The Yamhill Early Learning Council will work collaboratively to support coordinated systems that are child-centered, family friendly, culturally and linguistically appropriate and community-based to meet the needs of the Yamhill County population and communities.
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EARLY LEARNING HUBS: MAKING SURE OUR KIDS ARE READY FOR KINDERGARTEN

Early Learning Hubs in 16 regions across Oregon are getting cross-sector partners to work together to create local systems that are aligned, coordinated, and family-centered. Families receive the support they need to become healthy, stable and attached and their children receive the early learning experiences they need to thrive.

Why is early learning so important? Decades of research has shown that the first five years are important brain building years that shape our children’s futures. Quality early learning experiences are predictors of health, happiness, growth, development and learning achievement at school. They mean our children show up to kindergarten:

- Ready to learn because their social, emotional and cognitive development is on track.
- Able to focus in the classroom.
- Able to recognize letters & numbers, putting them on the path of a lifetime of literacy and reading.
- Able to transition from one activity to the next.
- Make third-grade proficiency benchmarks, an important indicator of high school graduation.

Early learning means children grow and thrive.

Early learning for all our kids

There are 250,000 children under the age of five in Oregon. Of those children, 130,000 are exposed to risk factors from the moment they are born. That’s more than half.

While these factors may be out of their control, making sure these children get access to early learning experiences before they are six, while their families also get access to support services is in our control—and it can change everything for these children and their families.
It is critical that our communities support families when factors are present that prevent their children from having early learning experiences.

**So, why isn't this happening? It is and we're getting better.**

As a state, Oregon is program rich. We do good work. We have programs and resources addressing the different needs of families historically underserved.

Yet sometimes they do not work together and/or they offer duplicative and redundant services. Families already in a vulnerable state become overwhelmed trying to understand what they qualify for, what is available to them and from whom, and where to start.

Instead of enabling families to think about what they might want for their child's future, we cause them to give up because our system is difficult to navigate. But, this is changing.

**How we are making a difference**

- **Aligned, coordinated and family-centered early learning system**
  - Metro-area hubs promoted region-wide early kindergarten registration through the "Register for Kindergarten by June" campaign. The campaign hosted events with local businesses, school districts, and preschool providers. It placed ads on bus benches and PSAs on radio stations. Local businesses donated ice cream for kids who registered early. Early registration and kinder transition activities mean more children ready for kindergarten.

- **Children arriving at kindergarten ready to succeed**
  - South Coast's Early Learning Hub organized a Kindergarten Round Up at Myrtle Point. Families who enrolled their kids early received free kindergarten kits, parenting education, and enrollment in a summer, pre-K program. They also had the opportunity to connect with teachers, and other families, fostering community between families, schools and partners. Parents become active participants in their child's education and success.

- **Children living in families that are healthy, stable and attached**
  - The Linn Benton Lincoln Early Learning Hub in partnership with local health care partners is reaching out to new parents and families. After assessing a family's needs, they are coordinating classes, services, and supports for siblings and parents so the whole family experiences delight and success with the arrival of their new family member. Coordinating multiple community partners provides a one-stop access point for families who need to be connected to numerous services and supports to be successful. Hub increases developmental screenings and well-child visits in babies and young children.

**Get Involved!**
early.learning@state.or.us • (503) 378-2792
Want to see what your local hub is up to? Visit us online! oregonearlylearning.com/early-learning-hubs/
775 Summer Street NE, Suite 300, Salem, Oregon 97301
Yamhill CCO Early Learning Hub

Our community is working together to coordinate and align services to improve outcomes for children. For the first time in history, Oregon is coordinating a statewide approach to early childhood education and school readiness by focusing resources on the intersection between health and education.

Our Vision:
All young children and their families engage in quality coordinated resources that support their growth, development and a healthy life trajectory.

Our Mission:
The Yamhill Early Learning Council will work collaboratively to support coordinated systems that are child-centered, family friendly, culturally and linguistically appropriate, and community-based to meet the needs of the Yamhill County population and communities.

Five Core Responsibilities:
- Collaborate across all programs and sectors for collective community accountability
- Identify the children in each community who would benefit from additional support
- Partner with families to identify their unique and specific needs
- Link families with services and providers who can best address their needs
- Account for outcomes collectively and cost effectively

Shared Outcomes:
- Healthy, stable and attached families
- Improved kindergarten readiness
- Academically successful 3rd grade students
- Coordinated and efficient systems
- The Early Learning Hub model builds on existing community resources and assets, while also asking tough questions about what could be done differently to get better results, especially for at-risk children.
Innovation:

- The creation of a holistic system of care through collaboration between medical providers, early learning providers and school districts
- To date, Yamhill Community Care Organization is the only CCO to be awarded an Early Learning Hub
- Medical providers recognizing the value of and making referrals to home visiting services
- Early childhood education and training for child care professionals aligned with K–12 Common Core Standards.
- Cross coordination of developmental screenings between early childhood and medical providers
- Creation of a Medical Home Model which also supports disenfranchised pregnant women
- Integrated oral health prevention services across the spectrum
- Increased parent engagement utilizing peer community health worker/engagement specialist, nurse case management in OB and pediatric care
- Prevention, intervention and early education to create the best outcomes for children

Yamhill Early Learning Hub Goals:

- Increase the number of licensed child care and early learning programs committed to improving quality
- Empowered families make informed decisions and have access to affordable, quality child care options
- Provide classroom opportunities for children in the year before kindergarten that align with common core state standards
- Increase amount of time parents and care givers read and talk with their child in order to develop strong attachment, language and literacy skills
- Establish a system where all children in Yamhill County receive a developmental screen by 36 months of age
- Increase the number of women who enter prenatal care within the first trimester or within 42 days of enrolling in Yamhill CCO or other Maternal Health programs
- Increase the number of oral health prevention services conducted annually
- Reduce Toxic Stress by promoting five key Strengthening Family Protective Factors in the children’s home and neighborhood
- Increase family resiliency and reduce child maltreatment in families of children ages 0-6
- Implement a Universal Referral System for all home visiting programs
PURPOSE: The Early Learning Council (ELC) is chartered by the Yamhill Community Care Organization (YCCO) 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 YCCO 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 YCCO 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 Early Learning Hub staff and paired with existing members for additional support.

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

MEMBERSHIP TERMS: A member term is two 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 one-, two-, or three-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’s meetings. An absence should be reported prior to the meeting to the ELC Chair or assigned YCCO 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 three 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 YCCO is informed of the need for interpretation at least three 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 seven days in advance. An opportunity for public comment will be provided at each ELC meeting.

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 be made available upon request.

**DECISION MAKING:** A majority (51% or more) of the voting members of the ELC constitutes a quorum. YCCO 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, except for parent representatives, as needed. A stipend for participants in the Parent Leadership Council shall be provided, as needed, to support childcare, transportation and other costs.

**CONFLICT OF INTEREST:** A conflict of interest transaction is a transaction with YCCO in which an ELC member or their family member has or anticipates having a direct or indirect economic or financial interest with YCCO. Conflict of interest or the appearance of conflict of interest, by ELC members, employees, consultants and those who receive funding for services from YCCO must be disclosed as soon as possible to YCCO. 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 YCCO 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 YCCO STAFF:** Yamhill Early Learning Hub staff shall provide support to the ELC to:
- Ensure appropriate processes are in place to allow the ELC to succeed in their role
- Provide representation at 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 YCCO Board of Directors. Amendments to be considered at a meeting of the YCCO Board of Directors must be provided to ELC members in written form at least seven days prior to an ELC meeting so that the ELC may make recommendations regarding the proposed changes.

Revised: 11/8/2018
DECLARATION OF COOPERATION
Yamhill Early Learning Council

Background
Our community is working together to coordinate and align services to improve outcomes for children. We believe that by working together across sectors, we can improve system alignment and coordination, prepare children to arrive at kindergarten ready to learn, and provide families with the support and resources they need to be stable and intact. As our mission states: The Yamhill Early Learning Council will work collaboratively to support coordinated systems that are child-centered, family friendly, culturally and linguistically appropriate, and community-based to meet the needs of the Yamhill County population and communities.

Guiding Principles
Together, we will:
• Collaborate across all programs and sectors for collective impact
• Account for outcomes collectively and cost effectively
• Identify the children in each community who would benefit from additional support and focus our resources on racial minorities and other at-risk families
• Partner with families to identify their unique and specific needs and link them to services and providers who can best address their needs

Declaration & Purpose
This Declaration of Cooperation acknowledges that (AGENCY) supports the mission of the Yamhill Early Learning Hub and has a shared responsibility to improving educational, health and social outcomes for young children throughout our region.

Our organization has been an active participant in the Early Learning Hub development process that serves children and families in Yamhill County. Our organization agrees to continue its active participation in support of the Early Learning Hub. Our organization will align efforts, resources and strategies toward meeting the shared goals of the Early Learning Hub. As part of the (XX) sector, my organization will contribute to the regional partnership on the goal(s) of:

1. System Coordination, by:
   ☒ Ensuring that a representative of the school or agency participates in at least 80% of Early Learning Council meetings;
   ☒ Reducing administrative overhead;
   ☒ Improving communication and coordination between agencies;
   ☒ Reducing disparities in access to services and supports;
   ☒ Ensuring that services and supports are culturally responsive; and
   ☒ Sharing data with the Early Learning Hub, as requested.
2. **Kindergarten Readiness, by:**
   -☐ Supporting families by giving them the tools they need to be their child’s first and most important teacher;
   -☐ Coordinating between early childhood and medical professionals to establish a system where all children in Yamhill County receive a developmental screen by 36 months of age and are connected early to any necessary services;
   -☐ Increasing the number of licensed childcare and early learning programs committed to improving quality, including programs suited to the needs of non-English speaking minorities and families experiencing poverty;
   -☐ Educating and equipping parents and caregivers to increasing the amount of time they read and talk with their child in order to develop strong attachment, language and literacy skills;
   -☐ Ensuring that children and families experience aligned, culturally responsive instructional practices and seamless transitions from early learning programs to kindergarten; and/or
   -☐ Providing and/or attend cross-sector professional development opportunities that allow childcare providers, preschool teachers, and K-3 teachers to learn together and to create a community of practice.

3. **Healthy, Stable and Attached Families, by:**
   -☐ Reducing Toxic Stress by promoting the five key Strengthening Family Protective Factors in the children’s home and neighborhood;
   -☐ Educating medical, education and home visiting providers to ensure that all are providing Trauma Informed Care;
   -☐ Educating medical providers, early childhood educators, and social service providers to ensure that families have adequate support and resources to meet their needs through referrals to the Family CORE and/or to the Service Integration Teams; and/or
   -☐ Creating Maternal Medical Homes to support disenfranchised pregnant women and connect them to necessary services early.

**Partnership Responsibility Statement**

The Yamhill Community Care Organization does hereby agree to do the following:
-☒ Sign and agree to terms of the Early Learning Hub Contract with the state of Oregon;
-☒ Serve as the fiscal agent, accountable for approval of the Early Learning budget and public oversight of resources; and
-☒ Provide administrative support and serve as the backbone organization for the Early Learning Hub. Functions to include data collection, evaluation and reporting, contract management, resource development, and meeting support.
Timeline Statement
This agreement will be effective from the date of signing until September 30, 2020.

Signature: ______________________________
Name: Seamus McCarthy, PhD
Title: Yamhill CCO President/CEO
Date: ________________________________

Signature: ______________________________
Name: ________________________________
Title: ________________________________
Date: ________________________________

Signature: ______________________________
Name: ________________________________
Title: ________________________________
Date: ________________________________

Administration: 819 NE Third Street, McMinnville, Oregon 97128
(503) 376-7420    Fax (503) 376-7436
# Early Learning Council Membership

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<tr>
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<th>AGENCY</th>
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<tr>
<td>Blackwell, Angie</td>
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<td>Larson, Mindy</td>
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*Membership pending*

Two membership position remain open for parent representatives and one for McMinnville School District
Early Learning Staff Structure

**Early Learning Manager**
- Collaborate with partners to build systems that support school readiness and stable families
- Coordinate Early Learning Hub programs & supervise Early Learning Team
- Participate on Yamhill CCO Leadership Team to support full integration of Early Learning
- Participate in Network of Hub Directors to improve early learning system across the state
- Seek funding opportunities to augment allocation from Early Learning Division
- Coordinate and oversee distribution of resources
- Monitor contract deliverables

**Family Resource Specialist**
- Coordinate home visiting referral exchange
- Develop and maintain coordinated enrollment system
- Support community assessment process to facilitate implementation of Preschool Promise
- Support Family CORE Leadership Team in quality improvement of home visiting network
- Coordinate professional development for home visitor network
- Track home visiting data & complete quarterly reporting requirements

**P-3 (Prenatal to Grade 3) Coordinator**
- Work with P-3 providers/educators/administrators and parents to build an aligned education system that prepares children for kindergarten and supports seamless transitions
- Coordinate and/or conduct professional development opportunities for prenatal to grade 3 providers/educators/administrators
- Coordinate parent education through Mid-Valley Parenting in partnership with Polk County, including recruitment of parent educators and coordination of professional development
- Coordinate parent engagement activities, including Family Picnics and Parent Cafes
- Facilitate Parent Leadership Council, including regular meetings, activities and training opportunities
- Partner with K12 to expand kindergarten registration to identify children in need of additional support and to connect them to services

**Service Integration Coordinator**
- Facilitate Service Integration Teams in six school district catchment areas and co-coordinate in the West Valley
- Collaborate with multiple cross-sector partners to address SIT requests
- Conduct outreach to service agencies and churches to increase participation
- Engage in outreach via health fairs and other community events
- Partner with the Early Learning Manager to identify and pursue additional funding opportunities
- Partner with the Family Resource Specialist and the P-3 Coordinator to ensure wraparound supports for at-risk families referred to SITs

**Administrative Assistant**
- Support event planning for Early Learning team, including meetings, outreach events, and trainings
- Provide clerical support to the Early Learning team
- Track data for all early learning programs
- Collect and compile quarterly and annual reports
- Provide other administrative support to Early Learning Manager, as needed
Early Learning Hub Funds

The funding streams below are awarded to Hubs for the following purposes:

**Kindergarten Partnership & Innovation (KPI)** — services that promote community and school partnerships that improve children’s readiness for kindergarten, and reduce disparities in access to high quality, developmentally appropriate, and culturally responsive early care and education; strengthen connections and collaboration between the early care and education sector and local kindergarten-grade 12 (K-12) systems and schools.

**School Readiness** — services that increase the number of quality-rated providers focused on providing culturally specific services or services in targeted school catchments or low-income communities, servicing children and families of historically underserved populations; community-based and evidence-based early literacy services that target high-risk communities or populations and promote cross-sector collaboration; capacity building activities for developmental screening, infant-toddler mental health consultants and targeted professional development and training; research-based early childhood programs (including parenting, literacy, preschool and childcare) that connect early childhood to kindergarten readiness; culturally responsive family engagement activities that promote transitions into kindergarten; and coordination/identification of children and families from target populations, to connect them to services that prepare them for success in school.

**Stable Attached Families** — services that increase access to evidence-based early learning programs, including culturally specific community-based programs, that increase the confidence and competence of caregivers and/or strengthen resiliencies of families who are experiencing specific stressors, that build connectivity and collaboration between Early Learning Services and health, mental health, child welfare, self-sufficiency and other stabilization programs, and that build capacity for developmental screening, infant-toddler mental health consultants and targeted professional development and training.

**Family Support Services/Title IVB2** — community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents’ confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.

**Maternal Infant Early Childhood Home Visiting (MIECHV)** — services that support regular and effective communication among home visiting service providers, regular meetings among home visiting partners to develop, monitor and engage in continue improvement activities to align and integrate home visiting services within a comprehensive early childhood system, coordinated entry into home visiting services, parent partnership in the governance and delivery of home visiting services, contractually required monitoring activities, data collection, facilitation of an annual training plan.

**Coordination** — This is the least restricted funding stream and is designed to support the coordination and administration of the Early Learning Hub.
CCO 2.0

Over the past five years, Oregon’s unique coordinated care model has made progress on the triple aim goals of better health, better care and lower costs. The Oregon Health Plan (OHP) is the source of health coverage for nearly one million Oregonians. The Oregon Health Plan (OHP) and its 15 coordinated care organizations (CCOs) have improved access to primary care, reduced costly emergency room visits, and saved the state an estimated $2.2 billion dollars in avoided health care costs.

Despite these successes, there is more work to do to ensure all Oregonians can be as healthy as possible. To guide the next five years of the Oregon Health Plan, the Oregon Health Authority (OHA) worked in partnership with the Oregon Health Policy Board (OHPB), policymakers, stakeholders and OHP members to bring forward new ideas. These ideas address the gaps and challenges that persist in our health care system. We are calling this next phase of health care transformation “CCO 2.0.”

OHA’s CCO 2.0 policy recommendations build on Oregon’s strong foundation of health care innovation and seek to make improvements based on best practices and evidence, as well as stakeholder and community input. To tackle Oregon’s biggest health problems, Governor Kate Brown directed OHPB to focus on four key areas:

1. Improve the behavioral health system
2. Increase value and pay for performance
3. Focus on social determinants of health and health equity, and

Improve the behavioral health system and address barriers to access to and integration of care

These policies make CCOs more accountable for developing a person-centered mental health and substance use disorder (behavioral health) system that OHP members can count on, no matter who they are or where they live. Together, the policies aim to remove barriers between behavioral, physical and oral health. These policies will help all members receive the right care, at the right time and in the right place.

Increase value and pay for performance

Over the next five years, CCOs will make a significant move away from fee-for-service payments toward paying providers based on value. The proposed CCO 2.0 policies will reward providers and health systems for delivering patient-centered and high-quality care. OHA will ask CCOs to develop value-based payments (VBPs) to improve health outcomes in the areas of: hospital care, maternity care, behavioral health, oral health and children’s health care.
Focus on social determinants of health and health equity

From the beginning, Oregon’s coordinated care model recognized that many things affect our health outside of the doctor’s office. Over the next five years, CCOs will increase their investments in strategies to address social determinants of health and health equity. CCOs will build stronger relationships with members, nonprofit organizations, hospitals, schools, and local public health departments. CCOs will align goals at the state and local level to improve health outcomes and advance health equity. OHA will develop measurement and evaluation strategies to increase understanding of spending in this area and track outcomes.

Maintain sustainable cost growth and ensure financial transparency

The Oregon Health Plan must remain a high-quality system that operates within a budget the state can afford. That way, Oregonians can continue to have access to the health care services they need. To support sustainability, CCO 2.0 policies address the major cost drivers currently in the system. OHA will also identify areas where CCOs can increase efficiency, improve value and decrease administrative costs.

Oregon has been a leader in health reform since the early 1990s. This was when the state established the Oregon Health Plan and prioritized list of health services. The goal has always been to provide evidence-based, high-value care for Medicaid members. CCO 2.0 policy recommendations continue to set Oregon apart as a leader in health care transformation.

* From Executive summary
CCO 2.0 Recommendations of OHPB
Early Learning Program

Yamhill CCO’s Early Learning Hub partners with and/or invests in several programs to:

- Coordinate and align service,
- Enable children to arrive at school ready to succeed, and
- Support families to be health, stable and attached.

These programs include (but are not limited to):

- Family CORE (0-5 Referral Exchange)
- Home Visiting Network
- Transition camps
- School readiness workshops
- Family support programs
- Parent Leadership Council
- Mid-Valley Parenting Hub
- Reach Out and Read
- Vroom
- Service Integration Teams
- Wellness to Learn
- Childcare development (in partnership with Child Care Resource & Referral)
- Pax Good Behavior Game (a program of Community Prevention and Wellness)
- Prenatal to Grade 3 Network
- Parent focus groups
- Community Cafes

More details on each of these programs are provided in the following pages.
P-3 (Prenatal to Grade 3) Network

**WHO:** The P-3 Network includes all ECE (Early Care & Education) providers in Yamhill County, including (but not limited to) childcare providers, preschool teachers/administrators, kindergarten teachers, K-5 administrators, and educators/administrators from the following agencies: Head Start of Yamhill County, Head Start of Grand Ronde, Willamette Education Service District, Oregon Child Development Coalition, and Child Care Resource & Referral

**WHAT:** The P-3 Network provides opportunities for ECE providers to engage in peer support and shared learning opportunities and facilitates opportunities for providers to work together to build an aligned system

**WHEN:** Representative from the P-3 partner agencies meet monthly following the Early Learning Council meeting on second Thursdays from 5:30 – 6:00 pm. Professional development and networking opportunities are offered to all ECE providers in Yamhill County quarterly: fall, winter and spring.

**WHERE:** The P-3 Network meets at the Yamhill CCO administrative offices – 819 NE Third Street in McMinnville. Training/networking event locations vary.

**HOW:** The P-3 Network is supported by the Early Learning Hub’s P-3 Coordinator and is partially funded with Kindergarten Partnership & Innovation funds from the Early Learning Division.

**WHY:** The P-3 Network is a collaborative effort of all partners that is supported by designed to build a system that equips quality providers, prepares children to arrive at school ready to succeed, supports seamless transition to kindergarten, and empowers parents as key partners in their children’s success.

For more information, contact earlylearning@yamhillcco.org or call (503)455-8047.
Family CORE

Family CORE is a group of community organizations working together to support families with young children. All programs and services available are free to families.

Public Health Baby Nurses

Babies First- Nurses visit expecting moms about once a month at their home or other location. They also visit babies and children up to age five. Nurses and health workers check for normal development and answer questions about parenting issues. They will also help connect families to resources.

Cacoon- For families with children up to age 21 who have special care needs, a serious health condition or a disability. Provides visits from nurses every 1-3 months. The goal is to connect families to medical resources and social supports for the child and family.

Nurse Family Partnership- nurse visits to first-time moms to be starting in early pregnancy continuing through the child’s second birthday. Goals of the program to improve pregnancy outcomes and help women engage in good preventative health practices, improve child health and development and improve self-sufficiency.

A Family Place

Relief Nursery- Includes twice a week classroom time for children to give parents a break and parent education classes.

Healthy Families Oregon- Weekly home visits for families with young children that focus on strengthening parent-child relationships.

Clothes Closet & Diaper Bank- Provides emergency diapers and gently used clothes to parents of infants and children.

Mothers and Babies Classes- Meetings are once a week for 12 weeks. The goal is to support and encourage new and expecting mothers.

Provoking Hope

Responsible Moms & Dads - Support for moms and dads recovering from drug or alcohol use. The goal is healthy pregnancies, with babies born drug-free and in good health through their first years.

Head Start of Yamhill County

Early Head Start- Community-based program for new and expecting families who have a low income. Includes weekly home visits, play groups, and a Summer Camp for toddlers transitioning to Head Start preschool program. The goal is to promote healthy birth outcomes and childhood development, as well as supportive family relationships, so that kids will have success in school and in their adult lives.

Head Start- Community-based program for low-income families with children ages 3-5. Includes home visits and preschool classroom services. The goal is to promote school readiness and healthy family relationships, and to foster self-sufficient families. Yearlong services available in McMinnville.
Family CORE
Coordinated 0-5 years Referral Exchange

Referral form for prenatal, infant and young children home visitation programs
Those with chronic medical conditions are eligible up to age 21 years
Clients with or without insurance are eligible for programs

Please fax this form to 503-857-0767.
The person or family being referred will be contacted.
We will provide a follow-up letter to you regarding the outcome of the referral.
For questions or mailed submissions please call 503-376-7426.
807 NE 3rd St., McMinnville, OR 97128

Date: _______________
Child OR pregnant women being referred: ______________________________
Date of Birth: _______________
Estimated due date ________
First Birth: ☐

Parent or Guardian names (if a child):
____________________________________________________________________
Relationship: __________________________ Date of Birth: _______________
____________________________________________________________________
Relationship: __________________________ Date of Birth: _______________

Phone number ________________________________
Home address ___________________________________

Primary Language ________________________________
Race/Ethnicity White ☐ Hispanic/Latino ☐ Black/African American ☐ Native American ☐ Other ☐

Please check all that apply
☐ Medical condition
  Please specify __________________________
☐ Teen parent
☐ Parent with developmental delays
☐ Child with or at risk for developmental delays
☐ Infant feeding/weight gain problems
☐ Risk of maternal depression
☐ Isolation/lack of support
☐ Migrant seasonal workers
☐ Case management/care coordination
☐ Parent incarcerated or recently incarcerated
☐ Parenting class/parent group
☐ Domestic violence (present or history of)
☐ Child safety concerns
☐ Substance abuse-please describe below
☐ Tobacco Use
☐ DHS involvement- please describe below
☐ Other- please describe below

Additional Information: ________________________________

Referring Source Information:
Person (provider) to receive referral follow-up information: ________________________________
Agency/Organization: ________________________________
Phone Number: _____________________ Fax Number: ____________________

For Internal Family CORE use only
A Family Place Relief Nursery
Babies First
CaCoon
Early Head Start/Head Start
NFP
Healthy Families
Maternity Case Management
Mothers and Babies
Responsible Moms
Responsible Dads
The Maternal, Infant, and Early Childhood Home Visiting Program

Program Overview

What is the Maternal, Infant, and Early Childhood Home Visiting Program?

HRSA’s voluntary, evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program empowers families with the tools they need to thrive. When a family chooses to participate in a home visiting program in their community, they have regular, planned visits with a trusted and caring professional. Home visitors help parents learn how to improve their family’s health and provide the best opportunities for their children. They encourage use of positive parenting techniques and help promote early learning in the home. Home visitors provide information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention, nutrition, and childcare solutions. In addition, home visitors identify and assess family strengths and risks. They screen children for developmental delays, which can facilitate early diagnosis and intervention for autism and other developmental disabilities. They also help ensure that parents have support to care for their children by screening caregivers for postpartum depression, substance abuse, and family violence, and connecting them to the resources they need.

Decades of scientific research show that home visits during pregnancy and early childhood improve the lives of children and families, and can be cost-effective in the long term, with the largest benefits coming through decreasing families’ need for public assistance programs and increased individual earnings.1

States and territories who receive funding through the MIECHV Program have the flexibility to tailor programs to serve the specific needs of their communities. Awardees are required to demonstrate that their programs are improving the wellbeing of families and children in six key areas:

- Improved maternal and newborn health;
- Reduced child injuries, abuse, and neglect;
- Improved school readiness and achievement;
- Reduced crime or domestic violence;
- Improved family economic self-sufficiency; and
- Improved coordination and referrals for community resources.

Who does the MIECHV Program serve?

In FY 2018, the MIECHV Program served families in all 50 states, the District of Columbia, and five U.S. territories. The Program served approximately 150,000 parents and children in 76,000 families. States and territories provided over 930,000 home visits.

The MIECHV Program served many of the most vulnerable families in FY 2018:

- 71 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines ($25,100 for a family four), and 42 percent were at or below 50 percent of those guidelines.
- Two-thirds (65 percent) of adult program participants had a high school education or less.
- Approximately 76 percent of participating adults and children relied on Medicaid or CHIP.
- Of all households served:
  - 19 percent reported a history of child abuse and maltreatment.
  - 13 percent included pregnant teens.
  - 13 percent reported substance abuse.
The MIECHV Program reached many at-risk communities in FY 2018:

- The Program reached families in 896 counties, which is 27 percent of all U.S. counties.
- The Program funded services in 36 percent of all urban counties, and 22 percent of all rural counties.

The Tribal MIECHV Program, overseen by the Administration for Children and Families, funds 23 tribes, consortia of tribes, tribal organizations, and urban Indian organizations. In 2018, Tribal MIECHV Program awardees provided 17,972 home visits to 1,941 adult enrollees and 1,810 children.

How does the MIECHV Program measure impact?

The MIECHV performance measurement system includes a total of 19 measures that reflect a two-generation approach, aimed at improving the well-being of both parents and children across the lifespan. The performance measures demonstrate the impact of the Program on parents and their children. For example:

- **Depression Screening**: 78 percent of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery in FY 2018, an increase from 75 percent in FY 2017.

- **School Readiness**: 70 percent of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis in FY 2018, an increase from 61 percent in FY 2017.

- **Developmental Screening**: 74 percent of children enrolled in MIECHV had a timely screening for developmental delays in FY 2018, an increase from 69 percent in FY 2017.

- **Behavioral Concern Inquiries**: MIECHV caregivers were asked if they had any concerns regarding their child’s development, behavior, or learning in 92 percent of postpartum home visits in FY 2018, an increase from 86 percent in FY 2017.

- **Intimate Partner Violence (IPV) Screening**: 82 percent of MIECHV caregivers were screened for IPV within 6 months of enrollment in FY 2018, an increase from 74 percent in FY 2017.

For more information on the MIECHV Program, visit [www.mchb.hrsa.gov/programs/homevisiting](http://www.mchb.hrsa.gov/programs/homevisiting).

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What is Mid-Valley Parenting?
Mid-Valley Parenting Hub is a collaboration of community partners working to expand and improve coordination of parenting education services and resources in Polk and Yamhill counties. The Hub’s website, www.midvalleyparenting.org, serves as a "one-stop" shop to find a calendar of local parenting seminars and provides information about parenting resources.

Focus Areas
- Providing families with coordinated services and support
- Normalizing parenting education
- Increasing parents’ knowledge of child development and realistic expectations
- Connecting parents with each other to build a strong support network
- Increasing children’s readiness to learn

Partnership Opportunities
Mid-Valley Parenting Hub is proud to partner with K-12 schools, child care providers, relief nurseries, preschools, churches, tribal organizations and other community partners to offer evidence-based parenting education.

Mid-Valley Parenting Hub
Mid-Valley Parenting Hub is funded by a grant from the Oregon Parenting Education Collaborative, a multi-year initiative led by The Ford Family Foundation, the Oregon Community Foundation and Oregon State University. Additional financial support is provided by YCCO’s Yamhill Early Learning Hub.

www.midvalleyparenting.org  www.facebook.com/midvalleyparenting
READY! for Kindergarten provides workshops and take-home materials and tools, to inspire and empower parents and caregivers to help babies and young children develop strong brain connections that determine how they will think, learn and grow.

Parents and caregivers attend a series of workshops each year, based on their child’s age. They learn new skills and helpful tips to nurture development in ways that foster academic skills and personal behaviors to boost children’s motivation, perseverance and engagement in learning.

READY! facilitates interactions and active learning by using movement, play, exploration, communication and all of a child’s senses - seeing, hearing, smelling, touching and tasting.

The READY! curriculum is based on 26 important child development milestones. Each milestone or skill called a Target, is taught using play activities appropriate to the age of the child. The Targets include skills in three categories: language and literacy, math and reasoning, and social-emotional.

READY! gives parents and caregivers information and activities known to be highly predictive of later school success. READY! activities fit naturally into every day settings and routines. READY! is a lifestyle: Read with child 20 minutes a day, and play a READY! activity for 10 minutes.

These include books, toys, games, puzzles, music CDs, and more, which support the Targets. The tools allow are kept by participants, giving families and caregivers equal access and reducing potential barriers for success. READY! also emphasizes how to play with a purpose using everyday items and activities for learning, such as counting leaves while walking or sorting toys by color.

www.ReadyForKindergarten.org
Our unique model:
- Reach Out and Read-trained doctors and nurses perform routine health checkups from infancy through five years not only with a stethoscope, but also with a children’s book.
- The book is used as a clinical tool to encourage parents to read aloud, to give them a simple, practical way of spending time and engaging in conversation with their young children.
- The child is given a new book to take home and read with the family.

Mission Statement
Reach Out and Read™ gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.

Seizing the opportunity:
- Parent-child interactions during the early years support healthy brain development that forms the foundation for success later at school and in life.
- As the only national early literacy nonprofit that works with families through pediatric care, we have an opportunity to reach millions of young children in the early years – when it counts.

THE ANNUAL IMPACT
- 4.5 MILLION children served
- 28 THOUSAND medical providers
- 1 IN 4 low-income families reached
- 6.5 MILLION books distributed
- 5.8 THOUSAND program sites
- 50 states and DC
Extensive peer-reviewed research shows that in families served by Reach Out and Read:

Parents are \(2^{1/2}X\) more likely to read to their children.

Families are \(2^{1/2}X\) more likely to enjoy reading together or have books in the home.

Children’s language ability improves with increased exposure to Reach Out and Read.

Parents are \(2X\) more likely to read to their children more than three times a week.

Children’s language development is improved by 3–6 months.

For full details of our research, please visit www.reachoutandread.org/why-we-work/researchfindings

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The Reach Out and Read model is endorsed by the American Academy of Pediatrics

In 2014, the American Academy of Pediatrics issued a landmark policy statement promoting literacy as “an essential component of pediatric primary care” for all children. The policy references Reach Out and Read as an effective intervention to engage parents and prepare children to achieve their potential in school and beyond.

This realized a long-term aim of Reach Out and Read to integrate early literacy promotion as a routine practice in health checkups.

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Rosa is a 19-year-old single Mom with a 16-month-old son, Calvin. Like all parents, Rosa wants to do what is best for her son but she does not know how. Without help, it is likely that Calvin will start school developmentally behind his peers, and possibly never catch up.

Fortunately, Rosa’s pediatrician, Gabriella Muscolo, is a Reach Out and Read doctor. Gabriella has explained to Rosa, and thousands of other new parents at their pediatric checkups, that cuddling and reading aloud to infants and toddlers is one of the best ways of fostering early brain development that leads to lifelong learning and achievement.

At each of 10 checkups from birth until Calvin starts school, Rosa learns how to talk, sing, read to, and connect with Calvin—and Calvin takes home a new book that will prompt them to read together often.

Rosa now says “Reading to my son will make a difference in how he learns and how he does in school. I want to give that to him.” Rosa is giving her son a foundation for success.

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Info@reachoutandread.org  617-455-0600  www.reachoutandread.org
Brain Building Basics
Science made simple!
Remember these 5 steps to help build your child’s brain.

1. Look
Even before babies can talk, they’re showing you what they’re interested in. Look into their eyes, or at what catches their eye, and begin brain building!

2. Follow
Powerful brain building moments are created when you let children lead the way, and you follow by responding to their words, sounds, actions, and ideas.

3. Chat
It may not seem like it, but the sounds and gestures young children make are their way of communicating with you! So talk out loud together and keep chatting as your children grow to engage them in learning about the world around them.

4. Take Turns
Back and forth interactions between you and your children are one of the most important ways to help their brains develop. So be sure to take turns while you’re talking, playing, or exploring with your children.

5. Stretch
Make the moment last longer by building on what your child says, or asking follow-up questions that expand your child’s thinking and learning. When you stretch the conversation with questions like, “What do you think about that?” or “How does that make you feel?” you’re stretching the brain building moment too!
How does Daily work?

You can sign up in seconds and get brain building activities for multiple children based on their ages. This can be a fun ritual to do with your little ones as they grow!
Service Integration

• What is the Service Integration (SI) Program?
  o SI is a service delivery model to connect individuals and families to valuable resources and services.
  o Asset & solution-based approach
  o SI connects service providers with identified needs, builds relationships among members, and provides funds to address service requests so solutions can be created with cost and time efficiencies.
  o The purpose of the SI program is to facilitate collaboration among community partners in order to provide coordinated resources, services, and information for families and individuals--one way is through Service Integration Teams.

• What are Service Integration Teams?
  o Yamhill Service Integration currently has seven teams; Sheridan, Amity, Yamhill/Carlton, Dayton, McMinnville, Newberg, West Valley
  o The teams …
    ▪ Connect service providers with identified needs
    ▪ Operate independently
    ▪ Build relationships among team members
    ▪ Network and share resources
    ▪ Provides funds to address local individual and community needs within the specific school district catchment areas
  o Teams are made up of:
    ▪ School Districts
    ▪ Behavioral Health
    ▪ Non-Profit Agencies
    ▪ Health
    ▪ City, county, state government agencies
    ▪ Faith Communities
    ▪ Local volunteers and leaders

• How does SI assist financially to family and community needs?
  o Basic Needs: Food, clothing, prescriptions, and personal items
  o Community Development: Community events and activities
  o Urgent Needs: Emergency housing or utility assistance
  o Health: prescriptions, medical appointments, co-pays, healthy activities
  o Education: Classes, tuition, fees, literacy programs for adults or children
  o Extra Curricular: Fees, materials, clothing or shoes needed for participation in extra curricular activity
  o Youth Development: Leadership/learning opportunities not part of regular school programs.

To learn more visit: https://yamhillcco.org/about-us/service-integration-teams/
Criteria:

Any child is eligible to be referred regardless of insurance status (uninsured, CCO, private) with an identified health related need that presents barriers to their learning.

The purpose of this program is to:

1. Ensure staff have the resources and knowledge to get children the healthcare they need to be successful
2. Children and families receive seamless care coordination and support in accessing needed healthcare services
3. Remove barriers that get in the way of student learning through receiving needed health services

How it works

- Identify a child with a health–related need that is affecting the child’s ability to learn.
- Inform the site supervisor and outreach to the family about a referral.
- Complete the referral form and obtain the Release of Information (ROI) from the parent or guardian and fax both to 503-857-0767.
- Speak with a Community Health Worker (CHW) about any known details of the child’s situation.
- Receive periodic updates on progress and status of the child/ family services provided and resolution of issues and/or needs.

What you will need

YCCO Community Health Hub Referral form
Release of Information (ROI) signed by parent or guardian

What you can expect

- To receive notice of receipt within two business days of sending a referral
- Notice of the status of the referral and if child/family engaged
- On-going communication from assigned CHW until case is closed

Contact Us:
Susann Finnegan, 503-376-7426
sfinnegan@yamhillcco.org

Background:

The Elementary school teachers and staff often encounter students who fall behind in learning due to unmet physical, behavioral, and/or dental conditions. Teachers and staff encounter barriers and lack the time and resources to connect students to care they need to be successful. Staff from Mcminnville School District and Yamhill Community Care came together to think creatively about how to address this disparity.

Goals of our Partnership:

Throughout the school year, students with identified unmet health needs are referred to the Community Hub and they and their family are engaged in appropriate services to increase their capacity to learn in school without barriers.

WHAT IS A CCO?

- A Coordinated Care Organization (CCO) is a network of all types of healthcare providers who work together to serve people who receive coverage under the Oregon Health Plan (Medicaid)
- YCCO serves people of Yamhill County and others in bordering counties
- CCOs are accountable to achieving the Triple Aim: better health, better care, lower cost
Child Care Resource & Referral of Marion, Polk & Yamhill Counties

**Current Program Director:** Shannon Vandehey

**Staff:** 10 serving (English, Spanish & Russian) providers, parents and partners

**Locations:** The Community Action Building, 2475 Center St NE, Salem. The Dallas Academy Building, 182 SW Academy St., Dallas. The Central Resource Center 1610 Monmouth St, Independence

**Service Delivery Area (SDA3):** There are 13 CCR&R’s in the State of Oregon mandated by legislation. We are 1 of 3 that have Community Action as a lead Agency. We serve Marion, Polk and Yamhill Counties.

**CCR&R serves an estimated:** 739 child care programs in our Service Delivery Area.

**Current CCR&R services include:**

*Increasing and Enhancing supply of quality Early Learning Programs:* recruit, train and retrain quality childcare providers through professional development, including culturally diverse practitioners and programs offering culturally appropriate practices (primary services).

*Community Awareness:* Collaborating with community and state level partners in the awareness of child care needs, resources, opportunities and barriers.

*A professional development system that builds upon trusted relationships to support Early Learning Programs and/or Practitioners in all aspects of the early learning system including:*

- Coordination/Support of Marion, Polk & Yamhill (English, Spanish & Russian) Formal and Informal Child Care Networks.
- Support and TA: Preschool Promise/ Early Head Start Child Care Partnerships
- Oregon Registry TA/ Support and Navigation
- TA/Support/Navigation Education to Exempt non-licensed Child Care.
- Coordination of DHS Enhanced Rate Program
- Extensive professional development planning and implementation: Average over 350-400+ trainings a year in all three counties.
- Expanding access to training by offering web based training to reach high need and rural communities.
- Shared training across sectors (Schools, Health, Head Start, Chemeketa Community College, Mental Health etc.)
- Parent/Provider/Partner Lending Library. Equipment, Books, Curriculum, Curriculum Kits, Outdoor/Indoor Toys etc.
- Extensive collaborative involvement with Early Learning Hubs, Community Early Childhood Organizations and Committees.
THE PAX GOOD BEHAVIOR GAME
A Teacher’s Kit for Creating a Productive, Peaceful Classroom

The PAX Good Behavior Game is a proven, research-based classroom management model designed for use in grades K–6. Based on a strategy developed by a classroom teacher 40 years ago, the PAX Game involves student teams “competing against” each other to earn rewards for refraining from disruptive, inattentive, or aggressive behavior. Approximately 20 published studies have shown that use of this model results in decreased classroom disruptions (by 50–90%), a greater number of students fully engaged in learning (by 20–50%), decreased referrals and suspensions (by 30–60%), and more time for teaching and learning (by 25%). Longitudinal studies have also shown that children who experienced the Good Behavior Game in elementary school were less likely to be involved in violent behaviors later in life and were less likely to use tobacco or other drugs later in life.

FEATURES AND BENEFITS

• Provides classroom teachers with a proven tool for creating a more productive learning environment
• Research-based practices are supported by an ongoing outcome study and over 30 years of educational research
• The impact of the game has been documented by approximately 20 published studies
• Affordable and easy to implement
• Does not involve extra class time to play
• Based on a CSAP Effective Program
• Engages parents/caregivers in classroom activities
• Ideal for use in individual classrooms, schoolwide, or throughout entire school districts
• Everything needed to play the game is included in one convenient kit
• Can be used effectively in almost every setting in the school, and even on the bus
• Behavioral strategies support group-based reinforcement for inhibition of disruption and aggression
• Developed by internationally recognized educators from the PAXIS Institute
• An effective resource for youth with special needs
• Works well with children for whom English is their second language
• Shown to reduce the need (10–30%) for some special education services in the classroom
The relief nursery model features three integrated components designed to stabilize families with children ages 0-5: the specialized classroom, parent education and home visitation.

Regardless of where families are when they begin with A Family Place, highly qualified staff develop relationships with the family, focusing on family strengths and child safety. A Family Place uses a nationally recognized Relief Nursery model proven to stabilize families with children from birth to age five.

A Family Place Relief Nursery supports families by offering free professional home visiting, parent education and a specialized preschool for children ages 0-5, which is the time research shows these programs to have the greatest long term impact on children’s development. All programs are offered in English & Spanish and are coordinated to best serve families with young children in Yamhill County.

To avoid costly duplication of services, the Relief Nursery works closely with community agencies, such as Child Protective Services, domestic violence programs, Head Start and law enforcement. A Family Place combines community support and proven methods to invest in the future of Yamhill County’s children.

**Sheridan Family Resource Center** is a collaboration between Sheridan School District and Lutheran Community Services. The Center employs a Resource Manager to coordinate services and reach out to the community, connecting families to resources and extra support. The Network of resources includes a diaper bank and clothing closet, free lunch opportunities, Fun in the Park, and home visiting.

**Safe Families for Children** is a shared program between Lutheran Community Series and Catholic Community Services. Safe Families is a community-based support network for struggling families who
Need a safe place for their children. Parents voluntarily place their children in the program, while also being connected to a family mentor, preventing child welfare involvement and potential removal from the home. The Safe Families model relies on the networks and accountability that exists in church communities to support families in crisis.
Parent Focus Groups

What are Parent Focus Groups?

The Yamhill Early Learning Hub conducts focus groups with parents that participate in partner organization’s programs. Partner organizations host the focus group and recruit parent participants and child care providers. Early Learning Hub staff facilitate the focus group discussion, provide incentives for parents, and pay for a meal and child care.

Focus Areas

- Receive parent feedback on Early Learning initiatives or topics
- Include parent voice in development of community messaging campaigns
- Identify barriers and challenges for parents to access needed services or resources for their children

Where are focus groups?

Focus groups are held at a partnering organization’s location. Partners who are interested in hosting a focus group can contact earlylearning@yamhillcco.org.
Parent Cafés

What are Parent Cafés?

Parent Cafés are a series of guided conversations based on the Strengthening Families™ Protective Factors Framework leadership development and parent partnership. These conversations are hosted by community partners who use the World Café technique to increase community wisdom, build parent voice and facilitate action to improve lives for children. During a café, parents discuss how their family practices or has experienced a protective factor in their community.

Protective Factors Framework Focus Areas

- Parental Resilience
- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children

Where are Parent Cafés?

The process is designed, planned and implemented by Early Learning Hub staff, working to recruit parents through community partners such as:

- Early child care and education sites
- Neighborhood centers
- Community based family resource centers
- Schools
- Immigrant and refugee agencies
- Faith based organizations
- Health departments or any system or agency that touches the lives of families and children.

Community partners interested in hosting a parent café can contact earlylearning@yamhillcco.org.
Parent Leadership Council

**WHO:** The Parent Leadership Council is under development and will be composed of parents, grandparents, foster parents, and other caregivers of children age 0-6 from each of Yamhill County’s seven school districts.

**WHAT:** The PLC is a group of parents and caregivers who are invested in creating a community that supports stable families and healthy children who arrive at school ready to succeed.

**WHEN:** Meetings will be held monthly at a time to be determined. Activities and/or trainings will be held no less than quarterly. Applications will be reviewed in fall 2019. Monthly meetings will begin in January 2020.

**WHERE:** The location for the monthly meetings as well as the trainings/activities are TBD.

**HOW:** The P-3 Network is supported by the Early Learning Hub’s P-3 Coordinator and is partially funded with Kindergarten Partnership & Innovation funds from the Early Learning Division.

**WHY:** The Parent Leadership Council is designed to equip and empower parent leaders to:

- provide input to and participate in the decision making of Yamhill CCO’s Early Learning Council to guide the work of the Early Learning Hub,
- promote school readiness and family support services/activities in their own communities,
- build a community of peers to support each other in their own parenting practice, and
- advocate with local and state elected officials on behalf of Yamhill County’s children and families.

For more information, contact earlylearning@yamhillcco.org or call (503)455-8047.
**Trauma-Informed Practice Principles**

Trauma-informed practice means integrating an understanding of past and current experiences of violence and trauma into all aspects of service delivery. The goal of trauma-informed systems is to avoid re-traumatizing individuals and support safety, choice, and control in order to promote healing.

<table>
<thead>
<tr>
<th>Trauma Awareness</th>
<th>Safety and Trustworthiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma awareness is the foundation for trauma informed practice. Being ‘trauma aware’ means that individuals understand the high prevalence of trauma in society, the wide range of responses, effects and adaptations that people make to cope with trauma, and how this may influence service delivery (e.g., difficulty building relationships, missing appointments).</td>
<td>Physical, emotional, spiritual, and cultural safety are important to trauma-informed practice. Safety is a necessary first step for building strong and trustworthy relationships and service engagement and healing. Developing safety within trauma-informed services requires an awareness of secondary traumatic stress, vicarious trauma, and self-care for all staff in an organization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choice, Collaboration and Connection</th>
<th>Strengths Based and Skill Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-informed services encourage opportunities for working collaboratively with children, youth and families. They emphasize creating opportunities for choice and connection within the parameters of services provided. This experience of choice, collaboration, and connection often involves inviting involvement in evaluating the services, and forming service user advisory councils that provide advice on service design as well as service users’ rights and grievances.</td>
<td>Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy. A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of ‘emotional learning’ and ‘social learning.’</td>
</tr>
</tbody>
</table>

Adverse Childhood Experience (aces) & Trauma-Informed Care

What are aces?

The term aces comes from the CDC-Kaiser Adverse Childhood Experiences Study, conducted at Kaiser Permanente from 1995 to 1997. Over 17,000 Health Maintenance Organization members from Southern California received physical exams, completed confidential surveys regarding their childhood experiences and current health status and behaviors. This groundbreaking public health study discovered that childhood trauma is linked to the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence.

ACES can have lasting effects on....

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)

What does trauma-informed mean?

A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively resist re-traumatization.
What are the Five Protective Factors?
The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive evidence supports the common sense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminish. Research also shows that these are the factors that create healthy environments for the optimal development of all children.

1. **Parent Resilience**
No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.

2. **Knowledge of Parenting and Child Development**
Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

3. **Social and Emotional Competence of Children**
A child’s ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.

4. **Social Connections**
Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.

5. **Concrete Support in Times of Need**
Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

Information provided by: Strengthening Families, a project of the Center for the Study of Social Policy: [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net)
**Early Learning Council Acronym List**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACEs</td>
<td>Adverse Childhood Experiences</td>
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<tr>
<td>AFP</td>
<td>A Family Place</td>
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<tr>
<td>APM</td>
<td>Alternative Payment Model / Methodology</td>
</tr>
<tr>
<td>ASQ</td>
<td>Ages and Stages Questionnaire</td>
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<tr>
<td>CAC</td>
<td>Community Advisory Council</td>
</tr>
<tr>
<td>CCO</td>
<td>Coordinated Care Organization</td>
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<tr>
<td>CCR&amp;R</td>
<td>Child Care Resource and Referral</td>
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<tr>
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<td>Catholic Community Services</td>
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<tr>
<td>CHA</td>
<td>Community Health Assessment</td>
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<td>CPW</td>
<td>Community Prevention and Wellness Committee</td>
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<tr>
<td>DD</td>
<td>Development Disabilities</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
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<tr>
<td>ECSE</td>
<td>Early Childhood Special Education</td>
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<td>Early Head Start</td>
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<tr>
<td>EI/ECSE</td>
<td>Early Intervention/Early Childhood Special Education</td>
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<td>Employment Related Daycare</td>
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<td>Focused Child Care Network</td>
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<td>Family Educational Rights and Privacy Act</td>
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<td>Individualized Family Service Plan / Individualized Education Plan</td>
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<td>Head Start of Yamhill County</td>
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<td>Kindergarten Partnership &amp; Innovation Grant</td>
</tr>
<tr>
<td>LCS</td>
<td>Lutheran Community Services</td>
</tr>
<tr>
<td>MIECHV</td>
<td>Maternal, Infant and Early Childhood Home Visiting</td>
</tr>
<tr>
<td>MVP</td>
<td>Mid-Valley Parenting</td>
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<tr>
<td>MWVCAA</td>
<td>Mid-Willamette Valley Community Action Agency</td>
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<tr>
<td>OCD</td>
<td>Oregon Child Development Center</td>
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<tr>
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<td>Oregon Department of Education</td>
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<tr>
<td>OKA/KA</td>
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<tr>
<td>QCAP</td>
<td>Quality and Clinical Advisory Panel</td>
</tr>
<tr>
<td>QRIS</td>
<td>Quality Rating and Improvement System, now known as SPARK</td>
</tr>
<tr>
<td>RFA</td>
<td>Request for Application</td>
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<tr>
<td>RFP</td>
<td>Request for Proposal</td>
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<td>ROI</td>
<td>Return on Investment</td>
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<td>WESD</td>
<td>Willamette Education Service District</td>
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<td>Women, Infants and Children</td>
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# Definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>ACEs</td>
<td>Adverse Childhood Experiences</td>
<td>&quot;Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.&quot; <a href="http://bit.ly/acesbrief">http://bit.ly/acesbrief</a></td>
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<tr>
<td>AFP</td>
<td>A Family Place</td>
<td>A Family Place Relief Nursery supports families by offering free professional home visiting, parent education and a specialized preschool for children ages 0-5, which is the time research shows these programs to have the greatest long term impact on children's development. All programs are offered in English &amp; Spanish and are coordinated to best serve families with young children in Yamhill County.</td>
</tr>
<tr>
<td>APM</td>
<td>Alternative Payment Model/Methodology</td>
<td>A model for paying clinics and hospitals based on how well they perform on certain outcome measures, not on how many patients they see</td>
</tr>
<tr>
<td>ASQ</td>
<td>Ages and Stages Questionnaire</td>
<td>Child development screening assessment</td>
</tr>
<tr>
<td>CAC</td>
<td>Community Advisory Council</td>
<td>The CAC is composed of OHP members, their family, and social service providers who work with and represent individuals on OHP. The CAC gives members a voice in how the Yamhill CCO operates. They also work on our Community Health Improvement Plan and ensure we are meeting the goals and objectives outlined in the plan.</td>
</tr>
<tr>
<td>CCO</td>
<td>Coordinated Care Organization</td>
<td>A CCO is a community based, integrated care organization created by the state of Oregon to allow for local and regional distribution and coordination of healthcare to segments of the state’s population covered under the Oregon Health Plan.</td>
</tr>
<tr>
<td>CCR&amp;R</td>
<td>Child Care Resource &amp; Referral</td>
<td>CCR&amp;R is a Community Action Agency Program that provides trainings and support to childcare providers.</td>
</tr>
<tr>
<td>CCS</td>
<td>Catholic Community Services</td>
<td>Non-profit, faith-based organization with a focus on helping people with intellectual and/or developmental disabilities and children, youth, and families facing adversity</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td>Explanation</td>
</tr>
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</tr>
<tr>
<td>CHA</td>
<td>Community Health Assessment</td>
<td>The CHA contains national, state, and local data used to create a better understanding of community needs. It identifies the healthcare needs of the Yamhill County-area community members who will be served by Yamhill CCO.</td>
</tr>
<tr>
<td>CHIP</td>
<td>Community Health Improvement Plan</td>
<td>The CHIP is an action plan created by the Community Advisory Council (CAC) using information from the CHA. It addresses the most important healthcare issues and offers a strategy for fixing those issues.</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
<td>The purpose of a Community Health Worker (CHW) is to help identify any barriers that are preventing Yamhill CCO members from receiving proper healthcare. They help connect members with any resources or social services in the community that might be beneficial to achieving well-being.</td>
</tr>
<tr>
<td>CPW</td>
<td>Community Prevention and Wellness Committee</td>
<td>The CPW is a committee that explores innovative funding models to support the implementation of upstream, evidence based interventions to promote holistic wellness</td>
</tr>
<tr>
<td>DD</td>
<td>Developmental Disabilities</td>
<td>Promoting and providing services to ensure that individuals with disabilities are seen for their abilities.</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
<td>State department that provides services to individuals. Includes child welfare, TANF, food stamps.</td>
</tr>
<tr>
<td>ECE</td>
<td>Early Care and Education</td>
<td>Refers to childcare providers and preschool teachers and others who provide care to children age 0-5</td>
</tr>
<tr>
<td>EHS</td>
<td>Early Head Start</td>
<td>EHS is a Head Start programs serving infants, toddlers, and expectant mothers in home-based, center-based, or combination programs.</td>
</tr>
<tr>
<td>EI/ECSE</td>
<td>Early Intervention/Early Childhood Special Education</td>
<td>Program through Willamette Education Service District (WESD) for children with special needs from birth to kindergarten transition. EI is birth to age 3, and ECSE is from age 3 to 5.</td>
</tr>
<tr>
<td>ELC (State)</td>
<td>Early Learning Council</td>
<td>The governing body overseeing the Early Learning system for Oregon. The council guides efforts to streamline state programs, provides policy direction to meet early learning goals statewide, and provides oversight for services supporting children and families across the state. Members are appointed by the Governor.</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
<td>Information</td>
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</tr>
<tr>
<td>ELC (Local)</td>
<td>Early Learning Council</td>
<td>The Early Learning Council (ELC) is a subcommittee of the Yamhill Community Care (YCCO) 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.</td>
</tr>
<tr>
<td>ELD</td>
<td>Early Learning Division</td>
<td>State department through the Oregon Department of Education. The work of the ELD is focused on childcare, early learning programs, cross system integration, policy and research, and equity.</td>
</tr>
<tr>
<td>ERDC</td>
<td>Employment Related Daycare</td>
<td>Program through Department of Human Services that assists with paying childcare for parents that are working and qualify based on income.</td>
</tr>
<tr>
<td>FCCN</td>
<td>Focused Child Care Network</td>
<td>Program of Child Care Resource and Referral that assists childcare providers to improve their quality and improvement rating (QRIS, aka SPARK)</td>
</tr>
<tr>
<td>FERPA</td>
<td>Family Educational Rights and Privacy Act</td>
<td>Affords parents and students certain rights with respect to personal educational information.</td>
</tr>
<tr>
<td>HHS</td>
<td>Health and Human Services</td>
<td>Federal department developed to enhance and protect the health and wellbeing of all by providing health and human services and fostering advances in medicine, public health, and social services.</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
<td>Ensures protected health information of individuals.</td>
</tr>
<tr>
<td>HSYNC</td>
<td>Head Start of Yamhill County</td>
<td>Preschool program serves children ages three through five who meet Federal Poverty Guidelines. The newly expanded Early Head Start program serves pregnant moms, infants, and toddlers up to age 3.</td>
</tr>
<tr>
<td>IFSP/IEP</td>
<td>Individualized Family Service Plan/Individualized Education Plan</td>
<td>Document created by Education Service District Specialists working with children who have a diagnosed disability.</td>
</tr>
<tr>
<td>KPI</td>
<td>Kindergarten Partnership and Innovation</td>
<td>Grant from the ELD to the Early Learning Hub that focuses on improving kindergarten readiness and success.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Organization/Definition</td>
<td>Description</td>
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<tr>
<td>LCS</td>
<td>Lutheran Community Services</td>
<td>Non-profit human services agency serving communities providing a wide variety of services: •Counseling •Immigration Counseling &amp; Advocacy •In-home Safety and Reunification •Anger Management &amp; Domestic Violence •A Family Place Relief Nursery •Safe Families for Children •Healthy Families of Yamhill County •Family Stabilization •Parent Education</td>
</tr>
<tr>
<td>MVP</td>
<td>Mid-Valley Parenting</td>
<td>Program shared by Yamhill CCO ELH and Polk County Family &amp; Community Outreach that provides parenting education throughout Yamhill and Polk Counties</td>
</tr>
<tr>
<td>MWVCAA</td>
<td>Mid-Willamette Valley Community Action Agency</td>
<td>Non-profit organization that contains the Child Care Resource and Referral programs for Yamhill, Marion and Polk Counties</td>
</tr>
<tr>
<td>ODE</td>
<td>Oregon Department of Education</td>
<td>State department that oversees funding to school systems, Oregon Pre-Kindergarten, and the USDA Food Programs including Nutrition First</td>
</tr>
<tr>
<td>OPEC</td>
<td>Oregon Parent Education Collaborative</td>
<td>Collaborative of private funders that support the development of parent education hubs</td>
</tr>
<tr>
<td>P-3</td>
<td>Prenatal to Third Grade</td>
<td>Partnerships between ECE and K-12 to improve the quality of educators, empower parents, and build systems that prepare children for success in kindergarten and beyond</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
<td>Provider assigned to a patient that provides day-to-day healthcare.</td>
</tr>
<tr>
<td>PCPCH</td>
<td>Patient-Centered Primary Care Home</td>
<td>Refers to the medical ‘home’ where one receives their medical/wellness care. Top PCPs for Yamhill County’s children participating in OHP: Virginia Garcia Memorial Health Center, Physician’s Medical Center and Providence Newberg.</td>
</tr>
<tr>
<td>QCAP</td>
<td>Quality and Clinical Advisory Panel</td>
<td>The QCAP is a governing body of Yamhill CCO composed of medical providers. It monitors and provides oversight to clinical initiatives and helps to ensure that CCO providers are working toward meeting transformation and other state metrics.</td>
</tr>
<tr>
<td>QRIS/ SPARK</td>
<td>Quality Rating and Improvement System</td>
<td>&quot;Star&quot; system for childcare providers. The focus childcare networks assist childcare providers in improving their rating. SPARK is the new name for Oregon's QRIS.</td>
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<tr>
<td>ROI</td>
<td>Return on Investment</td>
<td>Measuring the efficiency of an investment compared to the amount of money contributed. This is used in many programs as a way to see if prevention funding yields a greater return.</td>
</tr>
<tr>
<td>SIT</td>
<td>Service Integration Teams</td>
<td>Program that brings together Yamhill County partners and organizations to work together in assisting families and individuals in need. There are 7 service integration teams throughout the county.</td>
</tr>
<tr>
<td>SNAP</td>
<td>Supplemental Nutrition Assistance Program</td>
<td>Largest program in the domestic hunger safety net. SNAP offers nutrition assistance to millions of eligible, low-income individuals and families.</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
<td>Financial or knowledge-based assistance provided to programs to enable them to perform a task.</td>
</tr>
<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
<td>Provides cash assistance to low income families with children to meet basic needs for food, clothing, shelter and utilities.</td>
</tr>
<tr>
<td>TIC</td>
<td>Trauma-Informed Care</td>
<td>An approach that aims to engage people with histories of trauma, recognize the presence of trauma symptoms, and acknowledge the role that trauma has played in their lives, so that services and programs can be more supportive and avoid re-traumatization.</td>
</tr>
<tr>
<td>WESD</td>
<td>Willamette Education Service District</td>
<td>Provides various services throughout Marion, Polk and Yamhill County that includes special education, technology assistance, evaluations, and has early invention/early childhood special education programs.</td>
</tr>
<tr>
<td>WIC</td>
<td>Women, Infants, and Children</td>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides for supplemental foods, health care referrals, and nutrition education for low-income pregnant and postpartum women, and to infants and children up to age five.</td>
</tr>
</tbody>
</table>