered Primary Care Institute, in partnership with the Transformation Center, has launched the Behavioral Health Integration Resource Library. This library is a comprehensive repository for information, tools and examples of integrated care solutions – including virtual clinic visits, expert interview videos, webinars, toolkits, screeners, checklists and more – to support integrated care implementation and quality improvement. Although the library focuses on integration in the specific context of Oregon's coordinated care model, it also includes valuable national information.

Rates and Budget

Yamhill Community Care staff began working on the 2017 budget and continued to work on the development of the 2017 Alternative Payment Methodology for primary cared as well as distribution models for OHA incentive dollars (Pay for Performance or P4P) paid out in 2017 and 2018. OHA presented preliminary rates in October. The preliminary modeling, which is based on a regional risk model, suggests that YCC could realize rate increases of 2.2% for the PLUS population and 4.2% for the ACA population (a 3.1% increase overall). However, membership is forecasted to be down approximately 8% by the end of 2017 due to ongoing redeterminations. The goal is to present the following to the finance committee for review on 11/23/16: 1) A new APM model that focuses on funding clinics appropriately for their respective Patient Centered Primary Care Home model, rewards metrics performance and directs funding to specific cohorts of patients with complex care needs by using population health data, 2) Distribution models for P4P payouts in 2017 and 2018 and 3) A balanced budget for 2017 with recommendations on transformation funding from reserves.

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Fiscal/APM

Financial Summary:

September financial highlights are as follows:

- For September, operating loss was \$562,600, a decrease of \$903,000 from August's operating income of \$340,400. The decrease is mostly due to an increase in inpatient expense in September, mostly higher claims paid for July dates of service, and a decrease in revenue due to lower membership.
- Total September revenue prior to HRA pass through was \$8.9M, \$269,000 lower than August and in line with a decrease in membership.
- Physical health admin fees, paid on a PMPM basis, were slightly lower than July.
- September medical expenses were higher than August. The increase is due to higher inpatient expense and IBNR fluctuations.
- Physical Health YTD are running \$2.6M higher than budget.
- September Behavioral Health subcapitation was consistent with August.
- September Dental Health subcapitation was slightly lower than August.
- Cash and Cash Equivalents for September were consistent with August.

Quality & Clinical Advisory Panel (QCAP)

Jim Slater from CareOregon presented opportunities for coordinating care with the aid of pharmacy to manage high risk patients. The focus is on patients with high number of meds and association with increased risk of admission/ED utilization in CareOregon non-released risk model.

The Controlled Substance Quality Oversight Committee is a resource for providers to help in better managing chronic pain in YCC patients. The Committee is currently recruiting providers to be involved on the committee.

The QCAP has been engaging in discussion of capacity and lack thereof in the YCC provider community. There are only five clinics currently open to new patients in YCC. One of those clinics is already at their stated capacity for YCC patients. There have been long discussions regarding many clinics being currently down in primary care providers and down at least 8 providers from the 3 larger clinics. The group is planning to brainstorm ideas to attract new primary care providers.

Community Advisory Council (CAC)

Karen Phillips shared the recommendations to the group regarding the Oral Health Needs Assessment and asked for any thoughts or additions. The results and document shall be posted on the Yamhill CCO website.

A consumer guest shared some concerns she was having regarding her personal situation in trying to lodge a complaint. Joell shared ideas and sent the link for the OHP complaints form that is used when lodging a grievance or complaint.

The committee shared success stories. The development of the sub-committee groups was shared as a success, along with the possibility of the expansion of Well Ride services. It was also shared that the Co-Chair terms shall be ending in December and new Co-Chairs shall need to be elected. Nominations shall be completed during the November meeting and sent to the Board.

Operations and Integrations

Early Learning Program: The Early Learning Hub is presenting a series of films that explore ways a community can strengthen and support its children and families, followed by a facilitated discussion about the films' topics. The series kicked off with a showing of Paper Tigers at McMinnville Cinema 10 on Tuesday, September 27th. This documentary about trauma-informed education drew in 107 participants, including teachers, administrators, therapists and judges. On October 25th, the series is scheduled to move to Linfield Ice Auditorium for a screening and discussion of the signature hour of The Raising of America, a film which addresses the social conditions that affect children's ability to learn as well as their emotional and physical health. Admission to each event is free, and donations benefit a different local organization that addresses resiliency in Yamhill County each month.

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On December 9th, the Early Learning Hub is hosting an interactive breakfast event for partners from healthcare, education, childcare, law enforcement, the faith community, and the business community to explore how a community can build resiliency across sectors and work together to strengthen families and neighborhoods. This session will offer information about self-care and vicarious trauma, building a trauma-informed relationship with colleagues, and developing tools to serve clients and patients with trauma-informed care. The presenter, Wayne Scott, MA, LCSW, is a practicing therapist with more than 25 years of clinical experience and more than 10 years teaching experience. CME credit will be available.

The Early Learning Hub is continuing to work with Oregon Pediatric Improvement Partnership to improve the developmental screening referral process and the rate at which families are connected to needed services. Currently a pilot is being initiated at Physician's Medical Center. OPIP is also working with Willamette Education Service District to develop a process to connect children who are referred to them to the Family CORE if they are found to be ineligible for Early Intervention services. They are also working with WESD to create a feedback loop to referring providers when this occurs.

The Family CORE Leadership Team is meeting monthly as a subcommittee of the Early Learning Council to continue development of the Coordinated 0-5 Referral Exchange and the Home Visiting Network. Issues being currently addressed include engaging families while avoiding costly duplication of services as well as data tracking to assess the effectiveness of the current referral process.

Quality Improvement, Assurance and Compliance: The department continues to improve the process of monitoring contracts and delegation agreements. Recent oversight identified a potential HIPAA concern that was addressed and mitigated. Along with oversight, an annual risk assessment has been underway to identify and measure the likelihood and impact of compliance risks the organization perceives. Once complete, the analysis will be used to develop the 2017 audit and compliance schedule. Coinciding with the risk assessment, the first known HIPAA Privacy and Security assessment also took place and will inform future work to ensure HIPAA compliance.

The oral health needs assessment is in the final stage of completion and will be available for review and incorporation into future planning related to oral health in the Yamhill Community. Karen Phillips, an MPH candidate and Lydia Marshall, Quality Improvement VISTA spent over 300 hours preparing the patient survey, provider survey and focus group that contributed to the collection of data and prospective of the oral health status, resources and recommendations for the community.

Wellness Center: The Persistent Pain Program recently graduated it's 12th cohort with 8 graduates. A new orientation was held on October 10 and classes began October 24. The Mindfulness-Based Stress Reduction began on October 17. There were 10 attendees. The Wellness Center will also be hosting a new event, called Healthy Living for Children Workshop. This event will be held on November 11, Veterans Day. It will include 7 different speakers over a two-hour period who will spend 10 minutes talking about a health behavior related to their expertise/discipline. The goal is to have 30 children attend the event.

The Wellness Center continues to hold CME events. In September, the CME event was on cultural competency held at WVMC. There were 14 attendees. The next event will be held at the end of December and the topic will be Diabetes. Local physicians have recently become members of the CME series, which annual subscription will help cover cost for future speakers, food, etc. The CME Committee continues to meet monthly to plan upcoming sessions for local providers.

Grants and Projects Coordination: The Community Prevention and Wellness Initiatives are well on their way to implementation. The Good Behavior Game project is being led by Yamhill County HHS in partnership with Yamhill Community Care, the Oregon Research Institute, and the PAXIS Institute. PAX Good Behavior Game is an evidence-based program that shows far-reaching impact. Studies indicate that this intervention can positively affect outcomes as long-term as graduation and adult incarceration rates, and will improve self-regulation within the classroom.

The GBG project team convened leadership from three school districts, Sheridan, Willamina, and Yamhill-Carlton in order to organize and launch GBG implementation. Each school will have two leaders who will observe behavior in

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classrooms to gather baseline data. A small cohort of teachers will pilot the program in the 2016-17 school year, and pre- and post-data will be compared for GBG classrooms as well as classrooms which did not implement GBG. The schools received training for GBG on October 14th, and 26 people will be prepared to implement GBG on a classroom level.

The Kindergarten Partnership and Innovation grant-funded implementation of Growing Early Mindsets, another self-regulation program, will be implemented in childcare and kindergarten programs across the county. Members of each school district were represented at GEM's October 14th training. Growing Early Mindsets is a curriculum designed to improve social-emotional learning and integrate the growth mindset. McMinnville School District implemented GEM last year in schools and teachers felt very positively about its outcomes. GEM is research-based, and Yamhill Community Care is supporting this program as a pilot to provide additional evidence for its effectiveness.

Community Health Workers HUB: In September much of the focus of the CHW HUB was around preparing and marketing for the upcoming class "Living Well with Chronic Conditions" and the Diabetes Prevention Program. Living Well began the week of October 10th and the kick off meeting for the Diabetes Prevention program was on October 27th. A successful program will need about 30 committed patients.

There is also continued work around children in foster care. There are outreach efforts for every child who enters foster care to make sure they receive all of the necessary screening exams in the 60-day window required by the State.

Development of effective outreach programs to high utilizers of the ED is ongoing. The HUB is working to develop a successful workflow for coordinated outreach using real time data provided in PreManage. Currently the target is to outreach to those who have been in the ED three times or more in the past 90 days.

Office Operations: LightPoint, our IT vendor, was onsite October 21st to deploy asset tags on all of our equipment. These asset tags have a QR code that is linked to a dynamic cloud based system that will enable assets to be assigned to employees and even checked in and out, as needed. A comprehensive Asset Tag Policy is being developed and will be implemented with the assistance of our IT vendor, LightPoint. This new policy and procedure will establish how all electronic equipment is ordered, received, identified, and tracked, which will also deter theft and fraud.

A new Standard Operating Procedure (SOP) and Team Calendar in Outlook are being created to better coordinate time out of the office, assist with tracking and approving time off and with verifying accuracy of timesheets in ADP. The Team Calendar was fully implemented October 21.

Community Engagement: The Service Integration Team (SIT) approved two fund requests: Aquatic center passes for a family of 3 to help provide a young boy with ear and vision problems and a girl with behavioral issues access to extracurricular activities. The second request was for a driver's license for a man in recovery at the Blanchet Farm. This will help him find employment and be self-sufficient.

Project Management: Work has begun with committee chairs/co-chairs and support staff to renew rosters for each of the Board Committees, as well as the Board of Directors. A Committee Support Staff Workgroup is developing streamlined processes for each committee that will allow for greater consistency across all committees.

The Reduction in Emergency Department Utilization kick-off meeting was held in early October. There was a great mix of representation from physical, dental and behavioral health. The team worked in small groups to identify some key issues that get to the root causes of "why do patients go to the Emergency Department rather than primary care/dental care/behavioral health care?"

These are the issues that were determined as important in order to move toward solutions:

- Knowledge gaps (including more data analysis needed on our population; access; member contact information)

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- Education/Re-education
- Patient behavior (Fear, Familiarity, Cultural considerations, Health Literacy)
- Use of Tools (PreManage, Team-based Care Protocols, Outreach)
- Access (Urgent Care, Transportation, convenience, After-Hours, Weekends, Practice availability)
- Payments/Incentives (APM Model revisions, patient incentives, provider incentives)

A second meeting will be scheduled in November where potential solutions will be identified.

Information Systems & Business Intelligence: The Business Intelligence Specialist is working in close collaboration with internal and external stakeholders as well as an outside consultant (Dale Jarvis, CPA) to develop the YCC Alternative Payment Model for calendar years 2017 and 2018. There are a number of distinctive and different facets to this proposed model that will hopefully provide clinics with increased support to their existing Triple AIM service delivery innovations.

The first objective of the new model is to provide primary care clinics with an appropriate base PMPM that is aligned with the current staffing and revenue model they have in place to meet the primary, secondary and tertiary prevention activities of their panel.

Second, there will continue to be a PMPM that centers around the quality incentive metrics that rewards clinics who are working diligently to meet annual OHA benchmarks.

Finally, YCC would like to additionally fund clinics to implement high impact initiatives around those members who require more intensive complex care management. By engaging with patients who have high costs that are deemed avoidable, we can hopefully improve health statuses and reduce the need for future hospitalizations.

Integration Efforts:

Targeted Case Management (TCM): TBD (January 2017)
Maternity Case Management: TBD (January 2017, with TCM)

Staffing: No updates

Yamhill Community Care

Early Learning Council

November 10th, 2016

PURPOSE: The Early Learning Council (ELC) is chartered by the Yamhill Community Care (YCC) Board of Directors to help the Yamhill Early Learning Hub work collaboratively with K-12 education, early childhood education, health, social services, business and parents to support coordinated systems that are child-centered, family friendly, and community-based to meet the needs of Yamhill County children and families. The ELC will assist the Yamhill Early Learning Hub to:

- Identify and focus on the highest risk children and families
- Coordinate efforts and resources among the five sectors
- Provide feedback in evaluating family support and early childhood services to ensure results and eliminate duplication of service
- Maximize engagement of families in hub design and strategies and in becoming partners in their child's development
- Provide advice regarding culturally and linguistically appropriate family engagement
- Provide advice regarding ways to increase the number and quality of early learning environments
- Provide feedback and assist in monitoring target outcomes
- Develop efforts to engage collaborative funding across the philanthropic and private sectors

MEMBERSHIP: The ELC shall have no fewer than 12 and no more than 24 members. Members should possess a collaborative working style and bring broad community perspective on early learning matters. Expertise and insight in the areas of prenatal care, home visiting, developmental screening, child care and early learning programs, health issues related to early learning development, therapeutic environments and respite care, parenting education, early literacy, and alignment with common core standards are desirable. ELC members shall have decision-making authority within their agency.

Member representatives from the following sectors:

School District Members (7 seats): a Superintendent or their designee from each of the seven school districts in Yamhill County, and

Willamette Education Services Division (1 seat): a director or their designee

Business (2 seats): representatives of the business community invested in early learning outcomes, and

Nonprofit (2 seats): representative of the nonprofit community, including at least one from a culturally-specific Community Based Organization (CBO), and

Parents (2 seats): parents and/or legal guardians who reflect the recipients of the intended early learning system design, and

Health (2 seats): representatives of the health community tasked with system coordination relating to prenatal care, developmental screenings, oral health and patient center primary care for children, and

Human/Social Services (2 seats): representatives from the human and social services sector who engage families in early learning, home visiting, therapeutic, and respite care, and

Pre-K (3 seats): representatives from early learning programs, libraries or child care settings, including one seat from Migrant Head Start, as applicable, and

County Governments (1 seat): a representative of government with strategic ties to early learning programs within Yamhill County, and

Tribes (1 seat): a representative of the Confederated Tribes of Grand Ronde, and

Higher Education (1 seat): a representative of higher education to align strategies throughout the learning continuum.

NOMINATION AND ELECTION: Nominations to the ELC will be solicited from the ELC, and will be submitted to the ELC chair(s), who will submit recommendations to the YCC Nominating Committee for review and approval. As outlined in statute, the Committee will be composed of equal numbers of members of the Board of Directors and representatives of Yamhill County. The YCC Nominating Committee may interview candidates for appointment, and will ensure training and orientation for ELC members. After the first year of the ELC, new members will be oriented by existing members.

The ELC may select its own Co-Chairs, or elect to have the YCC Board Chair make appointments. Co-Chairs will represent separate sectors. They will serve two-year terms, but terms will be staggered. One ELC Co-Chair will also serve on the Board of Directors. Up to two members of the ELC may be elected by the ELC to serve on the YCC Quality & Clinical Advisory Panel (QCAP) and the Community Advisory Council (CAC). It is at the discretion of the ELC whether 1 or 2 members will sit on the QCAP and the CAC. Each of these selections is for a 2-year term, which may be renewed at the discretion of the ELC.

MEMBERSHIP TERMS: A member term is 2 years, beginning on the first of January. Terms will be staggered to avoid excessive members leaving in any year. The initial members appointed will be randomly assigned to 1, 2, or 3 year terms. Members completing their first term may apply to continue serving indefinitely; renewal application will be considered by the Nominating Committee along with those of others applying.

ATTENDANCE: Members of the ELC should commit to attending at least 80% of the ELC meetings. An absence should be reported prior to the meeting to the ELC Chair or assigned YCC staff. After the first missed meeting in a year, a member will be contacted by the Co-Chair or staff. After the second missed meeting, the member may be subject to removal. On an infrequent basis, ELC members may appoint an alternative to participate as a non-voting member in their absence.

VACANCIES: A vacancy occurs when an ELC member's term expires, or when an ELC member moves out of the service area, dies, resigns or is removed. When possible, the member's resignation should be submitted in writing 30 days prior to the effective date. All vacancies shall be filled by the nomination process with final appointments by the Board. The ELC may recommend to the Board of Directors that a member be removed if that action is in the best interest of the ELC. This could include but not be limited to instances where a member misses two meetings in a row or three meetings in a calendar year, if a member has failed to declare a conflict of interest, or has acted contrary to ELC directions.

MEETINGS: The ELC will meet no less than once every 3 months, but may meet more frequently. Meetings will be held at locations that comply with Americans with Disabilities Act standards. Language interpretation services will be provided as needed, provided YCC is informed of the need for interpretation at least 3 days prior to the meeting. The time and location of meetings and a list of principal subjects to be discussed shall be made known to the public and to each ELC member at least 7 days in advance.

A special meeting of the ELC may be called by or at the request of either Co-Chair. Notice of any special meeting of the ELC shall be given at least 48 hours in advance by telephone, email, fax, mail, or delivered personally to each member to his/her address as shown in the records of the corporation.

MINUTES: Minutes must be taken at each ELC meeting. The minutes shall be reviewed and approved at the next regular ELC meeting and posted on a publicly accessible website.

DECISION MAKING: A majority (51% or more) of the voting members of the ELC constitutes a quorum. Yamhill Community Care will use consensus decision making processes to the extent possible. At the discretion of the Co-Chair or at the request of any ELC member, an individual poll vote may be conducted. A quorum must be present for such formal votes, and the results will be recorded in the minutes. The ELC will vote on recommendations for management and/or the Board decision.

The ELC Chair/Co-Chairs may permit any or all members to participate in recommendations or consultations through other means of communications, such as by phone or email. Members attending meetings by phone count towards the quorum.

COMMITTEES: The ELC may establish standing and ad hoc committees as needed. Once an ad hoc committee has completed its assigned tasks, it shall cease to exist. In addition to ELC members, committees may include individuals from the community chosen for their experience and concern about a specific issue.

COMPENSATION: No salary shall be paid to a member for his/her services as a member of the ELC.

CONFLICT OF INTEREST: A conflict of interest transaction is a transaction with YCC in which an ELC member or their family member has or anticipates having a direct or indirect economic or financial interest with YCC. Conflict of interest or the appearance of conflict of interest, by ELC members, employees, consultants and those who receive funding for services from YCC must be disclosed as soon as possible to YCC. ELC members are required to disclose any potential conflicts of interest by completing a conflict of interest declaration form at least annually, submitting it to YCC staff and updating it as necessary. No member of the ELC shall vote or be present for a vote in a situation where a conflict of interest exists for that member.

ROLE OF YAMHILL COMMUNITY CARE STAFF: Yamhill Community Care staff shall provide support to the ELC to:

- Ensure appropriate processes are in place to allow the ELC to succeed in their role
- Attend all ELC meetings; record and disseminate minutes
- Provide administrative resources to the ELC
- Provide Yamhill Early Learning Hub data and reports for consideration
- Provide information on significant issues or developments within or impacting Yamhill EL Hub
- Provide oral and written information as needed/requested in a timely fashion
- Promote community participation and education on matters impacting early childhood service delivery

ADOPTION AND AMENDMENT OF ELC POLICIES: These policies are adopted and may be amended by a majority vote of the YCC Board of Directors. Amendments to be considered at a meeting of the YCC Board of Directors must be provided to ELC members in written form at least 7 days prior to an ELC meeting so that the ELC may make recommendations regarding the proposed changes.

Revised: 11/10/16

TO: Measuring Success Committee

FROM: Tom George, Sue Parrish, Denise Swanson (ELD Staff Support to Committee)

RE: Recommendation from Measuring Success Committee on incentive metrics for Hubs

DECISION DATE: October 25, 2016

Background

The Measuring Success Committee of the Early Learning Council was charged with recommending a process for disbursing the 5% of Hub Coordination funds held back as an incentive for hubs' achievement on performance measures. The Committee has now had lengthy discussion about these incentive funds, which are summarized below. The committee also asked ELD staff to develop a composite metric based on these discussions; these also follow here. The Committee's recommendations outline recommended priorities, and a process, for disbursement of the funds. The committee is now tasked with making a decision at its October 25th meeting so that the ELC can move forward with these recommendations at its meeting on October 27th. The meeting on the 25th will be held by webinar to encourage attendance.

Development of Incentive Metrics Composite

The following principles and considerations emerged after numerous discussions, and guided the development of its suggested approach and composite metric outlined below.

A. Guiding Principles:

1. Incentive metrics should reflect the impact of Hubs across goals in a way that is focused, transformative, and clear about where the Hubs have true impact.
2. Incentive metrics must reflect the necessity of collective action, fostering engagement from parents and Community Based Organizations, as well as the health, human services, K12, early education and the private sectors.
3. Incentive metrics should reflect the stages of development of the Hubs and the Hub system.
4. Incentive metrics must have a data source that is readily accessible, reliable and valid.
5. Incentive metrics should be able to be measured objectively and consistently across Hubs.

6. Incentive metrics should not send an inappropriate message about the priority of one Hub strategy or area of focus over another (i.e., tell Hubs that a particular strategy/activity is where they should put their energy, when that is not the intended message).

B. Measuring Success Committee's Additional Considerations:

1. The composite incentive metric should include indicators of cross-sector processes.
2. Where quantitative metrics are included, consideration should be given to (1) not penalizing a Hub for setting ambitious targets; and (2) the sometimes limited influence Hubs have in influencing the metrics and achieving those targets.
3. There should be a section where Hubs have an opportunity to describe their strategies for addressing areas associated with the current metrics. These questions should minimize how much Hubs have to write and maximize the objectivity of the scoring of the answers.
4. The composite incentive metric should include an opportunity to capture the work of all Hubs given their current state of development.

C. Early Learning Council's Additional Considerations:

The ELC reviewed these recommendations at their October meeting, and asked that the composite also specifically consider the following:

- The process should be relatively simple, and where possible, utilize reports they're already submitting or data the Early Division already has on hand.
- The process should acknowledge their good work, motivate continued improvement and excellence.
- We need to consider what supports hubs will be given if, in this process, it surfaces that one or more are struggling.
- Loose makes more sense than tight given the timeline.

D. Recommended approach:

The Committee recommends the incentive funds be tied to performance on a composite metric that is as simple as possible while capturing different types of indicators of progress and areas of Hub focus. Given the Hubs stage of development and the state of data, the Committee also recognized the necessity for the composite to include opportunities for the Hubs to describe their activities and work.

Process and Timeline for Disbursement of Funds

In order for the ELD to distribute the incentive metrics hold back *a special procurement process is required*. An aggressive timeline has been developed in order to meet the requirements of the procurement and to facilitate releasing funds to the hubs prior to June 30, 2017. This process involves a number of steps (see timeline below) across multiples agencies, including Department of Administrative Services (DAS), Department of Justice (DOJ), the ELD, Early Learning Hub backbone entities, and the ELC. Based on previous experience with the procurement process, ELD staff recognizes that there are often unanticipated delays in this kind of cross-agency administrative process. Staff recommends that if a delay is experienced that puts at risk allocating these funds before June that the Early Learning Council consider halting the special procurement process and distributing the funds on a formula basis (which would not require a special procurement process) Hubs would then still be required to submit the evidence for the composite metrics but would receive their entire 5% of coordination funds rather than a percentage based on performance (there would be no competitive process, which requires a special procurement). Staff have identified a number of potential “trigger” points in the process where delays could be experienced, and will be prepared to notify the Council if one of these trigger points is reached.

General Timeline

Date	Significant deadlines
October 27	ELC has first view of process for disbursing incentive metrics.
October 28	RFP information is sent to DAS Procurement to begin approval process
Nov ELC meeting	ELC approves process for disbursing incentive metrics
Week of Nov 14	RFP moves to DOJ for approval – <u>ELC needs to approve prior to rfp moving to DOJ. DOJ needs 4-5 weeks to complete approval process.</u>
December 16	RFP to Hubs
January 17	Proposals are due
Jan 17-Feb 15	Review and scoring by ELD staff and appointed ELC Council members. ELC Executive Committee prepares award recommendation for ELC.
Week of Feb 27	ELC finalizes decision
Mid-March-beginning of May	DAS develops the amendment, DOJ then completes and ratifies, ELD sends to hubs for signature
June 30	All hubs have signed amendments and drawn their incentive funds.

**See Attachment A for a more detailed Incentive Metrics Timeline*

A. Award Committees and Scoring Process:

Upon receipt of the proposals an initial review and scoring based on the DOJ approved criteria and rubric will be conducted by a committee of ELD staff (and, possibly, Measuring Success and/or ELC members). Scores and rankings will be sent to the ELC Executive Committee to develop recommendations for the ELC. The DAS procurement officer and relevant ELD staff may be present to provide any technical assistance. The recommendation of the Executive Committee will move forward to the full ELC for review, approval and adoption.

Incentive Metric Funding Stream and Formula

The 5% of funds held back for incentivizing are hub coordination funds, which are general funds for hub coordination, staffing and special projects. They are the only contracted funding stream not on a reimbursement basis. Hubs report on a monthly and quarterly basis on use of the funds and receive a monthly allocation. Hubs are required to draw these funds on a monthly basis and although all coordination funds must be drawn down by the end of the biennium hubs may continue to utilize funds into the next biennium. Due to the nature of the timeline, staff strongly recommend that the incentive hold back follow the same guidelines as all other coordination funds. If there were any other requirements related to the use of these funds, hubs will not have enough time to spend the funds in a mandatory way prior to June 30, 2017.

Allocation of each hub's 5% (as determined by the hub's current ELD – determined per child funding formula) would occur on a proportional basis determined by the score of the application and the allocation tables below. Review and scoring will follow standard DAS procedure. The final application review score will determine the amount allocated to each hub according to the percentage of the total possible points received on the application. Allocation of funds will occur through a two-round allocation process. For the first round (see first round table), any hub scoring less than 60% of total possible points on the application will receive no incentive funds. Higher scores receive an initial allocation percentage according to the table.

Allocation of Incentive Funds:
FIRST ROUND
0 - 59% of total possible score = 0% (of available funds)
60 – 74% = 50% (of available funds)
75 – 89% = 75% (of available funds)
90 – 100% = 100% (of available funds)
(some funds will likely remain after first round)

Following this first round distribution, any remaining funds (which will occur if any hub receives a score less than 90%) will be pooled and allocated based on the FINAL Round allocation table. In the final round of scoring, all applications scoring 80% or more of the points will have their percentage of the holdback following the first round increase equally across the qualifying hubs *up to 100% of their hold back* (only in cases in which all hubs have received 100% of their hold back and funds remain will it be possible to receive more than 100%).

Allocation of Remaining Incentive Funds:
FINAL Round
60 – 79% (of total possible score) = 0% (of remaining funds)
80 – 100% = 100% (of remaining funds)
(All incentive funds allocated)

For example:

Hub A, Hub B, and Hub C apply for funds. After application scoring, Hub A receives 55% of total application points and receives no funds (with those funds going into a pool for the final round). Hubs B & C score 85% of possible points and 75% of their hold back. All remaining funds are then pooled. Hubs B & C both qualify for the final round and share equally in pool of remaining funds per their child funding

formula. In this example, both Hubs B & C end up receiving 83% of the hold back and all funds are now allocated.

Hub Incentive Metric Composite

The composite metric was built upon the principles, considerations and approach described above. Due to the special procurement process, the specifics of the composite cannot be shared publicly until the rfp process has been approved and is made public to the hubs. The integrity of the rfp process relies on confidentiality and attention to any perception of unfair advantage by potential recipients of these funds.

With this in mind, the composite outline follows. The length of a completed application would not exceed three pages, and specific information will be requested in each section to guide qualitative answers and scoring criteria.

There are three sections:

1. Systems Engagement and Collaboration (1000 word limit)

- Partner Engagement
- Partner Collaboration
- Cultural Outreach and Engagement

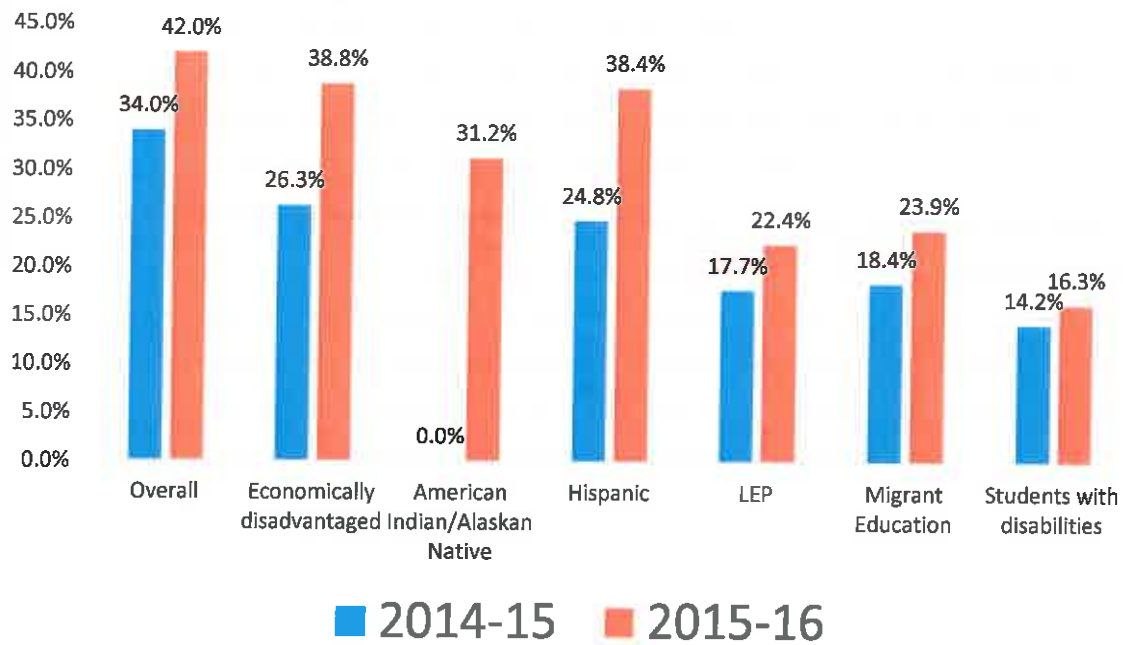
2. Progress on Quantitative Hub Metrics (500 word limit)

- There will be three options, of which hubs can choose two to answer.

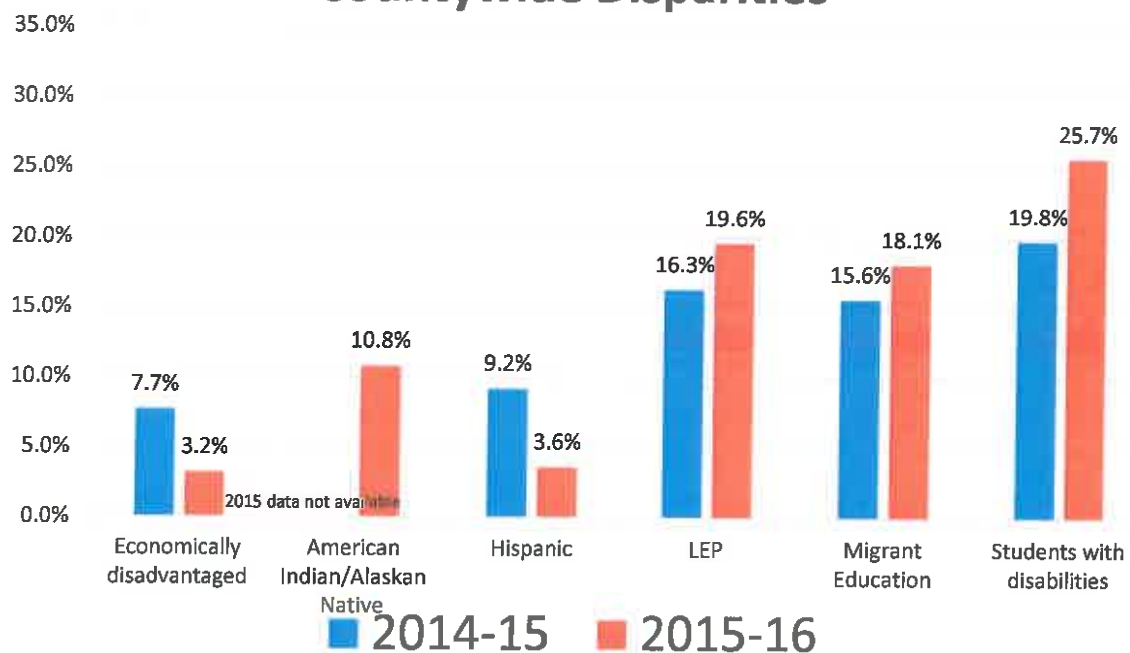
3. Under-operationalized Metrics (250 word limit)

- There will be three options, of which hubs can choose to answer one.

Countywide 3rd Grade Reading Scores



Countywide Disparities

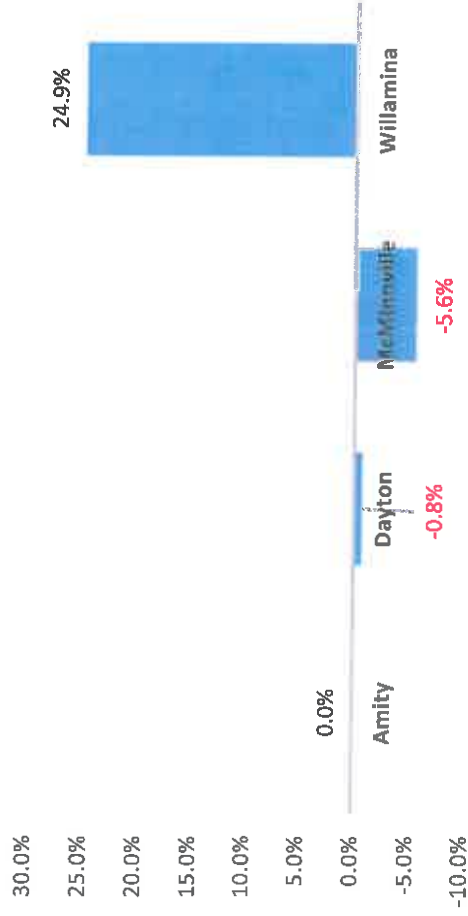


**Note: For disparities, lower is better.*

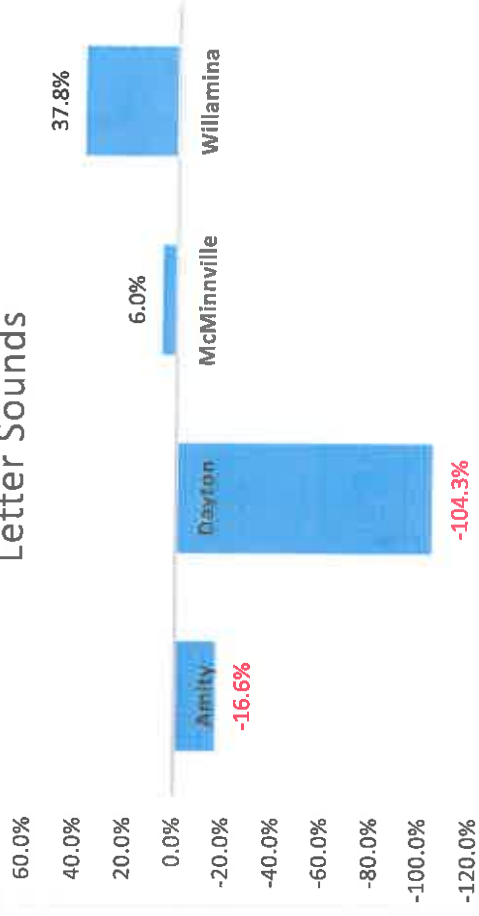
2015 Kindergarten Assessment Scores

Ready! vs. Non Ready! participants

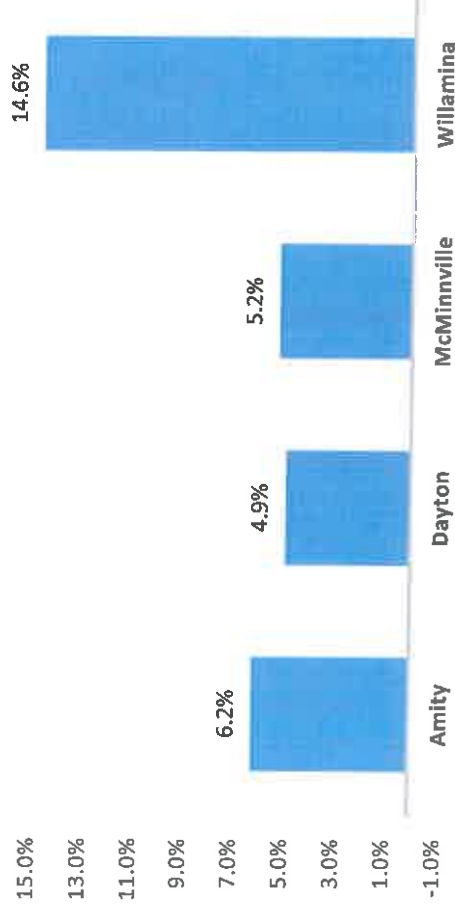
Letter Names



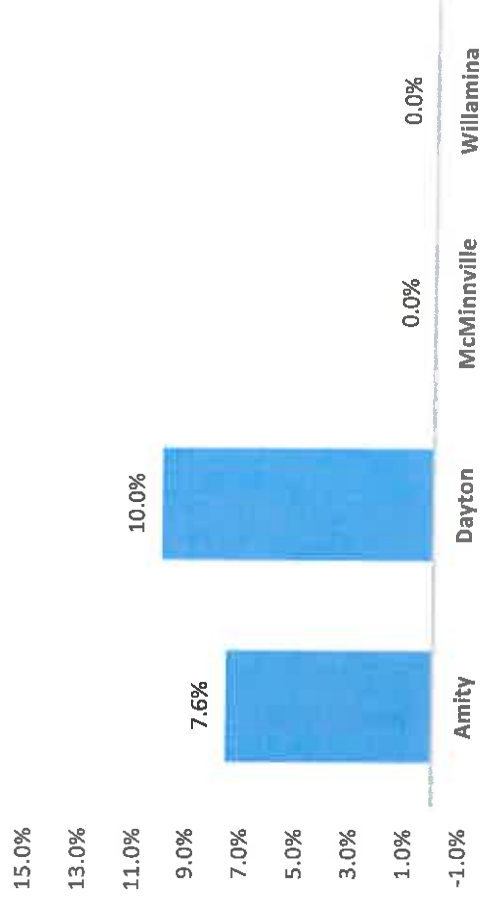
Letter Sounds



Approaches to Learning



Numbers & Operations



0% means Ready! participant and non-participant scores were the same, positive 0% means Ready! participant scores were higher.

Metrics Update

Quality Rating and Improvement System (QRIS) certification

Increase in number of 3, 4, and 5-star QRIS *providers* serving children from "hot spots" and communities of color and an increase in the number of *children* served in hot spots and communities of color.

2015 Baseline	2016 Target	2017 Target	Update	Date
2 QRIS providers, 30 children capacity	3 QRIS providers, 45 children capacity	5 QRIS providers, 75 children capacity	2 – Sheridan & Dayton 1 – C2Q (Dayton) 0 – Yamhill	10/6/16

Employment-Related Daycare (ERDC) program

Increase in percentage of children in Employment Related Day Care (ERDC) in 3, 4, or 5-star QRIS program.

2015 Baseline	2016 Target	2017 Target	Update	Date
3%	6%	9%	36%	8/2/16

Ages and Stages Questionnaire (ASQ) scores

Increase in percent of children who receive a developmental screen before the age of three.

Baselines	2016 Target	2018 Target	Update	Date
39.4%	54.0 %	69%	60.3%	9/4/16

Well-Child Check

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

2014 Baseline	2016 Target	2017 Target	Update	Date
59%	62%	65%	60.9%	January 2016
			60.2%	May 2016

Percentage of children who received 5 or more well-child checks by 15 months of age

June 2015 – May 2016

